



Commission on Accreditation
of Allied Health Education Programs

Standards and Guidelines

for the Profession of Surgical Assisting

Standards initially adopted in 2002

Adopted by the

American College of Surgeons

Association of Surgical Technologists

National Surgical Assistant Association

Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs in surgical assisting education, upon the recommendation of the Accreditation Review Committee on Education in Surgical Technology.

These **Standards** are the minimum levels of quality used in approving programs that prepare individuals to enter the profession of surgical assisting. The extent to which a program complies with these standards determines its accreditation status; therefore, the Standards constitute the minimum requirements to which an accredited program is held accountable. The Standards are printed in regular typeface in outline form. The Guidelines accompanying the Standards provide examples intended to assist in interpreting the Standards. The Guidelines are printed in italic typeface in narrative form.

ARC-ST policies are periodically developed, reviewed and published to supplement the implementation of these *Standards and Guidelines*.

A. Sponsorship

1. Sponsoring Institution and Affiliates

The sponsoring institution and affiliates, if any, must be accredited by recognized agencies or meet equivalent standards.

In programs in which didactics and supervised clinical practice are provided by two or more institutions, responsibilities for program administration, instruction, supervision, evaluation, and other functions of the sponsoring institutions

and of each affiliate must be clearly described in written documents, such as an affiliation agreement or memorandum of understanding.

Recognized agencies are those acceptable to the United States Department of Education. Hospitals accredited by the Joint Commission on the Accreditation of Healthcare Organizations, American Osteopathic Association, or the United States Health Care Financing Administration are acceptable as clinical affiliates. Other institutions may also be acceptable if they meet equivalent standards.

2. Programs Eligible for Accreditation

Educational programs eligible for accreditation shall be established in one of the following:

- a. Community, technical and junior colleges, senior colleges, and universities
- b. Hospitals and clinics
- c. Post-secondary vocational/technical schools and institutions, including
- d. educational programs within all branches of the armed services
- e. Proprietary schools
- f. Other institutions or consortia that meet comparable standards for education in surgical assisting.

3. Sponsoring Institution Responsibilities

The sponsoring institution assumes primary responsibility for student admission, curriculum planning, selection of course content, coordination of classroom teaching and supervised clinical practice,

appointment of faculty, receiving and processing applications for admission, and granting the certificate or degree documenting satisfactory completion of the educational program. The sponsoring institution shall also be responsible for providing assurance that the practice activities assigned to students in a clinical setting are appropriate to the program.

The clinical phase of the educational program must be conducted in a clinical setting and under competent clinical direction.

A copy of the written affiliation agreement, signed by appropriate officers, should be maintained by each institution. This agreement should be periodically reviewed and should also include a termination clause with sufficient notice to protect enrolled students.

B. Resources

1. Personnel

a. Administrative Personnel

The program must have adequate leadership and management.

b. Program Director/Coordinator or Equivalent

(1) Responsibilities

In addition to other assigned

responsibilities, the director/coordinator of the educational program shall be responsible for the organization, administration, continuous review, planning, development, and general effectiveness of the program. The director/coordinator shall be sufficiently free from service and other non-educational responsibilities to fulfill the educational and administrative responsibilities indicated.

(2) Qualifications

The director/coordinator of the educational program shall be qualified in terms of academic preparation, teaching abilities, and knowledge of the surgical environment and shall meet the educational standards for faculty as required by the institution.

It is recognized that there are organizational differences and that the director/coordinator may not be an operating room professional; however, he/she should possess a working knowledge of the program's clinical activities.

c. Medical/Surgical Director

(1) Responsibilities

The medical/surgical director shall provide continuous competent guidance for the clinically-related program components and for clinical relationships with other educational programs. The medical/surgical director shall actively elicit the understanding and support of practicing surgeons.

