



ABHES BULLETIN

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

From: India Y. Tips, Executive Director

Date: June 8, 2021

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

The Accrediting Bureau of Health Education Schools (ABHES) regularly reviews its accreditation policies, procedures, and standards and invites your comments regarding the proposed revisions to the noted sections of the *Accreditation Manual*. These revisions stem from the work of ABHES' Programmatic Accreditation Committees for Medical Assisting, Medical Laboratory Technology, and Surgical Technology as well as the Standards Review Committee (SRC) in accordance with the ABHES five-year review cycle of the *Accreditation Manual*.

In the attached proposed revisions, note that new language is underlined, relocated language is **green**, and deleted language is ~~struck~~. While the majority of revisions are related to grammar and formatting, revisions that alter current meaning or add new information are accompanied by explanatory comments to detail the reason for the change.

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

[Call for Comment on Proposed Revisions to the Accreditation Manual – June 2021](#)

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

Comments will be considered at the July 2021 Commission meeting. Submit comments via the Survey Monkey link above by Tuesday, July 6, 2021.

Thank you in advance for your participation.

CHAPTER II – ELIGIBILITY AND CLASSIFICATIONS

SECTION A – Eligibility for Application

Subsection 1 – Basic requirements

b) Programmatic Eligibility

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

- (6) The coursework required for graduation, including didactic instruction and clinical experience, provides the following:
- (a) **Medical Assisting**
 - i. Attainment of entry-level competencies (see MA.A.1. in Chapter VII-MA). Program length must, and consists of at least a 204-week full-time program of training, clock hours, including at least 160 clock hours in clinical experience (externship).
 - (b) **Medical Laboratory Technology**
 - ii. Attainment of entry-level competencies (see MLT.A.1. in Chapter VII-MLT), and at least 60-semestercredit hours, 90 quarter credit hours, or its recognized clock-hour equivalent (normally two academic years) of training. The program must consist of at least 800 hours in combined clinical and laboratory experience, including a minimum of 400 hours in a clinical experience (externship) environment.
 - (c) **Surgical Technology**
 - iii. Consistency with the current Core Curriculum for Surgical Technology, produced by the Association of Surgical Technologists (www.ast.org). Note: Currently accredited institutional members must adhere to the requirements for programmatic eligibility when adding a surgical technology program, which includes submission of the *Application for Programmatic Accreditation*. Program length must consist of at least 1100 clock hours, including at least 500 clock hours in clinical experience (externship). At a minimum, all graduates must complete the surgical technology program with an associate degree.

Commented [KC1]: PACs made program length requirements more consistent across all three programs in line with industry standard and clinical hour requirements currently part of Chapter VII. PACs believed it was important to have the program length be checked at time of application for eligibility.

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

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

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

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

Subsection 1 – ~~Requests for information and~~ Seeking initial and renewal accreditation

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

Institutions desiring accreditation should view the application instructions posted at www.abhes.org. Once an institution or program is able to demonstrate that it meets the basic eligibility criteria (~~per see~~ Chapter II), it must complete the ~~Application for Institutional or Programmatic Accreditation~~ appropriate application and submit it along with the other required documents outlined ~~ds per the in~~ published instructions. The ~~Application~~ application must be signed by an ~~authorized~~ Authorized institutional representative. The institution or program must also remit payment of the required ~~non-refundable~~ application fee (see Appendix G, Fees) ~~which is non-refundable~~.

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

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

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

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

Commented [KC2]: Throughout this chapter, references to the manual were updated to be consistently formatted.

Commented [KC3]: This term was added to the Glossary

Commented [KC4]: ABHES wants to make clear that communication must occur between the institution and ABHES, not external consultants and ABHES.

Commented [KC5]: Edits made to this paragraph stipulates that ABHES considers actions taken by all oversight agencies, including eligibility to participate and HCM status in federal programs.

Commented [KC6]: This was moved from below to clarify how the preliminary visit process applies to programmatic applicants.

applicants and the program determines, based on the outcome of the visit and other considerations, whether it will continue in the accreditation process.

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

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

~~Initial programmatic applicants must follow the same procedures as initial institutional applicants, with the following exception that a preliminary visit is optional and would not be predictive of where the program is permitted to continue in the accreditation process.~~

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

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

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

Only the programs listed on the application, which are described in the Self Evaluation Report and reviewed by the evaluation team, can be considered in the accreditation process.

If an institution makes changes to the content of its application, starts any new program(s), or makes any modifications to a program listed on its application after submission of the final Self Evaluation Report, the accreditation process may be delayed.

Subsection 2 – Self-Evaluation Report (SER)

The purpose of the SER is to:

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

Commented [KC7]: This paragraph applies to both institutions and programs

Commented [KC8]: The following revisions reflect current process, including when the Commission requests submission of a new application and SER, including as part of an accreditation decision.

The ~~Self Evaluation Report~~SER (narrative and exhibits) must be accurate, thorough, fully documented, and submitted in English. Once the ~~Self Evaluation Report~~SER is submitted ~~final~~, no changes are permitted. ~~After submission of the final Self Evaluation Report, and prior to the evaluation visit, changes must be reported on the Updated Information Form.~~

Commented [KC9]: Sentence struck as it was potentially confusing to state "no changes" but allow for "updates" in the same sentence. Therefore, reference to the Updated Information Form was moved to section above.

~~The~~A Self Evaluation ReportSER is a core component of the accreditation process. In preparing ~~the~~a Self Evaluation ReportSER, 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.~~

Commented [KC10]: This information is thoroughly detailed in SER submission letters and instructions sent to institutions and programs, so struck here.

~~A Self Evaluation Report is confidential, restricted primarily to Commissioners, staff members, and evaluators. 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.~~

Commented [KC11]: Deleted as language already exists in Chapter I, Section A, Subsection 5 - Confidentiality

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

Subsection 3 – Accreditation workshop attendance

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

Commented [KC12]: The changes in this section clarify that the individual must represent the specific campus and be involved in the process of seeking and maintaining accreditation

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

Subsection 4 – Evaluation teams

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

- ~~a. Selects an evaluation team, including a team leader. Institutions may challenge, with cause, a prospective team member prior to the site evaluation visit.~~
- ~~b. Instructs team members regarding their duties.~~
- ~~c. Provides each team member with necessary ABHES visitation materials.~~
- ~~d. Instructs the institution to provide its Self Evaluation Report and Updated Information Form to ABHES and the evaluation team.~~
- ~~e. Assists in travel logistics and secures hotel accommodations for the evaluation team.~~
- ~~f. Orients the team as a group prior to the visit, or individually as required, concerning visitation procedures and reporting.~~
- ~~g. Ensures the completion of the required report(s).~~

Commented [KC13]: Struck because this language is related to staff duties, not evaluation teams, which is the section. The selection of team members was moved to the below paragraph as it is pertinent to evaluation teams

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

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

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

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

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

Subsection 5 – Post-visit procedures

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

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

Subsection 6 – Commission review

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

Commissioners meet to review, discuss, and act on each applicant with a primary reviewer assigned to each institution's or program's application. ~~The Commission may take any of the actions set forth under Section III.C.— Commission Actions.~~ The Executive Director notifies the institution or program in writing of the Commission's ~~decision~~action, normally within 30 days ~~of the Commission's decision.~~ The notice provides a detailed report of any finding of failure to demonstrate compliance with accreditation requirements and the basis for the Commission's action.

