

ACCREDITATION MANUAL

18th Edition

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

**7777 Leesburg Pike, Suite 314 North
Falls Church, Virginia 22043
Telephone 703.917.9503; Facsimile 703.917.4109
info@abhes.org
www.abhes.org**

Adopted 1981

by

the Commissioners of the

Accrediting Bureau of Health Education Schools

Revised editions printed 1982, 1983, 1987, 1989, 1995, 1996, 1998, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010,
2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018

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INTRODUCTION TO ACCREDITATION

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

Accreditation was and is a direct creation of the academic and professional educational communities. The accrediting bodies are voluntary, non-governmental associations of institutions, programs, and professionals or practitioners in particular fields involved as a community in fulfilling two fundamental purposes: **quality-assessment** (evaluating an institution or program to determine whether it meets or exceeds stated standards of quality), and **quality-enhancement** (assisting the institution or program in continuing to improve itself).

There are two types of educational accreditation: **institutional**, and **specialized** or **programmatic**. Accrediting bodies that conduct accreditation are national or regional in scope and comprise the institutions that have achieved and maintain accredited status. Accrediting bodies that conduct accreditation of a program that prepares students for a profession or occupation are often closely associated with professional associations in the field.

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

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

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

CHAPTER I

GENERAL INFORMATION

CHAPTER I – GENERAL INFORMATION

SECTION A – The Bureau

Subsection 1 – Mission and objectives

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

The objectives of ABHES are as follows:

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

Subsection 2 – Recognition

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

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

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

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

Subsection 3 – Board of Commissioners

The Board of Commissioners (Commission) is composed of a minimum of nine and a maximum of seventeen commissioners, including a blend of educators (academic and administrative), practitioners, and public members.

The majority of the commissioners are elected by institutional personnel representing institutions and programs accredited by ABHES. The remaining commissioners are appointed by the Commission itself. At least two commissioners are owner representatives, and at least one-seventh of the commissioners represent the public.

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

Subsection 4 – Conflicts of interest and recusal

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

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

Subsection 5 – Confidentiality

The information provided by institutions and programs subject to ABHES' accreditation will be maintained in strict confidence and used solely for the purpose of evaluating the institution or program's compliance with ABHES requirements. The individuals involved in the review, will not discuss the accreditation matters related to an institution or program outside normal Commission meetings, unless such discussion is necessary to conduct Commission business effectively. The Commission will, however, notify the Secretary of Education, state licensing agency, and other state regulatory agencies, of an action to deny or to withdraw the accreditation of an institution or program simultaneously with the issuance of its notice of the action taken to the institution, even if the appeal process is not complete.

SECTION B – Policies Affecting Institutions and Programs

Subsection 1 – Disclosure to governmental and recognition agencies

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

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

The Commission also provides at the time notice is given to the institution or program but not later than thirty days after it reaches a decision, written notice of the following actions to the Secretary, the state approving agency, and the public:

- Initial and renewal grants of accreditation;
- voluntary withdrawals or expirations of accreditation; and
- a final decision to deny, withdraw, suspend, revoke, or terminate the accreditation of an institution or program.

In addition, the Commission notifies the Secretary of an action to deny or to withdraw the accreditation of an institution that participates in the federal student aid programs simultaneously with the issuance of its notice of the action taken to the institution, even if the appeal process is not complete.

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

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

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

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

Subsection 2 – Public participation

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

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

Subsection 3 – Adequacy and relevance of standards

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

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

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

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

Subsection 4 – Fees and assessments

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

Subsection 5 – Complaints

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

The complaint process against an accredited institution or program is as follows:

1. All complaints must be submitted in writing using the ABHES Complaint Form. This form is available from ABHES or at www.abhes.org. The written complaint and supporting documentation must be emailed to, info@abhes.org, or mailed to, 7777 Leesburg Pike, Suite 314, North Falls Church, Virginia 22043. Complaints must be in sufficient detail and clarity to permit the institution or program to respond effectively and to permit ABHES to make a determination of the facts relating to the complaint.
2. Complaints must be made within 90 days of the last event that is material to the complaint.
3. Within 15 days of receipt of the complaint, ABHES will make an initial assessment whether the complaint states a possible violation of accreditation requirements. For the purposes only of this initial assessment of the complaint, ABHES will accept facts alleged in the complaint as true. A complaint must be in sufficient detail to permit the institution or program to respond effectively and to permit ABHES to make a determination of the facts relating to the complaint. A complaint that lacks sufficient detail will be dismissed and the complainant so notified. If the facts as alleged appear incomplete and it appears that further information is needed to assess the complaint, ABHES will so inform the complainant, who must then provide the information requested in order for ABHES to process the complaint further.
4. If the allegations(s) does not constitute a violation of accreditation requirements, ABHES will inform the complainant and the file will be closed. The complainant may request in writing that a decision to close the complaint at this stage be reviewed by the Executive Committee. The Executive Committee will consider such request within 30 days and will either affirm the decision to close the complaint or reopen the case and direct the institution or program to respond. The complainant will be notified of this decision.
5. If the allegation(s) could potentially constitute a violation of accreditation requirements, then ABHES will forward the complaint to the institution or program for response. In forwarding the complaint, ABHES will identify possible violations of accreditation requirements associated with the complaint. This list is to assist the institution or program in responding and is not to be taken as conclusive since in the course of the investigation it may be determined that there is evidence of noncompliance with other accreditation requirements not set forth in the list. The institution or program will be provided no more than 30 days from the date of the ABHES letter to respond to the complaint. The institution's or program's response must include sufficient documentation and/or evidence relevant to the complaint. The response may, (a) deny the allegations of the complaint and present evidence to the contrary, (b) acknowledge allegations of the complaint and demonstrate the allegation(s) do not constitute violation of the listed accreditation requirement(s), (c) accept the allegation(s) and document the actions taken to assure that the violation has been corrected, and will not occur in the future.
6. Within 15 days of receipt of the response, ABHES will determine whether there is sufficient information upon which to determine whether it appears more likely than not that there is a violation of an accreditation requirement. ABHES may request additional information from either the complainant or

respondent if it believes such information is necessary to the resolution of the case and will reevaluate the response after the institution or program has had an opportunity to submit such additional information.