(2) Qualifications

The medical/surgical director shall be a licensed physician and certified or board eligible to be certified in a surgical specialty approved by the American Board of Medical Specialties. The physician must be experienced in the type of health care services for which the student is being trained.

d. Faculty and/or Instructional Staff

(1) Responsibilities

In each location where a student is assigned for didactic instruction or

supervised laboratory practice, there must be a qualified individual designated to provide instruction, supervision, and evaluation of each student's progress in achieving program requirements.

Instructors in didactic courses should be aware of the overall organization and objectives of the educational program and should be familiar with the outcome knowledge and skills expected of students in the clinical facilities.

A method should be established for providing adequate communication between the clinical affiliate sites, clinical preceptors, and the sponsoring institution.

(2) Qualifications

The instructors must be knowledgeable in course content and effective in teaching their assigned subjects.

Instruction should be conducted by faculty who meet the educational and work experience requirements of post-secondary educational institutions. Programs should assure that all courses are taught by instructors having qualifications appropriate to the course being taught and that those instructors have current knowledge in that subject.

In securing qualified faculty, careful attention should be given to communication skills such as listening, interviewing, counseling and a knowledge of behavioral sciences.

Instructors who have had no surgical assisting experience may be qualified to provide didactic instruction in such subjects as anatomy, physiology, pathology, microbiology, and pharmacology. Programs should exercise care in selecting faculty for these subjects.

A faculty member who is teaching surgical assisting didactic courses should be a certified surgical technologist (CST), certified surgical assistant (CSA), certified

nurse-operating room (CNOR), physician assistant certified (PA-C), or physician. The faculty member should have appropriate educational background and clinical knowledge of the role of the surgical assistant. Each instructor should be qualified to teach clinical skills and should be sufficiently free from non-educational responsibilities to fulfill the instructional responsibilities required. In addition, the instructor should understand the teaching and evaluation methodologies being used in the total instructional process.

Current curricula vitae for the surgical assisting faculty should be on file with the program.

(3) Number

There shall be sufficient faculty to provide students with adequate attention, instruction, and supervised practice to acquire the knowledge and competencies needed for entry into the profession.

The ratio of students to faculty will vary according to the learning objectives and teaching methods used in any given instructional period. Of principal concern is that the students receive not only the group and individualized instruction required to accomplish the defined learning objectives, but also that

tutorial/individualized instructional opportunities should be available for students requiring assistance in attaining the stated objectives of the program.

Determination of faculty teaching loads should be consistent with institutional policy for other faculty.

e. Clinical Preceptors

(1) Responsibilities

Clinical preceptors are responsible for understanding the content and scope of the students educational preparation prior to the clinical practicum. Preceptors shall be responsible for providing clinical assisting experience opportunities, evaluation of student performance in an ongoing manner, informing the program director/coordinator about student performance that is less than satisfactory, and attesting to the level of student achievement during each rotation.

(2) Qualifications

A clinical preceptor shall be a doctor of medicine or doctor of osteopathy who has current surgical privileges at an appropriately accredited institution/healthcare facility. The preceptor may utilize other healthcare professionals who are experienced in the provision of surgical patient care services.

f. Clerical and Support Staff

Adequate clerical and other support staff shall be available.

g. Professional Development

Programs shall provide the opportunity for all program staff and faculty to pursue continuing professional growth. Faculty and staff have a responsibility to make optimal use of these opportunities.

Planned programs of professional development should be designed to enhance the instructors' backgrounds in the areas of their greatest need. The focus of professional development should be the educational process and should include formal credit and noncredit experiences. Individuals

having no previous instructional experience should be given initial education in learning theory, instructional methods, evaluation, and an overview of the learning and teaching process. Professional development should also stress current knowledge regarding clinical practices and standards. Faculty and staff should provide documentation of participation in professional development.

2. Financial Resources

The sponsoring institution shall ensure adequate financial resources to fulfill obligations to matriculating and enrolled students.

The program should have the financial and attitudinal support of senior administrative officers. Financial support through budgetary allocations should allow for the salaries of administrative, instructional, secretarial, clerical, and other support staff, as well as for instructional materials, office supplies, staff travel associated with clinical coordination and instruction, staff participation in professional development, and student and alumni services.