Subsection 7 – Teach-out requirements

(i) Teach-Out Plans

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

~~3.~~—A teach-out plan must be submitted to ABHES for approval with the required *Teach-out Plan Approval Form*.

~~4.3.~~

~~5.4.~~ The teach-out plan must be consistent with applicable standards and regulations and provide for the equitable treatment of students. This includes, but is not limited to, evidence that:

- a. The teach-out institution is accredited by an institutional accrediting agency recognized by the United States Department of Education.
- b. The teach-out institution has the capacity to carry out its mission and meets all obligations to existing students.
- c. The teach-out institution has the necessary experience, resources, and support services to provide educational program(s) that are of acceptable quality and reasonably similar in content, structure, and scheduling to those provided by the institution or program that may cease operations either entirely or at one of its locations. This includes graduates' access to the same credentialing exams, as applicable. An alternate method of delivery may be offered to students but is not sufficient unless an option by the same method of delivery as the original educational program is also offered.
- d. Students are provided access to the program and services without requiring them to move or travel substantial distances or durations.
- e. Students are provided information about any additional charges.
- f. Students will be provided with written notification regarding their rights and opportunities for teach-out, transfer and refunds.

~~g.~~ All teach-out plans include a listing of all current students by program and any financial responsibilities.

~~6.5.~~ The plan may propose that the teach-out of students be accomplished by the institution or program that may cease operations, either entirely or at one of its locations, or by another institution(s), so long as the requirements listed above are met.

~~7.6.~~ If ABHES approves a teach-out plan that includes a program accredited by another recognized accrediting agency, ABHES will notify that accrediting agency of its approval.

~~8.7.~~ Once a school has requested and received teach-out approval of the program(s), ABHES determines whether an accreditation visit is necessary.

~~9.8.~~ If ABHES requires a teach-out plan, the institution or program must publish notice that is readily available to enrolled and prospective students of the reason for the teach-out plan within seven business days of the date and receipt of the notice.

Commented [KC14]: These changes specify the timeline

~~10.9.~~ The institution or program may request an extension of accreditation up to one (1) year beyond the grant of accreditation, for the sole purpose of teaching out students. Extensions will be reviewed only if:

- a. the institution or program has an approved teach-out plan; and,
- b. the institution has submitted a *Campus Closure Form*.

(ii) Teach-Out Agreements

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

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

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

Commented [KC15]: A teach-out might not be institution-wide and we only want information related to the program(s) in teach out

ABHES will only approve teach-out agreements that provide for the equitable treatment of students by ensuring that each of the required elements of a teach-out plan listed above are met.

(iii) Teach-Out Institution Eligibility

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

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

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

Subsection 8 – Interim reviews and visits

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

As a component of interim review, ABHES requires an annual report from each main and non-main campus. ~~Each annual report is reviewed, summarized, and considered by the Annual Review Committee (ARC) and when necessary, considered by the Commission for subsequent action.~~ Issues that require additional reporting, completion of an action plan, or Commission consideration include, but are not limited to:

- ~~i. (i)~~ retention, placement, or required credentialing rates falling below the minimum requirements of ABHES.
- ~~ii. (ii)~~ financial concerns. ~~(see IV.B.);~~
- ~~iii. (iii)~~ student loan cohort default rates greater than 5 percent below the federal threshold.
- ~~iv. and (iv)~~ enrollment growth of 50 percent or more from that reported the previous year.

Commented [KC16]: This sentence was struck as it was not clear why the work of one specific committee was called out in this section as many committees provided interim review.

Subsection 9 – Recordkeeping

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

Commented [KC17]: This section provides more detail, so this statement is unnecessary

- a. ~~Its last full accreditation review of each institution or program, including on-site evaluation team reports, the institution's or program's responses to onsite reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the institution's or program's most recent self-study.~~ The last two full accreditation reviews including all exhibits to self-evaluation reports, team evaluation reports, institution or program responses to team evaluation reports, periodic review reports, and any reports of special reviews conducted by ABHES between regular reviews.
- b. All decision letters issued by ABHES regarding the accreditation of any institution or program and any substantive changes. ~~All accrediting actions.~~

Commented [KC18]: Changes in a and b align with 602.15 of ED regulations.

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 G, ~~Fees~~) or visit expenses, and submission of documents, including the complete Annual Report, supporting documentation, and financial statements. Failure to respond to directives by deadlines ~~dates~~ identified by the Commission will result in a late fee assessment and may result in a show cause directive or withdrawal of accreditation.

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

Commented [KC19]: Moved because it covers both financials and program outcomes. Reordered to follow order of information below and those sections were adjusted accordingly to match better in flow

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

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

The Commission will examine both parent and subsidiary/~~division~~ department/program financial statements for compliance. Even if a subsidiary or department can prove compliance on its own by providing separate financial statements, the Commission will defer to the parent company's financial statements in all cases ~~including where entities cannot provide separate financial statements~~; a signed affidavit from the parent company to affirm that the ~~programs~~ subsidiary, department, and/or entity program will be supported by that company is required.

~~Failure to demonstrate compliance with the key financial indicators set forth in above will require, at a minimum, that the institution respond evidencing that it will meet its obligations to students and that it has a fiscally responsible plan to come into compliance with the ABHES financial requirements within a certain date timeframe. In addition,~~ ~~†~~ 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).

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

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

~~Failure to meet accreditation requirements will result, at a minimum, in the institution or program being required to demonstrate that it has effectively analyzed the situation and taken measures to correct the deficiency through creation of an action plan. Failure to demonstrate compliance with the key financial indicators set forth in above will require, at a minimum, that the institution respond evidencing that it will meet its obligations to students and that it has a fiscally responsible plan to come into compliance with the ABHES financial requirements within a certain date.~~

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

Any failure to meet the ~~student achievement requirements above related to student achievement indicators, or~~ financial indicators, or enrollment growth of 50 percent or greater may result in the Commission taking an adverse or negative action. to show an adverse impact on the institution's or program's ability to comply with accreditation standards due to extraordinary enrollment growth, may result in the institution or program being directed to show cause why the institution or program should not have its accreditation withdrawn.

SECTION B – Institutional Changes

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

Subsection 1 – Non-substantive cChanges requiring approval

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

(* denotes a site visit required)

- i. *Change of location.
- ii. Change of name of controlling institution.
- iii. Addition of new program that does not represent a significant departure from the existing offering of educational programs or method of delivery from those that were offered or used when ABHES last evaluated the institution. (Note: currently accredited institutional members must adhere to the requirements for initial programmatic eligibility when adding a surgical technology program, which includes the submission of the *Application for Programmatic Accreditation*.)