7. If it appears more likely than not that there is no violation ABHES will inform both the complainant and the respondent that the case has been closed. If it appears more likely than not that there may be a violation of an accreditation requirement and the institution or program has not provided documentation to demonstrate it has taken sufficient action, the case will be referred to the Executive Committee for action.

Within 30 days of receipt of a case, the Executive Committee will (a) determine that there is no violation and dismiss the case, (b) request additional information, (c) order the institution or program to take specific actions to bring it into compliance, (d) issue a show-cause order, or (e) refer the case to the Commission for action up to and including withdrawal of accreditation.

In all cases the complainant and the respondent will be notified of the disposition of the case once it becomes final.

8. ABHES's conflict of interest provisions apply to the investigation and resolution of complaints.
9. Anonymous complaints: ABHES accepts anonymous complaints but will require the institution or program to respond only if in the absence of the identity of the complainant it can be determined that the allegations constitute a possible violation of accreditation requirements. Complainants are cautioned that every complaint must be in sufficient detail to permit the institution or program to respond effectively and to permit ABHES to make a determination of the facts relating to the complaint. When the identity of the complainant is a material fact necessary to permit the institution or program a full and fair opportunity to respond or the lack of identity of the complainant makes it impossible to determine with reasonable certainty that a violation of accreditation requirements may have occurred, then the anonymity of the complainant may be a basis for dismissing a complaint. Notifications to complainants and requests to complainants for additional information otherwise set forth in this section are not applicable to anonymous complaints.
10. Requests for complainant confidentiality: ABHES will consider requests from complainants that their identity be withheld from the institution or program named in the complaint. ABHES will in its discretion attempt to honor such requests but in no case can ABHES guarantee that the identity of a complainant will remain confidential after a written complaint is made to ABHES. If ABHES determines that it is more likely than not that an accreditation violation occurred if the allegations of the complaint are taken to be true and that the individual identity of the complainant is a material fact necessary to determining whether a violation occurred or necessary to permit the respondent a fair and equitable opportunity to respond, then ABHES will reveal the identity of the complainant as necessary to resolve the case.

Complaints against ABHES: ABHES reviews complaints against ABHES in a timely, fair and equitable manner, and applies unbiased judgment to take follow-up action, as appropriate, based on the results of its review. The Commission maintains all records of complaint received against ABHES. The process for complaints against ABHES is as follows:

All complaints must be submitted in writing. The written complaint and supporting documentation must be emailed to, info@abhес.org, or mailed to 7777 Leesburg Pike, Suite 314 North, Falls Church, Virginia 22043. The complaint must state in narrative format the specific allegations in sufficient detail and with sufficient supporting documentation to permit understanding of the nature of the complaint and its factual support. If the complaint pertains to ABHES staff or any ABHES representative, the written complaint may be addressed to the

Executive Director at either the email or direct mail address above. If the complaint pertains to the Executive Director, the written complaint must be addressed to the ABHES Commission.

1. ABHES's conflict of interest provisions apply to the investigation and resolution of complaints.
2. The complaint and its supporting documentation will be reviewed within 30 days of receipt by ABHES. Thereafter, the reviewer(s) will act to gather any additional information deemed relevant to the disposition of the complaint.
3. The reviewer(s) will issue a decision on the complaint. Notice of the decision will be provided to the complainant.
4. Anonymous complaints: When anonymous complaints are received, ABHES determines the facts alleged in the complaint to the extent possible in the absence of the complainant's identity. When the identity of the complainant is a material fact necessary to permit a full and fair understanding of the facts, then the anonymity of the complainant may be a basis for dismissing a complaint. Notifications to complainants and requests to complainants for additional information otherwise set forth in this section are not applicable to anonymous complaints.

Subsection 6 – Third-party contracts, transfer credits, and articulation agreements

Third-Party Contracts

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

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

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

Transfer Credits

Every institution must have transfer of credit policies that are publicly disclosed in accordance with 34 CFR§668.43(a) (11) of the Higher Education Act (HEA) and include a statement of the criteria established by the institution regarding transfer of credit earned at another institution of higher education. An institution or program may accept credits or clock hours earned at another institution accredited by an agency recognized by the Secretary or the Council for Higher Education Accreditation (CHEA) to satisfy specific requirements for completion of a program. An institution or program may accept credits or clock hours earned at another institution that is not located in the United States or its territories if the specific foreign education is evaluated by an agency which attests to the qualitative and quantitative equivalency of the foreign education and the specific course or courses for which transfer credit is to be awarded. The institution must use the credential evaluation

services of an agency that has published standards for membership, affiliations to U.S. based international higher education associations, and are frequently linked to and used by federal agencies, state agencies, educational institutions and employers (e.g. NACES and AICE).

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

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

Articulation Agreements

As an alternative to case-by-case consideration of requests for transfer of credit, an institution or program may enter an articulation agreement with an institution accredited by an agency recognized by the Secretary or CHEA. An articulation agreement formalizes transfer of credits under certain specific conditions stated in the agreement and provides for acceptance of specific credits earned at the other institution to satisfy specific requirements for completion of a program. Credits accepted from another institution pursuant to an articulation agreement are transfer credits and must meet all provisions regarding transfer credits. The institution or program receiving transfer credits must demonstrate the basis for concluding that each transfer credit accepted is equivalent to the credit that it replaces in terms of the knowledge and skill the credit represents in the curriculum design. Articulation agreements are encouraged to provide opportunities for academic mobility.