3. Physical Resources

a. Facilities

Adequate classrooms, laboratories, clinical and other facilities, and administrative offices shall be provided for students, program staff, and faculty.

Classrooms should meet or exceed state requirements regarding such factors as adequate lighting, ventilation, and furnishings for student use. Adequate space should be provided for interviewing, counseling, and student faculty conferences.

If a laboratory setting is within a clinical facility, the affiliation agreement should document assurance of adequate availability of appropriate resources. Offices for instructional staff should be reasonably accessible and suitably private for planning, evaluation, and counseling activities. Security for

student records, instructional materials, examinations, and other appropriate program-related materials should be provided.

b. Equipment and Supplies

Appropriate and sufficient equipment, supplies, and storage space shall be provided for student use and for teaching the didactic and supervised clinical practice components of the curriculum. Instructional aids, reference materials, supplies and equipment, and demonstration materials must be provided when required by the types of learning experiences delineated for either the didactic or supervised clinical education components of the curriculum.

The laboratory setting should contain the following items of furniture and supplies: operating table with standard attachments, instrument/back table, Mayo stand, prep stand, IV pole, transport stretcher, ring stand, sitting stool, basic instruments, scrub sink, catheters, blood pressure device, draping materials, sutures and needles, wrappers, gowns, gloves, mass. caps, sheets, antiseptic soap, soap dispenser, brushes, and other appropriate items.

Equipment should reflect what is currently in use in the clinical area.

A plan for increasing inventory and replacing outmoded equipment should be in place.

There should be a posted schedule of hours when laboratory facilities are available to students to foster self-instruction.

c. Learning Resources

1) Library

Students shall have ready access to an adequate supply of current books, journals, periodicals, and other reference materials related to the curriculum.

The library should contain standard and contemporary texts as well as related articles and periodicals in surgical procedures and treatment relative to surgical assisting. There should be services of a staff librarian available to assist students. The library should be accessible when the students have free time, and the flow of materials should be controlled to allow opportunity for them to circulate among students.

Faculty should provide guidance and direction in the purchase of publications, periodicals, and other resources pertinent to surgical assisting.

2) Instructional Aids

Any related reference materials, models, computer hardware and software, and audiovisual resources shall be available in sufficient number and quality to enhance student learning.

C. Students

1. Admission Eligibility Requirements

Admission of students shall be made according to clearly defined and published practices of the institution. Because this is an advanced level course, students must be able to show proof of successful completion of

basic science (college level) instruction that includes the following:
Microbiology
Pathophysiology
Pharmacology
Anatomy and Physiology
Medical Terminology

Students must possess a working knowledge of operating room fundamentals before moving on to the advanced levels of the program. Operating room fundamentals must include aseptic principles and techniques.

Operating room fundamentals and basic sciences may be included as a part of the program's core curriculum as long as they are presented as an introduction for advanced level core courses.

Recommended eligibility requirements for admission into a surgical assisting program are:

*Bachelor of Science degree (or higher)
Associate Degree in an allied health field with three years of recent experience
CST, CNOR, or PA-C, with certification currency
Three years of current operating room scrub and/or assisting experience within the last 5 years
Military medical training with surgical assistant experience
Proof of liability insurance
Current CPR/BLS certification
Acceptable health and immunization records
Computer literacy*

2. Admission Policies and Procedures

Admission of students shall be made according to clearly defined and published practices of the institution. Any specific requirements for admission to the program shall be clearly defined and published and readily accessible to prospective students and the public. Any policies regarding advanced placement, transfer of credit, and credit for experiential learning shall be

readily accessible to prospective students.

In academic institutions, selection of students should be made according to the generally accepted practice of the institution. In hospital-sponsored programs, selection of students should be made by an admissions committee in cooperation with those responsible for the educational program. Selection criteria should be evaluated periodically to determine the correlation with student performance and attrition. Admissions data should be on file.