Commented [KC20]: Aligning language used below in Subsection B, iii. Based upon 602.22 (a) (1) (ii) of ED regulations

iv. A revision of program content in total clock or credit hours, or the addition or subtraction of a course.

~~iv.v.~~ _____ Addition of avocational or professional development courses taken by non-matriculated students who are not seeking academic credit. These courses will be excluded from the scope of an institution's grant of accreditation, with the following limitations:

- a. All advertising and publications (e.g., catalog) referencing ABHES accreditation clearly state that such excluded ~~programs or~~ courses are not included within an institution's grant of accreditation.
- b. Courses are not being combined with other excluded courses to circumvent accreditation requirements and/or those of other governmental bodies.

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

~~vi.~~ vi. *Change from non-main to main campus.

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

Commented [KC21]: Added below section as it applies to all

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

Commented [KC22]: Struck as this information will no longer be captured through an ABHES application

vii. Addition or change of consortium agreement(s) or third-party contract(s).

~~vi.viii.~~ viii. Change of accreditation status (institutional to programmatic).

Commented [KC23]: This change is an existing application with ABHES so added this language to make this section more complete.

ix. Execution of a contract under which an institution or organization not certified to participate in the Title IV, HEA programs offers up to 25 percent of one or more of the accredited institution's educational programs.

Commented [KC24]: Added to align with 602.22 (K) (4) of ED regulations

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

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

Subsection 2 – Approval of Substantive changes requiring approval

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

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

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

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

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

Commented [KC25]: Copied from show cause subsection due to importance in impacting substantive change applications

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

(* denotes a site visit required)

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

- i. Change in the established mission or objectives of an institution or objectives of a program.
- ii. *Change in legal status, ownership, or form of control.
- iii. ~~+~~+The addition of courses or programs that represent a significant departure from the existing offerings of educational programs, or method of delivery, from those that were offered or used when ABHES last evaluated the institution (Note: currently accredited institutional members must adhere to the requirements for initial programmatic eligibility when adding a surgical technology program, which includes the submission of the *Application for Programmatic Accreditation*).
- iv. *The addition of a graduate program by an institution that previously offered only undergraduate programs or certificates/diplomas.
- v. +A change in the way an institution measures student progress, including whether the institution measures progress in clock hours or credit hours, semesters, trimesters, or quarters, or uses time-based or non-time-based methods, as identified in the *ABHES Program Profile Grid*.
- vi. +A substantial change increase of more than 50 percent in the number of clock hours or credit hours awarded for successful completion of one or more programs.
- vii. An increase in the level of credential awarded.
- viii. ~~Execution of a contract under which another organization or institution not certified to participate in Title IV, HEA programs offers more than 25 percent and no more than 49 percent of one or more of the accredited institution's educational programs.~~
 - a. ABHES senior staff either approves or denies the contract (or written agreement) within 90 days after receiving a complete application. If ABHES senior staff determine this substantive change requires review by the Commission, an approval or denial is provided within 180 days.
- ix. *The establishment of an additional location geographically apart from the main campus or approved non-main campus that offers at least 50 percent of an educational program.
- x. The acquisition of any other institution or any program or location of another institution.
- xi. +The addition of a permanent location at a site at which the institution is conducting a teach-out for students of another institution that has ceased operating before all students have completed their program of study.

Commented [KC26]: To reflect a visit may be normally and customarily required.

Commented [KC27]: This revision better matches ED regulation 602.22.a.ii.

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

Subsection 3 – Substantive changes ~~that require~~requiring a new comprehensive evaluation

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

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

Subsection 4 - ~~Notifications~~

Notification to ABHES is required for:

- i. An adverse or probationary equivalent action placed upon an institution or program by a recognized accrediting agency, state approval agency, or federal regulatory agency.
- ii. A campus closure. Institutions must submit notification prior to closing. Notification must be submitted on the *Campus Closure Form*.
- iii. The discontinuation of a program (defined as any program that has not been in operation for a continuous 12-month period). Institutions and programs must submit notification when a program is discontinued. Notification must be submitted on the *Notice of Discontinuation of Program and/or Delivery Method Form*.
- iv. The discontinuation of previously approved delivery method, i.e., residential, blended, or full distance education (defined as any delivery method that has not been in operation for a continuous 12-month period). Notification must be submitted on the *Notice of Discontinuation of Program and/or Delivery Method Form*.
- v. The hiring or appointment of a new On-site Administrator.
- vi. The practice of allowing an individual to register in a course or courses while not enrolled in a program of study at the institution. Notification including the course name, hours, and credit awarded must be submitted.

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

Subsection 4.5 – Additional requirements regarding specific changes

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

~~BA. Revised Program Application~~Program Revisions

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

Commented [KC28]: This was moved from below and made its own subsection

- i. ~~A revision of up to 25 percent of program content in total clock or credit hours, or the addition or subtraction of a courses or in total lecture hours or in total lab hours or in total clinical hours requires submission of an Application for Minor Program Revision.~~

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

- i. A substantial increase of more than 50 percent in the total number of clock hours or credit hours awarded for successful completion of one or more programs.

AB. New Programs Application

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

- i. A modification from a currently approved program to award a higher degree.

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

~~iii-ii.~~ ii. The addition of a new program.

~~iv-iii.~~ iii. The reactivation of a discontinued program.

C. Notification

Notification to ABHES is required for:

~~i. An negative adverse or probationary equivalent action, including probation, placed upon an institution or program by a recognized accrediting agency, state licensure approval body/agency, or federal regulatory agency.~~

~~ii. The discontinuation of a program (defined as any program that has not been in operation for a continuous 12-month period). Institutions and programs must submit notification when a program is discontinued. Notification must be submitted on the *Notice of Discontinuation of Program and/or Delivery Method Form*.~~

~~iii. The discontinuation of previously approved delivery method, i.e., residential, blended, or full distance education (defined as any delivery method that has not been in operation for a continuous 12-month period). Notification must be submitted on the *Notice of Discontinuation of Program and/or Delivery Method Form*.~~

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

~~— Change in length of weeks to an existing program(s).~~

~~v. Addition or change of a third party contract or consortium agreement, including the information outlined in the *Guide to Third-Party Contracts and Consortium Agreements*.~~

~~vi. The practice of allowing an individual to register in a course or courses while not enrolled in a program of study at the institution. Notification including the course name, hours, and credit awarded must be submitted on the institution's letterhead and emailed to info@abhes.org.~~

Commented [KC29]: This is captured under substantive changes

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

DC. Distance Education Applications

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

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

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

1. Application for Initial Distance Education Delivery

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

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

2. Application for Modification of Distance Education Delivery

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

b. —

- a. The addition of a blended and/or full distance delivery method to an existing program for institutions or programs already approved to offer program(s) by distance education.