Subsection 7 – Minimum completion requirement

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

CHAPTER II
ELIGIBILITY AND CLASSIFICATIONS

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ELIGIBILITY AND CLASSIFICATIONS

SECTION A - Eligibility for Application

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

Subsection 1 – Basic requirements

a) Institutional Eligibility

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

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

b) Programmatic Eligibility

- (1) An organization offering a program in medical assisting, medical laboratory technology, or surgical technology education is eligible to apply for and be considered for programmatic accreditation if it meets the following criteria:
- (2) At the time of application and visit, it has enrollment in the program to allow evaluation of student outcomes. (Does not apply to currently accredited programmatic schools or those institutionally-accredited members seeking initial programmatic accreditation).
- (3) It is (a) a public or private institution at the postsecondary level institutionally accredited by an agency recognized by the U.S. Department of Education or Council on Higher Education Accreditation (CHEA) whose principal activity is education, (b) a hospital or laboratory-based training school, or (c) a federally-sponsored training program.
- (4) Its program is career focused and designed to lead to employment.
- (5) It is located in the United States or its territories.
- (6) At the time of the visit, the program will have (or have had within the past twelve months) student participation in clinical experience activities, as applicable, to permit evaluation of program operations and of student progress, satisfaction, and retention. In addition, the program will have enrolled students who have completed at least 50% of the program, or at least 25% percent of the core coursework. (Note: Does not apply to those institutionally-accredited members seeking initial programmatic accreditation; however, an additional on-site evaluation may be required.)
- (7) The coursework required for graduation, including didactic instruction and externship, provides the following:
 - (a) **Medical Assisting**
 - attainment of entry-level competencies (see Program Requirements and Curriculum for Medical Assistants in Chapter VII), and consists of at least a 24-week full-time program of training.
 - (b) **Medical Laboratory Technology**
 - attainment of entry-level competencies (see Program Requirements and Curriculum for Medical Laboratory Technology in Chapter VII), and at least 60-semester credit hours, 90 quarter credit hours, or its recognized clock-hour equivalent (normally two academic years) of training.
 - (c) **Surgical Technology**
 - 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.

c) **Master's Degree Eligibility**

An institution or program currently accredited by ABHES that wishes to offer a master's degree level program is eligible to apply for and be considered for approval if it meets the following criteria:

- (1) Currently approved to award a baccalaureate degree;
- (2) have current enrollment in a baccalaureate degree program; and
- (3) have graduated at least one baccalaureate degree cohort.

d) **Eligibility Outside of ABHES Scope of Recognition**

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

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

- (1) The Commission, acting through its Executive Committee, may from time to time consider eligible applications for accreditation that are outside ABHES's scope of recognition by the Secretary.
- (2) The Executive Committee shall determine and publish the specific policies and procedures for applications for accreditation that are outside ABHES's scope of recognition, including specific limits on eligibility and fees for accreditation.
- (3) An institution or program that is accredited pursuant to this section may truthfully represent that it is accredited by ABHES only when it makes clear that the grant of accreditation under this section is not recognized by the Secretary.
- (4) Any institution or program submitting an application for accreditation pursuant to this section and outside the scope of recognition by the Secretary does so with the understanding that the accreditation to be awarded is not recognized by the Secretary, and further that it may not be eligible to participate in any program such as federal Title IV funding that requires accreditation by an agency recognized by the Secretary.

Subsection 2 – Application process

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

Also, refer to Chapter III. Section A., *Application, Evaluation, Approval Process and Recordkeeping*, for additional information on the application process.

An applicant must report any current, previous, or final action of which it is the subject, including probationary status, by a recognized accrediting agency or state agency potentially leading to the withdrawal, suspension, revocation, or termination of accreditation or licensure. Action on the application may be stayed until the action by the other accrediting agency or state agency is final. A copy of the action letter from the agency must be included

with the application. Further, the institution or program must provide evidence of compliance with ABHES requirements and standards relative to the action.

SECTION B – Classifications of Facilities

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

Subsection 1 – Main campus

The main campus of an institution holds the accreditation for all of the locations where education is offered. An institution's grant of accreditation may include its main, non-main(s), satellite campus and separate classroom(s). A non-main campus has its educational offerings included in the grant of accreditation of the main campus. A satellite campus offers only one complete program of study and is included in the grant of accreditation of the main or non-main campus.

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

Subsection 2 – Non-main campus

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

Subsection 3 – Satellite campus

A satellite campus meets the following requirements:

- a) It is licensed or otherwise approved by the appropriate state regulatory body.
- b) It offers only one complete program of study.
- c) It is located at a different address from the main or non-main campus.
- d) It provides all services that are offered at the main or non-main campus.

- e) It maintains permanent student records at the satellite campus or at the main or non-main campus that are readily accessible to the satellite campus and students.

Subsection 4 – Separate classroom

A separate classroom meets the following requirements:

- a) Activities are limited to instruction.
- b) A complete program of instruction is not provided.
- c) Administrative and support services are offered through the main, non-main or satellite campus.
- d) All permanent records are maintained at the main, non-main or satellite campus.
- e) It has a different address from the main, non-main or satellite campus and is within customary and reasonable commuting distance of that campus. (If the classroom is within reasonable walking distance, it is considered a part of the main, non-main or satellite campus.)

Facilities used to provide distance education methods of delivery are exempt from meeting the requirements for separate classroom space.

CHAPTER III

GENERAL PROCEDURES (APPLIES TO INSTITUTIONS AND PROGRAMS)

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 initial 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 Chapter II), it must complete the Application for Institutional or Programmatic Accreditation and submit it along with the other required documents outlined per the published instructions. The Application must be signed by an authorized institutional representative. The institution or program must also remit payment of the required application fee (see Appendix G, Fees) which is non-refundable.