Applicants lacking prerequisite competencies should be counseled for appropriate remediation prior to program acceptance in order to reduce potential attrition and to permit the program faculty to concentrate on the didactic and clinical education required by the curriculum.

3. Evaluation of Students

Criteria for successful completion of each segment of the curriculum and for graduation shall be given in advance to each student. Evaluation methods (systems) shall include content related to the objectives and competencies described in the curriculum for both didactic and

supervised clinical preceptorship components. They shall be employed frequently enough to provide students and program officials with timely indications of the students' progress and academic standing and to serve as a reliable indicator of the effectiveness of course design and instruction.

Keyed copies of written and practical examinations should be maintained on file and continually evaluated in terms of their validity, reliability, interpretability, and appropriateness.

Students should be evaluated through clinical observations and written evaluations on a regular basis during the clinical components of the program.

These evaluations should be provided at appropriate intervals relative to the distribution of clinical hours. Evaluation results should be shared with the student to provide him/her with the opportunity to respond and to focus on areas needing improvement.

A satisfactory record system should be provided for all student performance. Enrolled students should have ample time to correct identified deficiencies in knowledge and/or performance prior to completion of the program.

4. Health

The program officials shall establish a procedure for determining that the applicants' or students' health will permit them to meet the requirements of the program and the clinical sites. Students must be informed of and have access to the health care services provided to other students of the institution.

Successful applicants should be required to submit evidence of good health and appropriate immunizations. In both didactic and clinical settings, health services should be provided for the evaluation and maintenance of students' health. When students are in a clinical setting, they should have the same physical examinations and

immunizations as are required of hospital employees in the same clinical setting.

5. Guidance

Guidance shall be available to assist students in understanding and observing program policies and practices, to provide counseling or referral for problems that may interfere with the students' progress through the program, and to provide career counseling.

Students should have ready access to faculty for advice regarding their academic concerns and employment opportunities and to professionally qualified staff for help with personal concerns and problems. Resource personnel should be available to advise students regarding implementing a job search, writing a resume, completing employment applications, and preparing for the employment interviewing process.

D. Operational Policies

1. Fair Practices

a. Publication of Information

Publications and advertising must accurately reflect the program offered.

Official publications should include information regarding the organization of the program, a brief description of required courses, number of credit hours required, names and academic rank of faculty, entrance requirements, tuition and fees, and information concerning hospitals and other facilities used for clinical experience.

b. Nondiscriminatory Practices

Student recruitment and admission and faculty recruitment and employment practices shall be nondiscriminatory with respect to race, ethnicity, creed, sex, age, disabling conditions (handicaps), and national origins.

Reasonable accommodation should be provided to applicants with disabling conditions. Applicants should be provided with a clear understanding of the physical demands required by

the program, based on tasks performed by a graduate surgical assistant.

c. Student Costs

Tuition, fees, and other costs to students shall be accurately stated, published, and made known to all applicants.

Materials should describe all costs to be borne by the students and all services to which the costs entitle the students. Student travel and transportation requirements should be clearly stated.

d. Student or Faculty Grievances

The program or sponsoring institution shall have a defined and published policy and procedure for processing student or faculty grievances.

Students should be informed of due process practices with regard to admission/retention policies, unfavorable evaluations, and disciplinary policies such as those for suspension and dismissal. A faculty grievance policy should be defined and the stages of the process should be clearly outlined.

e. Student Withdrawal

Policies and processes for student withdrawal and for refunds of tuition and fees shall be published and made known to all applicants.

f. Student Substitution for Paid Personnel

Student must not be substituted for paid personnel to conduct the work of the clinical facility. However, after demonstrating proficiency, students may be permitted to undertake certain defined activities with appropriate supervision and direction.

Clinical phases of instruction should be educational. The substitution of students for regular departmental staff in performing departmental services is not considered to be educationally directed and therefore should not be used to fulfill the clinical requirements of the program.

g. Health and Safety

The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded.

The clinical affiliate site(s) should have written policies that reflect the implementation of current Centers for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA) guidelines.