Commented [KC30]: Reordered based on most common to least common use of MDE application

- e.b. Inclusion of laboratory-based courses delivered by distance education to a program currently approved for distance education delivery.

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

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

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

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

Commented [KC31]: Added based on process updates

~~3.5.~~ Application for Inclusion of Residential Delivery

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

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

Subsection 65 – Addition of a non-main campus

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

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

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

Following a verification visit, an institution is required to submit a Self-Evaluation Report, date to be determined by ABHES staff based on the expected date of the campus's first graduates. A full campus inclusion visit is normally conducted within 24 months of the date instruction begins~~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.

Commented [KC32]: To ensure a comprehensive visit occurs when students have completed at least 50% of a program and have at minimum started externship, as applicable.

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

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

Subsection 76 – Addition of a Separate educational center(s)

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

Subsection 87 – ~~Change from non-main to main campus~~ Reclassification and reassignment of facilities

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

Commented [KC33]: These revisions correspond with the types of changes to facilities an institution can apply for

Subsection 98 – Change of location

An institution or program must submit a completed application to ABHES of a change in location at least ~~45~~ 60 days prior to moving. The Commission evaluates the information provided and conducts an on-site visitation to the new location within six ~~(6)~~ months of the date of relocation.

Commented [KC34]: This revisions allows additional time to review and process the application prior to the scheduled move.

Subsection 109 – Change in legal status, ownership, or form of control

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

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

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

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

Commented [KC35]: New language to support non-profit organizations and change of control.

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

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

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

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

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

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

The Substantive Change Committee of the Commission has the ability to approve ~~the a~~ change of control. Only the full Commission can deny an application. An on-site ~~visitation~~ evaluation to an institution will be made within six (6) months of the effective change date following after Commission approval of a change in control. A post change of ownership visit is not required for sponsoring institutions that hold only programmatic accreditation.

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

Subsection 110 – Change in method of academic measurement

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

Subsection 124 – Change of name

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

SECTION C – Commission Actions

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

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

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

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

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

An institution may request a good cause extension by submitting a ~~completed~~ *Good Cause Extension Request Form* prior to the ~~next~~-scheduled Commission meeting where the institution will ~~reach its maximum timeframe~~ be reviewed and before the expiration of the maximum timeframe. The Commission will limit the timeframe to demonstrate compliance to no longer than 12 months from the institution’s original maximum timeframe to come into compliance.

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

Commented [KC36]: These changes clarify that the Commission wants the form at the meeting when the school reaches max time, not meetings leading up to that

Commented [KC37]: This added language supports current practice.

Subsection 1 – Grant

A grant of accreditation may be an initial grant to a new applicant or a renewal grant to a currently accredited institution or program. The Commission issues a grant of accreditation when it determines that an applicant institution or program is in compliance. The length of the grant varies, but in no case, may it exceed six ~~(6)~~ years.

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

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

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

Commented [KC38]: This addition allows the Commission added flexibility in terms of requests for monitoring during grants of accreditation

Subsection 2 – Grant subject-to

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

Subsection 3 – Defer

A deferral extends consideration of an institution's or program's application for an initial or renewal grant of accreditation. Typically, a deferral occurs when the Commission requires additional information and clarification in order to make an accreditation decision. This may require additional reporting by the institution or program, including a new application or SER, or a full or focus site evaluation~~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 4 – Program specific warning

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

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

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

An institution may not submit a new program application for substantially the same program, directed by the Commission to be taught out due to its outcomes, for at least twelve ~~(12)~~ months following the decision by the Commission.

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

Subsection 5 – Show cause

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

ABHES will not review, consider, or process substantive changes *(as defined in III.B.2. of the Accreditation Manual)* while the institution is under a show cause directive, unless the institution demonstrates that the substantive change is likely to resolve the show cause directive. An institution's or program's request for acceptance of the application must include justification for the change and its effect on the institution's or program's operation.

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

Subsection 6 – Withdraw

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

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

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

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

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

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

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

Subsection 7 – Deny

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

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

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

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

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

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

Subsection 8-9 – Relinquishment

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

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

Commented [KC39]: Section moved from below and revised to ensure the review of any new financial information will go to the Commission.

The revision now clarifies that the Commission can reverse the adverse decision or find that the new financial information is not significant or material. This finding is not appealable, but the institution can appeal on a different basis, such as for example on procedural ground.

ABHES accredited institutions are required to file and complete formal teach-out plans ~~as described in III(a)(7)(i) Teach-Out Plans~~. If an accredited institution closes without a teach-out plan or agreement, ABHES works with the U.S. Department of Education and the appropriate state agency, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without additional charges.

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

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

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

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

a. A pending, or final action brought by a state approval agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education or to provide one or more of the programs offered.

~~b. A decision by a recognized accrediting agency to deny accreditation.~~

~~e.b.~~ A pending, or final action brought by a recognized accrediting agency to deny accreditation or to suspend, revoke, withdraw, or terminate the institution's accreditation.

c. Probationary or an equivalent status imposed by a recognized accrediting agency.

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

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

~~Should the Commission grant accreditation to an institution or program subject to an adverse action by another body, the Commission will provide to the Secretary of the United States Department of Education, within 30 days of its action, a thorough and reasonable explanation, consistent with its standards, why the action of the other body does not preclude ABHES's grant of accreditation.~~

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

Upon request from an appropriate recognized accrediting agency or state approval agency, ABHES will share upon request from an appropriate recognized accrediting agency or recognized state agency information about the

Commented [KC40]: Added to new letter "b" below.

Commented [KC41]: To capture action taken by a federal agency such as the Department of Education to limit suspend or terminate eligibility for T-4 or to place the institution on HCM2.

Commented [KC42]: Combined with the above sentence to be less repetitive

accreditation status of an institution or program and any adverse actions taken against an institution or program accredited by ABHES.

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

Commented [KC43]: Expanded to capture state or federal attorney general, for example.

Subsection 2 – Notification of actions

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

- a. ABHES provides written notice of the following types of decisions to the Secretary of the United States Department of Education, the appropriate state ~~licensing or authorizing approval~~ agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes ~~the decision~~:
 - i. A decision to grant initial and renewal accreditation.
 - ii. A final decision to issue a show cause directive or a program specific warning.
 - iii. A decision to ~~initiate~~ a denial or withdrawal of accreditation.
 - iv. A final decision to deny or withdraw the accreditation of an institution or program.
- b. ABHES provides written notice of a show cause directive, a program specific warning, or a final decision to deny or withdraw the accreditation of an institution or program (appeal rights exhausted) to the Secretary of the United States Department of Education, the appropriate state ~~licensing or authorizing approval~~ agency, and the appropriate accrediting agencies, ~~and the public~~ at the same time ABHES notifies the institution or program of the decision, but no later than 30 days after it reaches the decision.
- c. ABHES provides written notice to the public of the decisions described in paragraph (b) of this section within one business day of its notice to the institution or program.
- d. For any decision described in paragraph (b-) of this section, ABHES makes available to the Secretary, the appropriate state ~~licensing or authorizing approval~~ agency, and the public, ~~no later than 60 days after the decision~~, a brief statement no later than 60 days after the decision. That statement summarizes the reasons for the agency's decision and ~~the any~~ official comments, ~~if any~~, that the affected institution or program ~~may~~ make with regard to that decision, or evidence that the affected institution ~~has been~~ was offered the opportunity to provide official comment.
- e. ABHES notifies the Secretary of the United States Department of Education, the appropriate state ~~licensing or authorizing approval~~ agency, the appropriate accrediting agencies, and, upon request, the public if an accredited institution or program:
 - i. Decides to withdraw voluntarily from accreditation, ~~ABHES notification occurs~~, within 10 business days of receiving notification from the institution or program that it is withdrawing voluntarily from accreditation.