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.

Should it be determined on the preliminary visit that an institution 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 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.

The application for initial institution or programmatic accreditation is valid for a period of two years. 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

The purpose of a Self-Evaluation Report 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.

The Self-Evaluation Report (narrative and exhibits) must be accurate, thorough, fully documented, and submitted in English. Once the Self-Evaluation Report is submitted 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.

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

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.

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

Subsection 3 – Accreditation workshop attendance

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

In cases where the designated workshop attendee is no longer employed by the institution, an individual with direct involvement 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).

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.

Visiting 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.

Subsection 5 – Post-visit procedures

A copy of the visit report is sent to an institution or program within three weeks of a 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 is comprised of experienced 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 report; the response of the institution to the evaluation team's report; Preliminary Review Committee's analysis and recommendation; and any other relevant information including that provided by the Secretary of Education, other agencies, or third parties. In order for an institution's 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, 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 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 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 acts to withdraw the accreditation of the institution or program.
 - c. 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.
 - d. 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.
 - e. A state licensing or authorizing agency notifies ABHES that the institution's or program's license or legal authorization to provide an educational program has been or will be revoked.
2. The Commission may direct an institution or program to provide a teach-out plan in response to:
 - a. A show cause directive;
 - b. Low annual student retention rate that does not meet ABHES guidelines;
 - c. Low annual pass rate on required credentialing and/or licensing examinations that does not meet ABHES guidelines;
 - d. Low annual graduate placement rate that does not meet ABHES guidelines; or,

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 Approval Form*. The approval form can be found at www.abhes.org/forms.
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 is stable, carries 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.
 - d. Students are provided access to the program and services without requiring them to move or travel substantial distances.
 - e. Students will be treated equitably with regard to any charges or refunds; and, if tuition has been paid in full, that students receive the instruction promised at no additional charge.
 - f. Students will be provided with written notification regarding their rights and opportunities for teach-out, transfer and refunds.
5. The plan may propose that the teach-out of students be accomplished by the institution or program that may cease operations, either entirely or at one of its locations, or by another institution(s), so long as the requirements listed above are met.
6. If ABHES approves a teach-out plan that includes a program accredited by another recognized accrediting agency, ABHES will notify that accrediting agency of its approval.
7. Once a school has requested and received teach-out approval of the program(s), ABHES determines whether an accreditation visit is necessary.
8. 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 Approval Form*. The approval form can be found at www.abhes.org/forms.

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 and only if the agreement provides for the equitable treatment of students by ensuring that each of the required elements of a teach-out plan listed above are met.

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, non-main, and satellite campus. Each annual report is reviewed, summarized, and considered by the Annual Review Committee 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) retention, placement, or required credentialing rates falling below the minimum requirements of ABHES, (ii) financial concerns (see IV.B.), (iii) student loan cohort default rates greater than 5% below the federal threshold, and (iv) enrollment growth of 50% or more from that reported the previous year.

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 the following:

- a. 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, and
- b. All accrediting actions.

Subsection 10 – Maintaining accreditation

To remain in an accredited status with ABHES, institutions and programs must respond to Commission directives, including responses to visitation reports, payment of fees (see Appendix 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 deadline dates identified by the Commission will result in a late fee assessment and may result in a show-cause directive or withdrawal of accreditation.

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

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

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

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 rate 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 annual report, as well as meet the 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 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 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.

Any failure to meet the student achievement requirements or financial indicators, or 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 – Changes 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 (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. Addition of courses for specific audiences seeking professional development rather than program completion. These courses may 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.

- 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. *Change from non-main to main campus.
- vii. 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.
- viii. Business or activity conducted on the institution's campus, which is not included under the grant of accreditation. *Applies only to institutional accreditation.*

Subsection 2 – Approval of substantive change

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. The effective date of approval will not be retroactive, but rather will be the date of the 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 and link to “Applications.” Each application identifies the application requirements and fee.

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

(* denotes a site visit required)

- a. Change in the established mission or objectives of an institution or objectives of a program;
- b. *Change in legal status, ownership, or form of control;
- c. *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 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);
- d. *The addition of programs of study at a degree or credential level different from that which is included in the institution's current accreditation;
- e. A change from clock to credit hours;
- f. A substantial change in the number of clock or credit hours awarded for successful completion of a program.
- g. Execution of a contract under which another organization or institution not certified to participate in Title IV, HEA programs offers more than 25 percent of one or more educational programs;
- h. *The establishment of an additional location geographically apart from the main campus or approved non-main campus. This provision applies regardless of the classification of the additional location as a non-main, separate classroom or satellite campus.
- i. The acquisition of any other institution or any program or location of another institution.

- j. 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.

Subsection 3 – Substantive changes that require 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 twelve- 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 – Additional requirement regarding specific changes

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

A. Revised Program Application

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

- a. A revision of up to 25 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 Minor Program Revision.
- b. 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.

B. New Program Application

The Application for New Program Approval is required for:

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

C. Notification

Notification to ABHES is required for:

- a. A negative action, including probation, placed upon an institution or program by a recognized accrediting agency, state licensure body, or federal regulatory agency.
- b. The discontinuation of a program (defined as any program that has not been in operation for a continuous twelve-month period). Institutions and programs must submit notification when a program is

discontinued. Notification must be submitted on the ABHES Notice of Discontinuation of Program and/or Delivery Method Form found at www.abhes.org.

- c. 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 twelve-month period). Notification must be submitted on the ABHES Notice of Discontinuation of Program and/or Delivery Method Form found at www.abhes.org.
- d. 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 Leadership Form.

The Annual Report is not a means of notification and may not substitute for such notifications.