2. Student Records

Each student shall provide evidence of having satisfied admission eligibility requirements.

Records shall be maintained for student admission, health, attendance, and evaluation of all academic and clinical activities. Grades and credits for courses shall be recorded on each student's transcript and permanently maintained by the sponsoring institution in a safe and accessible location.

A report of medical examination upon admission and records of any subsequent illness or injury should be retained by the sponsoring institution. Attendance and grades should be suitably recorded.

Appropriate classroom, laboratory, and clinical records for each student should be maintained by the faculty and retained in the institution for a

minimum of three years. Locked storage should be provided to assure the maintenance of confidentiality for student and program records.

E. Program Evaluation

The program must have a continuing system for reviewing the effectiveness of the educational program and must prepare timely self-study reports to aid the staff, sponsoring institution, and accrediting agencies in assessing program qualities and needs.

1. Outcomes

Programs shall routinely secure sufficient qualitative and quantitative information regarding the program's graduates to demonstrate an ongoing evaluation of outcomes consistent with the graduation competencies specified by the educational program.

The manner in which programs seek to comply with this criterion may vary. However, there should be timely efforts made to document the input, data, and analyses utilized. Sources of data may include, but should not be limited to, surveys of graduates and employers on such matters as employment settings, type and scope of practice, salary, job satisfaction, education and skill

sufficiently and inadequately addressed in the educational program; interviews with program graduates and employers of graduates; and data on the evaluation of graduate performance on the national certifying examination.

2. Results of Ongoing Program Evaluation

The results of ongoing evaluation must be appropriately reflected in the curriculum and other dimensions of the program.

Program evaluation should be a continuing systematic process with internal and external curriculum validation in consultation with employers, surgeons, faculty, preceptors, students, and graduates,

with follow-up studies of their employment and national certifying examination performance. Other dimensions of the program merit consideration as well, such as the admission criteria and process, the curriculum design and content, and the purpose and productivity of an advisory committee. If an advisory committee is utilized, it should function according to the policies of the sponsoring institution.

Section II: Specific Requirements for Education in Surgical Assisting

A. Description of the Profession

As defined by the American College of Surgeons (ACS), the surgical assistant provides aid in exposure, hemostasis, and other technical functions that will help the surgeon carry out a safe operation with optimal results for the patient. This role will vary considerably with the surgical operation, specialty area, and type of facility. Clinical skills performed under direct supervision of a surgeon include:

1. Positioning the Patient.

A. The surgeon shall convey the exact position that will give the best exposure for the surgical procedure. The surgical assistant

will carry out this order. Consideration will be given to the patient's comfort and safety.

B. Points of pressure shall be padded: elbows, heels, knees, eves, face, and axillary region.

C. Circulation shall not be impaired. (A tourniquet may be required for some procedures.) Nerve damage shall be guarded against.

E. The temperature of the patient should be discussed with the anesthesia personnel and methods employed to maintain desired temperature range.

F. The surgical assistant shall be familiar with common positions as they relate to the surgical procedure and will be able to use the equipment necessary to provide the position. Competencies will include the following:

- (1) Fracture tables
- (2) Head stabilizers
- (3) Body stabilizers
- (4) C-arm extensions
- (5) Any other equipment needed

G. Upon completion of the procedure, the patient shall be evaluated for any possible damage from positioning, which shall include assessment of skin. The abnormal condition shall be reported to the surgeon and treatment and documentation shall be carried out.

2. Providing visualization of the operative site by the following:

- A. Appropriate placement and securing of retractors with or without padding.
- B. Packing with sponges.
- C. Digital manipulation of tissue.
- D. Suctioning, irrigating, or sponging.
- E. Manipulation of suture materials (e.g., loops, tags, running sutures).
- F. Proper use of body mechanics to prevent obstruction of the surgeon's view.