Commented [KC44]: This is detailed in c, struck here as it was contradictory

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- ii. Allows its accreditation lapse, ~~ABHES notification occurs,~~ within 10 business days of the date on which accreditation lapses.

Notices to the public under this section are posted at www.abhes.org.

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 re-apply for accreditation until a period of one year has elapsed since the date of the action. An applicant institution or program will be treated procedurally and substantively as if it is a new applicant for accreditation.

Subsection 5 – Additional notices

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

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

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

SECTION E – Appearances, Hearings, and Appeals

Subsection 1 – Program specific warning

If the Commission issues an order requiring an institution to justify why a program should be included in the institution's grant of accreditation ~~under III.C., Commission Actions,~~ the institution has the opportunity to respond to the notification in writing or in person at the next meeting of the Commission, which may be conducted by

teleconference. The Commission describes in writing to an institution the terms and conditions of submission of the response to the warning notification.

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

Subsection 2 – Show cause

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

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

Subsection 3 – Appeals

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

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

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

~~Appeal of final decision to not grant or continue accreditation~~

~~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 affirm, amend, ~~reverse,~~ or remand the prior decision of the Commission as set forth below.

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

a. Notification

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

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

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

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

c. Appeals Panel Selection; Processing of the Appeal

For an appeal concerning removal of a program approval from an institution’s grant of accreditation, the Appeals Panel consists of three members, at least one of which meets the criteria of a public member (see Appendix H) ~~as set forth in section 4.6 of the bylaws~~. At least one member of the panel must meet the criteria of an administrator and one member must meet the criteria of an academician (see Appendix H) ~~as set forth in section 4.5 of the bylaws~~.

For an appeal concerning institutional accreditation, the Appeal Panel consists of three members, one of which meets the criteria of a public member (see Appendix H) ~~as set forth in section 4.6 of the bylaws~~. One member of the panel must meet the criteria of an administrator and one member must meet the criteria of an academician (see Appendix H) ~~as set forth in section 4.5 of the bylaws~~.

For an appeal concerning programmatic accreditation, the Appeals Panel consists of four members, at least one of which meets the criteria of a public member (see Appendix H) ~~as set forth in section 4.6 of the bylaws~~. At least one member of the panel must meet the criteria of an administrator and one member must meet the criteria of an academician (see Appendix H) ~~as set forth in section 4.5 of the bylaws~~. One member of the panel must meet the criteria of a practitioner (see Appendix H) ~~as set forth in section 4.6 of the bylaws~~.

The Executive Director will submit a list of proposed Appeals Panel members to the institution or program in advance. This list shall be drawn from a pool of candidates possessing knowledge of accreditation purposes and procedures and will be constituted to meet the panel composition requirements set forth above. The candidates cannot include any current member of the Commission and cannot have a conflict of interest ~~as that term is described in Chapter I.A.4. of the Accreditation Manual~~.

An institution, within 10 calendar days of receipt of the proposed panel, may ask in writing that any person or persons be removed from the list on the basis of potential conflict of interest ~~as defined by Chapter I.A.4 of the Accreditation Manual~~, which must be explained in sufficient detail in the written request to permit ABHES to evaluate the claim. Potential members will be removed from the list if there is a potential conflict and, if necessary, additional panel members will be proposed for review and comment by the appellant. The ~~Executive d~~Director will finalize the composition of the Appeals Panel, including designating the chairperson.

d. Logistical Procedures

Promptly after receipt of a written statement of grounds for appeal, the ~~Executive d~~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 ~~e~~Executive ~~d~~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 supporting ~~ing~~ documents. The Appeals Panel has no authority regarding the reasonableness of the accreditation standards, policies, or procedures. Its role is to determine whether the Commission's action was not supported by the record or was clearly erroneous. The institution or program has the burden of demonstrating that the action of the Commission was not supported by the record or was otherwise erroneous.

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

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

The appeal is not an opportunity to introduce evidence that could have been submitted prior to the Commission's action but was not. ~~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 concerns facts in existence at the time of the Commission's decision but which through no fault or omission of the institution or program were 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.~~

Commented [KC45]: Struck as this is not nor has it been ABHES process.

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

1. Affirm

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

2. Remand

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

3. Amend

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

h. Commission Receipt of Appeals Panel Decision

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

i. Commission Implementation of Appeals Panel Decisions

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

j. Notification

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

Subsection 4—Review of financial information prior to final adverse action

~~An institution or program may seek review of new financial information by the Commission prior to a final adverse decision if all of the following conditions are met:~~

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

~~An institution or program may seek the review of new financial information described in this subsection only once and any determination by the Commission made with respect to that review does not provide a basis for an appeal.~~

Commented [KC46]: Relocated above to new subsection prior to this section.

CHAPTER V – EVALUATION STANDARDS APPLICABLE TO ALL EDUCATIONAL PROGRAMS

SECTION A – Goals and Oversight

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

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

Commented [KC47]: Added to clarify expectations to align with evaluation and review by teams

~~Advisory board meetings must address a broad range of topics that may include the program's mission and objectives, curriculum, outcomes, program strength and weaknesses in preparing graduates, current and projected community needs for graduates in the field, annual evaluation of program effectiveness, and student, graduate, clinical externship, and employer feedback.~~

Commented [KC48]: Moved from bottom to signify what the board is expected to discuss and contribute

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

Commented [KC49]: Changes help to better define who is expected to serve on the advisory board and that they must attend the meeting together.

~~Institutions offering master's degrees have a minimum of one representative, not affiliated with the institution, who possesses a terminal degree, i.e., earned doctorate, or professional degree such as J.D. or M.D.~~

Commented [KC50]: Moved down to come after the DE representative, which is more common.