D. Addition or Expansion of Distance Education

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

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

1. Application for Distance Education Delivery
 - a. The initial addition of distance education to a currently accredited institution or an institution holding a grant of programmatic accreditation.
 - b. A significant change to the delivery modality or curriculum provider previously approved by ABHES. A change in the Learning Management System need not be reported unless the change impacts the curriculum.
2. Application for Expansion 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. The expansion of an approved blended program to full distance education.
 - c. The expansion of distance education delivery courses to an existing program not currently approved for distance education.
3. Application for Shared Distance Education Courses

The expansion of distance education delivery to an existing program(s), using courses from a currently approved distance education program.

4. Addendum to New and Revised Program Applications

The addendum must be submitted for the expansion of distance education as part of a new or revised program application. If the program is the institution's first full distance education program or laboratory-based courses delivered by distance education, an Application for Distance Education Delivery or Application for Expansion of Distance Education Delivery is required.

The addendum is included as part of the Application for New Program Approval, Application for Substantive Program Revision and Application for Minor Program Revision. (ABHES reserves the right to request additional information or application, as necessary, to determine compliance with accreditation requirements regarding distance education delivery.)

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), an on-site verification visit will be conducted by a distance education specialist within six (6) 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 distance education offerings effectively. A significant expansion to an institution's distance education offerings may require a remote or on-ground site visit by a distance education and program specialist.

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 5 – Addition of non-main or satellite campus

An institution must submit to ABHES an *Application for Non-Main Campus Inclusion* or an *Application for Satellite Campus Inclusion*, which includes a business plan for the addition of a non-main campus or satellite campus. This business plan will demonstrate that the institution has the administrative and financial ability to operate the non-main or satellite campus.

If the non-main campus will deliver any programs in a blended or full distance format, the institution must also complete the *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 conducted within 24 months of the approval of the campus inclusion. All information relative to an application, including the Self-Evaluation Report and the visitation report, will be considered by the Commission at its next scheduled meeting.

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

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

If an owner with no prior accreditation history with ABHES acquires a main campus that is ABHES accredited, the school cannot apply for a non-main or satellite campus until a 12-month period of ownership has transpired. A new non-main or satellite campus may be included within a main campus's grant of accreditation without the prior two-year operational period required of a new institution.

Subsection 6 – Separate classroom(s)

An institution or program must submit to ABHES an *Application for Separate Classroom Inclusion* for the addition of a separate classroom. A site visit to the separate classroom is conducted within six (6) months of inclusion.

If more than one separate classroom is necessary, documentation demonstrating need and administrative capabilities must be submitted to the Commission and approved prior to the submission of an application and use of the facility.

Subsection 7 – Change from non-main to main campus

A non-main campus may seek reclassification as a main campus by submitting to ABHES an *Application for Reclassification to a Main Campus* if it has been accredited for two years and is in good standing. Upon receipt and review of these documents and an onsite visit, the Commission will approve, defer, or deny reclassification. Institutions seeking reclassification should be aware that reclassification might affect their eligibility to participate in federal student aid programs.

Subsection 8 – Change of location

An institution or program must submit a completed application to ABHES of a change in location at least 15 days prior to moving. The Commission evaluates the information provided and conducts an on-site visitation to the new location within six (6) months of the date of relocation.

Subsection 9 – 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. Based upon this notification, ABHES will determine whether the change constitutes a change in control and is subject to further reporting.

- a. A change in control includes, but is not limited to:
- b. Sale of an institution or the majority of its assets.
- c. Transfer of controlling interest of stock of an institution or its parent corporation.
- d. Merger of two or more eligible institutions.
- e. Division of one or more institutions into two or more institutions.
- f. Transfer of controlling interest to a parent corporation.

- g. Transfer of liabilities of an institution to its parent corporation.
- h. Change of 50 percent or more in Board members within a 12-month period.
- i. Change in status from profit to non-profit, or vice-versa.

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

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

Accreditation is not automatically transferable with a change in control; therefore, the institution's grant of accreditation is suspended on the date when a change in control occurs. A **complete** Application for Change in Ownership or Control must be submitted to the Commission within 10 days of the close of the transaction.

Based on a completed application, the Substantive Change Committee of the Commission has the ability to approve the change of control. The date of a change in ownership is effective on the date of its approval by ABHES if the accreditation decision is made within 30 days after the change in ownership. If ABHES is unable to approve a change of ownership within 30 days of the effective date of the change, then the approval date will be the actual date of approval by ABHES. In any case, ABHES will not approve a change of ownership effective the date of the actual change if a complete application for approval of the change of ownership is not submitted to ABHES within 10 days after the date of the legal change of ownership. If a complete change of ownership is submitted within this time frame and if ABHES grants approval within 30 days of the legal change, then the date of approval is the change date and no hiatus in accreditation status occurs. Only the full Commission can defer or deny an application. An on-site visitation to an institution will be made within six (6) months after Commission approval of a change in control.

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

Subsection 10 – 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 11 – 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); and
- 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, or employment rates fall below 70 percent or below the reported rate on an institution's annual report. 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. That 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).

Subsection 1 – Grants

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

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 – Deferrals

A deferral extends consideration of an institution's or program's application for an initial or renewal grant of accreditation. Typically, a deferral occurs when the Commission does not have sufficient information upon which to make a final accreditation decision. A deferral is not a negative action and is not appealable.

Subsection 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.

Subsection 5 – Show causes

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

Subsection 6 – Withdrawals

The Commission may withdraw accreditation from an institution or program when, in the Commission's judgment, withdrawal is warranted based on evidence of non-compliance with requirements in the *Accreditation Manual* 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.

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

Prior approval 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 – Denials

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 has failed in that task.

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

Subsection 8 – Relinquishments

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 representative of the institution, or controlling entity for the program that it voluntarily relinquishes accreditation.
- c. It ceases operation.