3. Utilizing appropriate techniques to assist with hemostasis.

- A. Permanent
 - (1) Clamping and/or cauterizing vessels or tissue.
 - (2) Tying and/or ligating clamped vessels or tissue.
 - (3) Applying hemostatic clips.
 - (4) Placing local hemostatic agents.
- B. Temporary
 - (1) Applying tourniquets and demonstrating awareness of the indications/contraindications for use with knowledge of side effects of extended use.
 - (2) Applying vessel loops.
 - (3) Applying noncrushing clamps.
 - (4) Applying direct digital pressure.

4. Participating in volume replacement or autotransfusion techniques as appropriate.

5. Utilizing appropriate techniques to assist with closure of body planes.

- A. Utilizing running or interrupted subcutaneous sutures with absorbable or nonabsorbable material.
- B. Utilizing subcuticular closure technique with or without skin closure strips.
- C. Closing skin with method indicated by surgeon (suture, staples, etc.).
- D. Postoperative subcutaneous injection of local anesthetic agent as directed by the surgeon.
- E. Other

6. Selecting and applying appropriate wound dressings, including the following:

- A. Liquid or spray occlusive materials.
- B. Absorbent material affixed with tape or circumferential wrapping.
- C. Immobilizing dressing (soft or rigid).

7. Providing assistance in securing drainage systems to tissue.

B. Curriculum

1) Program

Description

Faculty and student shall be provided with a clear description of the program and its content, including learning goals, course objectives, supervised clinical practice assignments, and competencies required for graduation.

2) Instructional Plan

Instruction must follow a plan that documents the following:

- a. Appropriate learning experiences and curriculum sequencing to develop the competencies necessary for graduation, including appropriate instructional materials, classroom presentations, discussions, demonstrations, and supervised practice.
- b. Clearly written course syllabi that describe learning objectives and competencies to be achieved for both didactic and supervised clinical practice components.
- c. Frequent, documented evaluation of students to assess their acquisition of knowledge, problem identification and problem-solving skills, and psychomotor, behavioral, and clinical competencies.

A master copy of the complete curriculum

should be kept on file with the program director/ coordinator and should include all modifications and recent changes. Copies of course outlines, class schedules, records of clinical experience, multimedia instructional aids, and teaching plans should be on file and available for review.

Students and instructors should be familiar with the behavioral and educational objectives of the program. Objectives should be developed for both the didactic and clinical courses and should be utilized when evaluating the cognitive, psychomotor, and affective skills included in the curriculum.

The requirements for a degree or certificate of completion should be consistent with the requirements for other degrees or certificates awarded by the institution.

3) Curriculum Content

a. Preclinical Didactic (lecture and laboratory) course content.

(1) Advanced Surgical Anatomy: regional study of anatomy related to surgical procedures; to also include review of physiology relevant to surgery and introduction to basic embryology, histology, and pathology.

(2) Surgical Microbiology: review of infectious processes and organisms, immune responses, risks to patients and personnel, and universal precautions.

(3) Surgical Pharmacology: review of drugs used in surgery and emergency drugs; review of anaphylactic and toxicity reactions

(4) Anesthesia Methods and Agents: review of anesthetic agents and their methods of administration; how the surgical procedure may be affected by the agents used.

(5) Bioscience: wound healing and complications; understanding diagnostic tests; care and handling of surgical specimens; management of the critically ill patient; use of

hypo/hyperthermia; fluid balance; skin assessment.

(6) Ethical and Legal Considerations: basic patient and caregiver rights; surgeon - assistant relationship; liabilities; responsibilities for reporting and documentation.

(7) Fundamental Skills: placement of monitoring devices; review of bladder catheterization, surgical positioning, application of tourniquets, prepping and draping; operative instrumentation; visualization techniques; hemostasis; suturing and knot tying techniques; dressings and drainage systems; post-operative pain control methods; use of special equipment.

(8) Complications During Surgery: recognition and appropriate action.

(9) Interpersonal Skills: including team relationships, stress management and recognition of limitations.

(10) Clinical Application of computers.