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

~~Institutions offering master's degrees have a minimum of one representative, not affiliated with the institution, who possesses a terminal degree, i.e., earned doctorate, or professional degree such as J.D. or M.D.~~

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

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

Commented [KC51]: Added to make sure programs know they need to provide how each member qualifies to serve their role

SECTION E – Program Management and Faculty

Subsection 1 – Program management

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

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

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

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

Commented [KC52]: The program director may or may not teach, so this was altered accordingly so that their qualifying education should be related to the program field

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

SECTION I – Student Achievement and Program Effectiveness

Subsection 1 – Student achievement indicators

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

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

Satisfaction Rate = SL/SP
SL = Satisfaction Level
SP = Survey Participation

The satisfaction level is determined by the institution and the definition must be provided in the institution's Program Effectiveness Plan (PEP), Satisfaction Level, Survey Participation, and calculation of Satisfaction Rate must be documented in the PEP; the rate alone is not acceptable.

Commented [KC53]: Added to better align with expectations detailed in PEP Guidebook and evaluated by review teams.

CHAPTER VI – DEGREE PROGRAM STANDARDS

SECTION C – Baccalaureate Degrees

Subsection 2 – Curriculum

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

The program requires:

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

The curriculum identifies courses for a baccalaureate degree using a distinct course numbering and sequencing system, which must be clearly outlined in the catalog. ~~Students must progress from lower level courses to upper level courses to evidence academic rigor.~~

Commented [KC54]: Duplicated in VI.C.2.b. so struck here

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

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

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

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

Subsection 7 – Student services

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

Commented [KC55]: Changed for consistency with master's standard

~~Student support services must be provided to support the academic success of student. These services encompass academic advising and support and relevant life skills. The An individual(s) responsible for this function must have experience related to the services provided. with professional educational qualifications in these skills coordinates these services.~~

Commented [KC56]: Removed educational component due to diversity in programs and services, this allows us to defer to the school's requirements for their staff.

SECTION D – Master’s Degrees

Subsection 4 – Program supervision and faculty

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

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

Commented [KC57]: Kept this from original but now overall mirrors VI.C.4.c. for more consistency between sections of Chapter VI.

CHAPTER VII – MA EVALUATION STANDARDS FOR MEDICAL ASSISTING

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

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

DESCRIPTION OF THE PROFESSION

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

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

CREDENTIALING

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

SECTION A – Curriculum, Competencies, and Externship

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

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

Commented [KC58]: Covered elsewhere and this standard focuses on curricular requirements in terms of skills and knowledge

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

1. General Orientation

Graduates will be able to:

- Describe the current employment outlook for the medical assistant
- Compare and contrast the allied health professions and understand ~~their relation to their role in~~ medical assisting
- Describe and comprehend medical assistant credentialing requirements; ~~the process to obtain the credential and the importance of credentialing~~
- List the general responsibilities and skills of the medical assistant

2. Anatomy and Physiology

Graduates will be able to:

- List all body systems and their structures and functions
- Describe common diseases ~~and disorders symptom, symptoms, and etiologies~~ as they apply to each system
- Identify diagnostic and ~~therapeutic treatment~~ modalities as they relate to each body system
- ~~Apply a system of~~ Provide patient education by identifying diet and nutrition requirements
 - Explain the importance of diet and nutrition
 - Educate patients regarding proper diet and nutrition guidelines
 - Identify categories of patients that require special diets or diet modifications

Commented [WI59]: Therapeutic includes treatment and is a better, broader term

Commented [WI60]: Simplified and combined 1-3 according to industry standards

3. Medical Terminology

Graduates will be able to:

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

Commented [KC61]: Covered in a

4. Medical Law and Ethics

Graduates will be able to:

- Follow documentation guidelines
- Institute federal and state guidelines when:
 - Releasing medical records or information
 - Entering orders in and utilizing electronic health records
- Follow established policies when initiating or terminating medical treatment
- Distinguish between employer and personal liability coverage
- Perform risk management procedures
- Comply with federal, state, and local health laws and regulations as they relate to healthcare settings

- 1) Define the scope of practice for the medical assistant ~~per state requirements within the state where employed~~
- 2) Describe what procedures can and cannot be delegated to the medical assistant and by whom ~~orders can be given within various employment settings~~
- 3) Comply with meaningful use regulations
- 3)4) Comply with HIPAA guidelines, the ADA Amendments Act, and the Health Information Technology for Economic and Clinical Health (HITECH) Act
- g. Display compliance with the Code of Ethics of the profession
 - 1) ~~Demonstrate compliance with HIPAA guidelines, the ADA Amendments Act, and the Health Information Technology for Economic and Clinical Health (HITECH) Act~~

Commented [W162]: Moved from 4.h. as all part of complying with federal, state, and local health laws.

5. Human Relations

Graduates will be able to:

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

6. Pharmacology

Graduates will be able to:

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

7. Administrative Procedures

Graduates will be able to:

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

h. Perform basic computer skills

8. Clinical Procedures

Graduates will be able to:

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

Commented [WI63]: What MAs can do in their scope. Move away from IV, as it is not something they do often.

Commented [KC64]: Intent is students should be certified, as detailed in MA.A.2.

9. Medical Laboratory Procedures

Graduates will be able to:

- a. Practice quality control
- b. Perform selected CLIA-waived tests that assist with diagnosis and treatment
 - 1) Urinalysis
 - 2) Hematology testing
 - 3) Chemistry testing
 - 4) Immunology testing
 - 5) Microbiology testing
- ~~e. Kit testing~~
- ~~d-c. Dispose of biohazardous materials~~
- ~~e-d. Collect, label, and process specimens~~
 - 1) Perform venipuncture
 - a. Evacuate tube system
 - b. Winged Infusion Set
 - ~~a-c. Syringe~~
 - 2) Perform capillary puncture
 - 3) Perform wound ~~culture collection~~ procedures
 - 4) Obtain throat specimens ~~for microbiologic testing~~
- ~~f-e. Instruct patients in the collection of~~
 - 1) ~~Clean catch mid stream U~~rine specimens
 - 2) ~~Collection of F~~ecal specimens
 - 3) ~~Collection of S~~putum specimens

Commented [WI65]: Similar to a rapid testing (immunology testing)

Commented [WI66]: Made more specific

10. Career Development

Graduates will be able to:

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

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

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

(a) Assignment

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

Commented [KC67]: Want students to have CPR card before going on externship/clinical experience.

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

Commented [KC68]: Now covered in Chapter II eligibility

(b) Activities

An externship experience includes assisting clinical and administrative staff members with daily tasks while under direct supervision. Students should only perform ~~the duties within the scope~~ of a medical assistant and the activities included in the program's curriculum.

Commented [KC69]: Better terminology

(c) Supervision

(no additional requirements beyond Chapter V)

(d) Requirements for completion

(no additional requirements beyond Chapter V)

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Supervision

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

A program supervisor has:

- i. ~~A~~ minimum of an associate degree.
- ii. ~~A~~ minimum of three years of full-time experience in ~~a~~ healthcare facility, with a minimum of one year of direct patient care ~~including 40 hours~~ in an ambulatory healthcare setting.
- iii. ~~C~~lassroom teaching experience ~~and~~.
- iv. ~~A~~ current medical assistant registration or certification through a nationally recognized and accredited certifying agency.