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

Subsection 1 – Regard for decisions of states and other accrediting 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 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;

- c. A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation,
- d. Probation or an equivalent status imposed by a recognized accrediting agency.

The Commission will grant accreditation to an institution or program described in the 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 above, it will within 30 days of the action granting accreditation provide the Secretary of the United State Department of Education a thorough explanation 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 an 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 adverse action.

ABHES will share upon request from an appropriate recognized accrediting agency or recognized state agency information about the accreditation status of 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 ABHES immediately of any adverse or potentially adverse action, including a show-cause directive or placement on probation, by another oversight agency, including a recognized accrediting agency or state licensing body.

Subsection 2 – Notification of actions

ABHES provides notice of its accreditation decisions as 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 agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes the decision:

- (i) A decision to award initial accreditation to an institution or program.
- (ii) A decision to renew an institution's or program's accreditation.

(b) ABHES provides written notice of a final decision to deny or withdraw the accreditation of an institution or program to the Secretary of the United States Department of Education, the appropriate state licensing or authorizing agency, and the appropriate accrediting agencies at the same time ABHES notifies the institution or program of the decision, but no later than 30 days after it reaches the decision;

(c) ABHES provides written notice to the public of the decisions described in paragraph (b) of this section within 24 hours 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 agency, and the public, no later than 60 days after the

decision, a brief statement summarizing the reasons for the agency's decision and the *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 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 agency, the appropriate accrediting agencies, and, upon request, the public if an accredited institution or program

(i) decides to withdraw voluntarily from accreditation, within 30 days of receiving notification from the institution or program that it is withdrawing voluntarily from accreditation;

or

(ii) allows its accreditation lapse, within 30 days of the date on which accreditation or preaccreditation 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; or
 - (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; and
- (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.

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

If an institution appeals a final decision by the Commission to remove program approval from a grant of accreditation in accordance with the procedures outlines, the institution's file becomes the responsibility of an Appeals Panel. The program remains accredited while the appeal is pending. An 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 agency and other regulatory bodies of the action, as it is considered a final Commission action and is published publicly.

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

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

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

c. Appeals Panel Selection; Processing of the Appeal

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 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 as set for 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 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 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 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 as set forth in section 4.5 of the bylaws. One member of the panel must meet the criteria of a practitioner 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 director will finalize the composition of the Appeals Panel, including designating the chairperson.

d. Logistical Procedures

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

e. Hearing of the Appeal

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

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

f. Consideration and Decision of the Appeal

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

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 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 party seeking to obtain or maintain accreditation. Therefore, the burden is on the appealing party to show that a material fact was actually before the Commission and that the Commission more likely than not failed to consider it in reaching an adverse decision. A remand is a direction that the Commission reconsider its action in light of all relevant facts, including the specific material fact that is the basis for the remand. On remand, the appeals panel must identify specific issues that the Commission must address.

3. Amend.

The Appeals Panel will amend a decision of the Commission when is 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 will set forth the specific grounds for the decision 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 the direction of the panel, the practices of the Commission, or in accordance with other guidance from the Appeals Panel.

4. Reverse.

The Appeals Panel will reverse 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, 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 reverse an action of the Commission will state the specific basis for the decision to reverse. A decision to reverse a withdrawal of accreditation will direct the Commission to set aside its decision to withdraw and to reinstate the accreditation of the program or institution as it was before the withdrawal decision. A decision to reverse an action to deny accreditation directs the Commission to award a specific grant of accreditation for a term determined by the Appeal 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, amend, or reverse 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 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 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.
- c. 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.

CHAPTER IV

EVALUATION STANDARDS APPLICABLE TO INSTITUTIONALLY-ACCREDITED MEMBERS

CHAPTER IV EVALUATION STANDARDS APPLICABLE TO INSTITUTIONALLY-ACCREDITED MEMBERS

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

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

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

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

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

SECTION A – Mission and Objectives

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

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

SECTION B – Financial Capability

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

The financial well-being of an institution requires regular oversight by management. The institution demonstrates it has revenues and assets available to meet the institution's responsibilities, including continuity of service and the accomplishment of overall educational objectives. Institutions will submit audited financial statements.

Factors to be considered include but are not limited to ratio of current assets to liabilities for the most recent operating year, history of operating results, and net worth.

SECTION C – Administration (“Administrator”) and Management

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

IV.C.1. The Administrator demonstrates effective management capability.

Each campus evidences that there is an on-site Administrator responsible for the management of operational effectiveness, adherence to the Standards of Accreditation and overall quality of curricular offerings.

The Administrator is:

- a. Responsible for the daily operation of an institution.
- b. Qualified to perform the duties of the position.
- c. Engaged in professional development activities annually that complements the operations of the institution.
- d. Implement policies and procedures in keeping with the mission and scope of the institution, accreditation standards, and other regulatory requirements.

The on-site administrator or designated representative employed by the institution and involved in the accreditation and self-evaluation process, (e.g. school director, director of education, program director) from each campus is required to attend an ABHES Accreditation Workshop.

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

Minimally, each campus evidences the following:

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

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

Management personnel:

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

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

SECTION D - Compliance with Government Requirements

IV.D.1. An institution complies with current applicable local, state, and federal laws.

IV.D.2. An institution that participates in a Federal student aid program is required self-report to ABHES.

An institution that participates in a Federal student aid program is required self-report to ABHES the following:

- i. Its status as a participant in the Federal program and immediately informs ABHES of any change in that status.
- ii. Its federal student loan default rates as defined by the United States Department of Education, and for any rates that are defined by the Department as too high, it must also submit a corrective action plan to address such rates.
- iii. Any audit, program review or any other inquiry by such Federal agencies as the United States Department of Education or Office of Investigative General regarding the institution's participation in Federal financial aid programs and promptly updates ABHES regarding all communications with the Department until resolution or conclusion.
- iv. Any findings or actions by the Department of Education relative to the institution's participation in the Title IV program.