250 to 270 clock hours of instruction (lecture and laboratory) should be adequate for the course content listed above. Because the student population for this advanced level program is likely to be professionals who are concurrently employed in an operating room or surgical environment, sponsoring institutions are strongly encouraged to offer the curriculum courses on an evening and/or weekend schedule.

b. Supervised Clinical Preceptorship

The purpose of the clinical preceptorship is to provide training in basic surgical skills of assisting, under the direct supervision of the qualified preceptor, to be accomplished within an appropriate time frame. The student shall demonstrate a safe level of practice and knowledge in each of the areas listed below. A statement of proficiency from the clinical preceptor is required upon completion of each rotation.

- (1) General surgery
- (2) Orthopedic surgery
- (3) Peripheral vascular surgery
- (4) Endoscopic procedures
- (5) Electives in two other surgical specialties

It is anticipated that demonstration of proficiency in general and orthopedic surgery will require a minimum of 20-25 major open cases and 10-15 minor cases in each area, a minimum of 10-15 cases in peripheral vascular surgery, 20 cases in endoscopy, and 20 cases from the two specialty surgery electives. Although not mandatory, it is recommended that the graduate be clinically proficient in the more complicated surgical procedures, such as cardiovascular and neurosurgery.

Section III: Maintaining and Administering Accreditation

A. Program and Sponsoring Institution Responsibilities

1. Applying for Accreditation

a. The accreditation review process conducted by CAAHEP can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution.

This process is initiated by requesting a "Request for Accreditation Services" form from [the committee on accreditation], CAAHEP or the CAAHEP website at www.caahep.org. The application once completed should be returned to:

ARC-ST
7108 C So Alton Way
Englewood, CO 80112-2106

b. CAAHEP requires the sponsoring institution to notify its communities of interest when a program is being considered for initial or continuing accreditation and to mention that third party comment concerning the program's qualifications for accreditation may be submitted in writing to CAAHEP.

c. In addition to the CAAHEP "Request for Accreditation Services" form, programs applying for accreditation are required to complete both a self-study document and a comprehensive on-site review. The self-study document is available from the ARC-ST. The comprehensive review will be scheduled in cooperation with ARC-ST once the self-study document has been completed and reviewed.

2. Administrative Requirements for Maintaining Accreditation

To maintain accreditation, the following actions are required:

a. The program must submit the *Self-Study Report* or the required progress report within the timeframe determined by the ARC-ST.

b. All programs that are CAAHEP accredited must have a comprehensive on-site review at least once every ten years. Therefore, the program must agree to a site visit date that is within the timeframe that was described in the last letter of accreditation received from CAAHEP. The date of this visit is to be coordinated with the ARC-ST.

c. The program must inform the ARC-ST within a reasonable period of time

(as defined by the committee on accreditation and CAAHEP) of changes in required program personnel.

d. The sponsoring institution must inform CAAHEP and the ARC-ST of its intent to transfer program sponsorship, in accordance with CAAHEP policy, including the completion of a new CAAHEP "Request for Accreditation Services" form. Applying for a transfer of sponsorship in no way guarantees that such a transfer of accreditation will be granted.

e. The program and the sponsoring institution must pay ARC-ST and CAAHEP fees within a reasonable period of time, as determined by the ARC-ST and CAAHEP respectively. Failure to pay fees will result in the program being placed on administrative probation. If not resolved, administrative probation can lead to the involuntary withdrawal of accreditation.

f. The sponsoring institution must promptly inform CAAHEP and the ARC-ST of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies.

g. The sponsoring institution must promptly inform CAAHEP and the ARC-ST of any intended substantive changes for the institution or program, specifically, of the institution's mission or objectives if these will affect the program; of the institution's legal status or form of control; of the addition of courses that represent a significant departure in content or in method of delivery; of the degree or credential level; of clock hours to credit hours or vice versa; of a substantial increase in clock or credit hours for successful completion of a program or in the length of a program.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the involuntary withdrawal of accreditation. Administrative probation

is rescinded immediately upon the rectification and verification that all deficiencies have been corrected and/or that fees have been paid.