Commented [W170]: The PAC felt one week was not enough experience in the role of a medical assistant and feel program supervisors should have at least one full year of direct patient care reflected in their work history

Subsection 2 – Faculty and consultation

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

(no additional requirements beyond Chapter V)

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

(no additional requirements beyond Chapter V)

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

The program's advisory board consists of at least one current faculty member and at least one non-employee representative from each of the following communities of interest: ~~(An individual may not serve in more than one capacity):~~

Commented [KC71]: Moved from below for emphasis

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

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

SECTION C – Laboratory Facilities and Resources

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

Commented [KC72]: Changed for consistency within Chapters VII and VIII.

(no additional requirements beyond Chapter V)

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

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

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

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

xxii. Pulse oximeter

xxiii. Designated phlebotomy station

Commented [W173]: Added as important to have the safety measures for phlebotomy

CHAPTER VII – MLT

EVALUATION STANDARDS FOR MEDICAL LABORATORY TECHNOLOGY

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

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

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

DESCRIPTION OF THE PROFESSION

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

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

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

CREDENTIALING

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

Commented [KC74]: Add to capture other names of programs but that this chapter would apply; consistent with other sections of VII and VIII

Commented [WI75]: Clinical Laboratory Technician is not commonly used in the field. There is no CLT credential, only MLT. It is only with a Bachelors program that MLS is the working professional title and Clinical Laboratory Science is the major. MLT stands alone at the associate level.

Commented [WI76]: Immunohematology and body fluids are two different disciplines, so separated; however, moved urinalysis to better order the processes as that is a content area connected to body fluids [non-blood] (ex: textbooks, courses, and AMT exam have urinalysis and body fluids).

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

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

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

Commented [KC77]: The PAC did not think this added anything and differed from other sections so removed.

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

- ~~At least 800 hours in combined clinical and laboratory experience, including a minimum of 400 hours in an externship environment.~~ Each program will be assessed for its effectiveness in achieving the program objectives and state requirements.;
- Requisites (career development, medical terminology, medical law and ethics, college math, anatomy and physiology, and communication skills);-and
- A program curriculum that prepares the graduate to deal with workplace issues in a professional manner. Student competencies are developed for effective interpersonal relationships with other health care professionals, problem solving, work management, and quality patient care. Graduates from the program should be prepared to express logical ideas in writing and to demonstrate appropriate communication techniques for dealing with diverse patient populations.
- A program curriculum to include experience with manual and automated processes and equipment, as applicable.

Commented [KC78]: Now covered in Chapter II eligibility and do not want to duplicate

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

1. General Laboratory Orientation

Graduates will be able to:

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

2. Medical Law and Ethics

Graduates will be able to:

- Demonstrate and comply with HIPAA rules and regulations
- Complete a chain of custody form
- Demonstrate an understanding of OSHA compliance rules and regulations

- d. Demonstrate an understanding of the core competencies for an Inter-professional Collaborative Practice (i.e., values/ethics, roles/responsibilities, interprofessional communication, teamwork)

3. Anatomy and Physiology

Graduates will be able to:

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

4. General Chemistry

Graduates will be able to:

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

5. Urinalysis and Body Fluids

Graduates will be able to:

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

6. Hematology

Graduates will be able to:

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

7. Immunohematology

Graduates will be able to:

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

8. Microbiology

Graduates will be able to:

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

9. Immunology/Serology

Graduates will be able to:

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

10. Clinical Chemistry

Graduates will be able to:

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

11. Quality Assurance

Graduates will be able to:

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

12. Specimen Collection

Graduates will be able to:

- a. Perform routine venipunctures
- b. Perform dermal punctures
- c. Collect blood cultures
- d. Demonstrate and understanding of:
 - 1) Instructing patients in urine, stool, and semen collection procedures
 - 2) Special collection procedures, including forensic testing, sweat chloride, paternity testing and PKU

13. Career Development

Graduates will be able to:

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

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

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

(a) Assignment

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

Commented [W179]: This is the way CMS describes such

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

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

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

(b) Activities

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

(c) Supervision

(no additional requirements beyond Chapter V)

(d) Requirements for completion

(no additional requirements beyond Chapter V)

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Supervision

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

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

Subsection 2 – Faculty and consultation

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

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

- i. ~~Be~~ currently credentialed by a nationally recognized and accredited agency as a medical laboratory technician~~ologist~~ or ~~technician~~ medical technologist/clinical laboratory scientist~~;~~
- ii. ~~Hold~~, at minimum, an associate degree~~;~~ ~~and~~,
~~have at least two years of practical experience in the subject area.~~

Commented [WI80]: The PAC decided to include the MLT names for current industry standards.

Commented [WI81]: PAC decided to remove this sentence as it is already in V.E.2.a.

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

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

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

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

The program's advisory board consists of at least one current faculty member and at least one non-employee representative from each of the following communities of interest (~~an individual may not serve in more than one capacity~~):

Commented [KC82]: Moved from below to highlight and bring to the reader's attention

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

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

SECTION C – Educational Facilities and Resources

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

Commented [KC83]: Made conforming changes as in other chapters/sections

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

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

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

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

Commented [KC84]: Covered in v. so removed ii.

Commented [KC85]: For safety reasons accomplishing phlebotomy, a station was added.

CHAPTER VII – ST EVALUATION STANDARDS FOR SURGICAL TECHNOLOGY

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

DESCRIPTION OF THE PROFESSION

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

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

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

CREDENTIALING

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

Commented [KC86]: Made more consistent with other sections of Chapter VII and VIII

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

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

The program’s goals are:

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

Competencies required for successful completion of the program are:

- i. ~~C~~learly delineated.
- ii. ~~C~~ommonly accepted.
- iii. ~~A~~ligned with the current Core Curriculum for Surgical Technology, produced by the Association of Surgical Technologists (www.ast.org), (herein referred to as the Core Curriculum).
- iv. ~~I~~nclusive of ~~demonstrate~~ an understanding of the core competencies for ~~i~~nter-professional ~~C~~ollaborative ~~P~~ractice (i.e., values/ethics, roles/responsibilities, interprofessional communication, and teamwork).

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

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

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

(a) Assignment

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

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

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

(b) Activities

(no additional requirements beyond Chapter V)

(c) Supervision

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

(d) Requirements for Completion

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

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

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

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

The exam ~~program~~ is proctored consistently with the credentialing agency's requirements.

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

Commented [KC87]: Reordered based on when these things happen

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Supervision

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

Supervisors of a surgical technology program:

- i. Hold a credential in the surgical technology field from a nationally recognized and accredited credentialing agency.
- ii. Possess a minimum of three ~~(3)~~ years of operating room experience in the scrub role within the last five ~~(5)~~ years or three ~~(3)~~ years teaching in the field of surgical technology prior to employment.
- iii. Evidence continued education and training intended to maintain and enhance their professional knowledge of surgical technology instruction and administrative requirements as well as to promote necessary education, standards, and credentialing required in the surgical technology field (e.g., pursuit of advanced academic degrees and active participation in related state and national membership organizations).