Failure of an institution to maintain compliance with its requirements under the Title IV program will be evaluated by ABHES to determine whether it raises a question of potential noncompliance with accreditation requirements. ABHES will direct the institution to provide whatever evidence it deems necessary to resolve the question and may conduct an on-site visitation. Failure to demonstrate compliance with all accreditation requirements may result in a directive to show cause why accreditation should not be withdrawn.

SECTION E – Representations, Advertising, and Recruitment

Subsection 1- Representations

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

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

Subsection 2 – Advertising

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

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

All advertising and promotional materials:

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

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

Advertising and promotional materials may not:

- i. Offer programs of instruction at "reduced tuition" from what is in fact marked up or fictitious tuition.
- ii. Make offers of scholarships or partial scholarships in such a manner as to deceive students or prospective students without providing specific detailed eligibility requirements.
- iii. Emphasize financial aid as the focal point.
- iv. Use so-called "blind" advertisements that may be considered misleading and contrary to the ethics of an accredited institution.
- v. Use "Employment" or "Help Wanted" classifications.
- vi. Represent any service as "free" when in fact such service is regularly included as part of the program of instruction.
- vii. Use exaggerated or unsubstantiated claims.
- viii. Make inaccurate representations about competitors.
- ix. Use any name, title, or other designation, by way of advertising or otherwise, that is misleading or deceptive as to the character of an institution, its courses or programs of instruction, its faculty, or its influence in obtaining credentialing or employment for students.
- x. Falsely represent the character or scope of any program of instruction, service offered or its transferability of credit.
- xi. Use a photograph, cut, engraving or illustration in catalogs, sales literature, or otherwise in such manner as to convey a false impression as to the size, importance, location of the institution, or the institution's equipment and facilities.
- xii. Advertise unapproved programs. Only those programs approved by ABHES may be included in an institution's advertising, publications or other promotional materials. Programs or courses excluded from ABHES accreditation, in accordance with the policy described in IV.G.1 are clearly identified as non-ABHES accredited.

xiii. Advertise a non-accredited campus together with an ABHES-accredited campus.

IV.E.2.b. An institution accurately presents its accreditation status to the public.

If an institution chooses to refer to its accreditation in advertising, it must use the statement Accredited by the Accrediting Bureau of Health Education Schools, ABHES Accredited or Accredited by ABHES. It must clearly distinguish between programmatic and institutional accreditation.

If an institution releases incorrect information regarding its accreditation status, the contents of a site visit report, or accreditation actions with respect to the institution, the institution must expeditiously make a public disclosure of correction through the same means of advertising. Institutions in the application stage, including but not limited to a new campus or program, may not make reference to ABHES accreditation nor the expectation of accreditation.

The institution clearly communicates any programmatic accreditation status to its prospective and enrolled students in the following situations: (i) the program does not currently hold programmatic accreditation that might have implications for the graduates to become employed in the profession, or (ii) the program is subject to an adverse action that might result in the loss of accreditation.

Subsection 3 – Recruiting

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

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

IV.E.3.b. Recruiting representatives present accurate information in an ethical and responsible manner.

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

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

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

IV.E.3.c. Recruiting representatives meet all applicable regulatory requirements.

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

IV.E.3.d. An institution does not provide a commission, bonus, or other financial incentive or payment to employees involved in the admissions of students or financial aid based directly or indirectly on success in securing enrollments.

Subsection 4 – Enrollment documents

IV.E.4. An enrollment agreement and other enrollment documents fully and accurately provide required enrollment information that meets the requirements of Appendix D, Enrollment Agreements.

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

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

Subsection 5 – Catalog

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

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

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

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

A catalog may be either bound or delivered electronically. A bound copy is available if requested by an applicant.

Subsection 6 – Disclosure

IV.E.6. An institution discloses in writing, prior to enrollment, any material circumstance that may adversely impact an applicant's ability to complete a program or gain employment in the field for which they are trained (e.g. criminal record, credentialing requirements for employment).

SECTION F – Student Finance

Subsection 1 – Tuition and fees

IV.F.1.a. Tuition and other fees charged are reasonable in light of the market demand and the operational costs of the educational services provided (e.g., length of the program of study, equipment and resources required).

IV.F.1.b. All charges are clearly stated in an institution's catalog, and addendum as applicable, and enrollment agreement.

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

Students admitted under similar circumstances are charged consistently.

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

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

Subsection 2 – Collection practices and procedures

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

Subsection 3 – Cancellation and refund policies

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

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

Records are maintained on refunds and enrollment cancellations.

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

- i. A description of the procedures a student must follow to officially withdraw. (Note: Regardless of whether a student follows these procedures, if an institution terminates a student or determines that a student is no longer enrolled, all withdrawal/termination procedures must be followed.)
- ii. A cancellation clause, which allows a student, at a minimum, to cancel within three business days of signing an enrollment agreement, with a full refund of all monies paid. Subsequent to this three-day cancellation period, an applicant requesting cancellation prior to the start of classes is entitled to a refund of all monies paid less a registration fee of 10% of the contract price or \$100, whichever is less. Institutions may require notice of cancellation to be given by certified or registered mail provided this requirement is stated in the enrollment agreement. An institution may require that notice of termination or cancellation be made by the purchaser if a student is under legal age.
- iii. A statement that defines a student's last day of attendance as the last day a student had academically related activity, which may include projects, clinical experience, or examinations.
- iv. A statement which defines a determined date of withdrawal. This is the date that an institution determined that a student was no longer in school.
- v. A statement of the institutional formula or rules for refunds based on program length or cost which provides a fair and equitable refund. The policy defines the obligation period for which a student is charged (program, academic year, credit hour, quarter, semester or other term designation).
- vi. Items of extra expense to a student such as instructional supplies or equipment, tools, student activities, laboratory fees, service charges, rentals, credentialing fees, deposits and all other charges need not be

considered in tuition refund computations when they are separately shown in the enrollment agreement, catalog, or in other data furnished a student before enrollment.