3. Voluntary Withdrawal

Any institution sponsoring a program may request a voluntary withdrawal of accreditation from CAAHEP at any time. To initiate a voluntary withdrawal the institution must notify CAAHEP in writing of its desire to discontinue the program's accreditation status. The letter must be signed by the president/CEO (or an officially designated individual) of the institution and indicate when the last class of students graduated or will graduate, the desired effective date of the voluntary withdrawal and the

location where all records for students who have completed the program will be kept.

B. CAAHEP and Committee on Accreditation Responsibilities

1. Administering the Accreditation Review Process

a. If an institution is already CAAHEP accredited, the ARC-ST will begin by assessing the program's current status and relative compliance with the

Standards. (If applying for initial accreditation please refer to [Section III A 1. Applying for Accreditation.](#)) Note: There is no CAAHEP fee when applying for accreditation services. However, individual committees on accreditation may have an application fee that is payable prior to the receipt of the self-study documents.

The accreditation review process includes a written self-study, and a comprehensive on-site evaluation of the program. If the institution is not satisfied with the performance of the site visit team, the institution may request a second site visit with a different team.

3. Voluntary Withdrawal

Any institution sponsoring a program may request a voluntary withdrawal of accreditation from CAAHEP at any time. To initiate a voluntary withdrawal the institution must notify CAAHEP in writing of its desire to discontinue the program's accreditation status. The letter must be signed by the president/CEO (or an officially designated individual) of the institution and indicate when the last class of students graduated or will graduate, the desired effective date of the voluntary withdrawal and the location where all records for students who have completed the program will be kept.

The sponsoring institution is also provided the opportunity to comment in writing on the report of the site visit team and to correct factual errors prior to the ARC-ST transmitting the accreditation recommendation to CAAHEP.

b. If the recommendation of the ARC-ST is one of probation then the sponsoring institution is provided the opportunity to request reconsideration. ARC-ST's reconsideration of a recommendation for probationary accreditation is based on conditions existing both when the committee arrived at its recommendation and on subsequent documented evidence of corrected deficiencies provided by the applicant.

CAAHEP awards of Probationary Accreditation are final and are not subject to appeal. However, the sponsoring institution may voluntarily withdraw its application for accreditation anytime prior to CAAHEP taking action on ARC-ST's recommendation for probationary accreditation.

2. Withholding or Withdrawing Accreditation

Before recommending to CAAHEP that accreditation be withheld or withdrawn, ARC-ST must provide the sponsoring institution with the opportunity to request reconsideration. ARC-ST's reconsideration of a recommendation for withholding or withdrawing accreditation is based on conditions existing both when the committee arrived at its recommendation and on subsequent documented evidence of corrected deficiencies provided by the applicant. The sponsoring institution may choose to voluntarily withdraw its application for accreditation anytime prior to CAAHEP taking action on the ARC-ST's recommendation.

CAAHEP decisions to withhold or withdraw accreditation may be appealed. A copy of CAAHEP Appeals Procedures for Withholding or Withdrawing Accreditation is enclosed with the letter notifying the sponsoring institution of one of these actions.

When accreditation is withheld or withdrawn, the sponsoring institution's chief executive officer is provided with a clear statement of each deficiency and is informed that if the institution chooses not to appeal that the institution may newly apply for accreditation once the program is believed to be in compliance with the accreditation *Standards*.

Any student who has successfully completed a program that was accredited by CAAHEP at any time during his/her matriculation is regarded as a graduate of a CAAHEP accredited program.

3. Inactive Programs

a. A program may request inactive status from CAAHEP for a period of up to two years. No students may be enrolled in an inactive program. To reactivate the program the institution must inform, in writing, both CAAHEP and ARC-ST of its intent to do so. The program and its sponsoring institution must continue to pay all required fees to both the ARC-ST and CAAHEP while inactive in order to maintain its accreditation status.

b. A program that does not enroll students for more than two years is considered discontinued and will have its accreditation voluntarily withdrawn.