Subsection 2 – Faculty and consultation

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

~~All faculty works under the direction of the program supervisor. Faculty teaching core surgical technology courses didactic and clinical core (based on found in the current Core Curriculum) courses;~~

Commented [KC88]: Occupational - ST

- i. ~~(+) Work under the direction of the program supervisor.~~

- ii. ~~H~~hold a credential in the surgical technology field from a nationally recognized and accredited credentialing agency. ~~and~~
- ~~i-iii.~~ ~~(ii)~~ ~~H~~have within the last five ~~(5)~~ years a minimum of three ~~(3)~~ years of operating room experience or teaching in the field, or a combination of the two ~~prior to hire date~~.

Commented [KC89]: Specified that the PAC expects them to hold a credential in surgical technology (CST or TS-C) and this language mirrors ST.B.1.

Commented [KB90]: Experience should be within the last 5 years (no need to consider the hire date)

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

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

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

A clinical coordinator is:

- i. ~~Q~~qualified as program faculty. ~~and,~~
- ii. ~~R~~esponsible for the supervision of clinical faculty, students, and the clinical experience.

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

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

The program’s advisory board consists of at least one current faculty member, a representative from the institution’s administration, and at least one non-employee representative from each of the following communities of interest (an individual may not serve in more than one capacity):

Commented [KB91]: To align with changes in the other programmatic chapters to help highlight for compliance

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

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

SECTION C – Laboratory Facilities and Resources

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

Commented [KC92]: These changes make the standard more consistent with other sections of Chapters VII and VIII

~~A dedicated space to support the role of a surgical technologist.~~
Laboratory areas are of a size to accommodate students, faculty, and equipment during instruction.

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

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

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

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

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

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

Commented [KC93]: Added throughout chapter

Commented [KB94]: PAC-ST wanted to be more specific about minimum requirements to help programs and evaluators.

CHAPTER VIII – PROGRAM SPECIFIC REQUIREMENTS

DAIA.1. The depth and breadth of the program’s curriculum enables graduates to acquire the knowledge and competencies necessary to become an entry-level professional in the dental assisting field.

19. Healthcare provider CPR

Graduates will be able to:

- a. Obtain nationally recognized ~~certification in~~ CPR for healthcare providers

DAIA.1. The depth and breadth of the program’s curriculum enables graduates to acquire the knowledge and competencies necessary to become an entry-level professional in the dental assisting field.

19. Healthcare provider CPR

Graduates will be able to:

- b. Obtain nationally recognized ~~certification in~~ CPR for healthcare providers

DMS.A.1. The depth and breadth of the program’s curriculum enables graduates to acquire the knowledge and competencies as an entry-level sonographer in the field of diagnostic medical sonography.

C. Basic patient care

Graduates will be able to:

- h. ~~Demonstrate Perform~~ nationally recognized First Aid and CPR for Hhealthcare Pproviders ~~CPR and first aid~~

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

8. Career development

Graduates will be able to:

- a. Obtain nationally recognized ~~certification in~~ First Aid and CPR for healthcare providers

Commented [KC95]: These changes align with revisions in Chapter VII and changes in the way agencies speak about their training programs

APPENDIX E RECORDS MAINTENANCE

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

B. Faculty

3. ~~Educational transcripts (official or unofficial) for evidence of~~ all certificates, diplomas, and/or degrees listed on the ABHES Faculty Data Sheet ~~(official or unofficial transcripts).~~

Commented [KC96]: Changed to help institutions understand expectations and align with review team evaluation process

APPENDIX G FEES

APPLICATIONS

Other

Approval to Conduct Other Business on School Premises	\$150
Change in Academic Measurement (clock-to-credit hour or credit-to-clock hour)	\$750
Change in-of Location	\$500
Change in Mission	\$300
Change in-of Name	\$300
Change in <u>Legal Status, Ownership, or Form of Control</u>	
Main campus	\$3,000
Each non-main campus	\$2,000
Programmatically accredited, per campus	\$1,000
Change of <u>Accreditation Status</u> (institutional to programmatic)	\$300
Distance Education (<u>Initial</u>)	\$1,200
(Each additional location, identical program, submitted at the same time)	\$500
Modification of Distance Education (Modification)	\$500
(Each additional location, identical program, submitted at the same time)	\$500
Excluded Continuing Education Courses/Program	\$500
Minor Program Revision (up to 25 percent)	\$500
New Program Approvals (including substantive change (50 percent or more))	\$1,200
New Program Approval, Residential only	\$1,200
(Each additional location, identical program, submitted at same time)	\$500
Combined New Program Approval with Distance Education (Initial)	\$2,400
(Each additional location, identical program, submitted at same time)	\$500
Combined New Program Approval with Distance Education (Modification)	\$1,700
(Each additional location, identical program, submitted at same time)	\$500
Non-main Campus Inclusion	\$3,000
Non-main Campus to Main Campus Facility Reclassification or Reassignment	\$3,000
Separate Educational Center Inclusion	\$1,000
Substantive Program Revision (change of 26 percent to 49 percent)	\$1,000
(Each additional location, identical program, submitted at same time)	\$400

Commented [KC97]: Added as it was omitted previously

Commented [KC98]: Updated for current processes

Commented [KC99]: Updated for current processes

Commented [KC100]: Struck to process all program revisions for a flat fee of \$500 per program.

VISITS

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

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

Virtual Evaluation Visit Expenses
Per team member for each full day \$500
Per team member for each half day (approximately 4 hours) \$250

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

Commented [KC101]: Added per virtual visit procedures

GLOSSARY

Authorized Institutional Representative (AIR) – An individual who is designated to represent an institution or program with the authority to sign and submit reports (i.e., financial, annual, self-evaluation) to ABHES. The institution's ownership/management will be held responsible for the accuracy of all forms submitted by the AIR.

Commented [KC102]: Used in Chapter III so added this definition

Core Course – Program course directly related to the area for which the program credential is awarded. Core courses emphasize achievement of occupational objectives.

Commented [KC103]: Added as there was confusion about core course related to faculty qualification requirements upon review of Chapter VII sections

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

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

Commented [KC104]: Clarifies that this excludes clinical/externship components of a program

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

Commented [KC105]: Per FRC recommendations.

Institutional Grouping – Encompasses all campuses within a grant of accreditation, which includes the main campus and any of its assigned non-main campuses and/or separate educational centers for institutionally accredited members. For programmatically accredited members, the term refers to all campuses within the same ownership structure offering the same ABHES approved program.

Commented [KC106]: Used in Chapter III so added this definition

Sponsor – A higher education institution, hospital, training facility, consortium, partnership, government agency or other entity that meets ABHES requirements for the initiation and management of an accredited program.

Commented [KC107]: Used in Chapter III so added this definition