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

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

SECTION G – Programs

IV.G.1. *Standard academic conversion methodology is applied in calculating and awarding academic credit. (***)Please note that clock-hour programs do not fall under these requirements.)*

Institutions adhere to the following definitions and use the formula in calculating credit hours awarded on a course-by-course basis:

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

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

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

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

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

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

Quarter	Semester
10	15 hours of lecture
20	30 hours of laboratory
30	45 hours of externship/clinical

Partial credits for a course are rounded to the next lowest half or whole number. A course may be comprised of any combination of lecture, laboratory and/or externship. A clock (or contact) hour is defined as a minimum of 50 minutes of supervised or directed instruction in any 60-minute period. Care is taken in scheduling breaks.

An example of the calculation is as follows:

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

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

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

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

Definitions, conversions and calculations for recognition of outside (student preparation) hours are applied to programs which are terminal and not fully transferable.

Institutions and programs are expected to adhere at a minimum to the following formula for outside preparation hours on a course-by-course basis:

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

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

The institution or program may elect to include more outside preparation hours than the minimums listed above and these will be reviewed for their academic quality and rigor for the particular course.

iii.) Academic degree programs reflect programs that are academic in scope such as Academic Associate degrees, Baccalaureate degree, and Master's degree programs. As such, institutions should calculate outside work in the following manner: (a) For one (1) hour of classroom or direct faculty instruction, a minimum of two (2) hours of outside preparation; (b) For one (1) hour of laboratory work and other academic work leading to award of credit hours, a minimum of one (1) hour of outside preparation.

The institution may elect to include more outside hours than the minimums listed above and these will be reviewed for academic quality and rigor by course. The institution is also expected to justify outside preparation hours and substantiate how these hours are determined. Justification of the outside additional hours must be on file for on-site evaluation teams to review. Departures from these expectations may be permissible on an exception basis.

IV.G.2. An institution that participates in Federal Financial Aid programs complies with Federal requirements for clock-to-credit hour conversions.

ABHES will evaluate whether the institution is meeting the Federal Financial Aid requirements. If the Commission finds systemic or significant non-compliance regarding one or more programs at the institution, ABHES will promptly notify the U.S. Secretary of Education.

SECTION H - Satisfactory Academic Progress

IV.H.1 *An institution complies with the requirements of Appendix B, Standards of Satisfactory Academic Progress.*

IV.H.2. *An institution complies with the written and published institutional Satisfactory Academic Progress Policy.*

An institution consistently monitors all students to ensure they are meeting satisfactory academic progress in their educational program.

IV.H.3 *Students are encouraged and offered assistance when experiencing difficulty in progressing satisfactorily in their programs.*

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

SECTION I - Student Satisfaction

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

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

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

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

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

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

SECTION J – Physical Environment

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

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

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

The emergency preparedness plan includes, but is not limited to, the following,

- i. Risk Assessment
- ii. Evacuation

- iii. Lockdown (if the danger is a threat to students on campus)
- iv. Communications (means of communicating with staff, students, and family members during, and immediately post, incident)
- v. Media (designated persons who may address the media and what information, minimally, that will be released)
- vi. Training (method and timeframe for orienting staff and students)

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

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

CHAPTER V

**EVALUATION STANDARDS APPLICABLE TO
ALL EDUCATIONAL PROGRAMS**

CHAPTER V EVALUATION STANDARDS APPLICABLE TO ALL EDUCATIONAL PROGRAMS

SECTION A – Goals and Oversight

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

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

V.A.2. *Program goals are in keeping with the requirements of the profession.*

Program goals are written in a manner to ensure that the curriculum is current with industry standards, meets the demands of the communities of interest (e.g., students, graduates, employers, and the public) and that students obtain related hands-on training, if applicable, that enables them to obtain viable employment in the field.

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

A Program documents the following:

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

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

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

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

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

At a minimum, the institution has an advisory board comprised of at least three community representatives, not employed by the institution, for each discipline or group of related programs (e.g., medical assisting and medical administrative assisting). These individuals collectively provide a reasonable sampling of the community and are knowledgeable about the current state of the field.

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.

Programs offering complete or partial content by distance education have a minimum of one representative, not affiliated with the institution, specializing 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.

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.

V.A.5.b. Prepared meeting minutes are maintained, distributed and used to improve program effectiveness.

Meeting minutes include member participation, topics discussed, summary of significant outcomes and activities, areas of unfinished business with projection for completion, and a list of recommendations made by the advisory board, and the program's or institution's response to these recommendations.

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

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

**SECTION B – Curriculum, Competencies, Clinical Experience
(see Glossary for definition of clinical experiences)**

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

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

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

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

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

Prior to initial assignment of students to a clinical experience site, an individual employed by the institution who meets the minimum qualifications of a program faculty member is responsible to prepare a signed documented evaluation ensuring that a viable environment exists for an effective learning experience that provides an opportunity for students to demonstrate required competencies.

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

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

V.B.4.b. A program has clinical experiences to meet its goals and objectives.

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

A monitoring plan exists to ensure that:

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

V.B.4.c. Supervision and evaluation of student performance is provided during the clinical experiences.

An individual employed by the institution who meets the minimum qualifications of program faculty member is responsible for ensuring and documenting oversight and evaluation of students while on clinical experiences and is in regular contact with sites.

SECTION C – Instruction

Subsection 1 - Syllabi

V.C.1.a Current course syllabi are maintained that fully and clearly describe the important characteristics of each course and meet the requirements of Appendix F (Course Syllabi Requirements).

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

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

Subsection 2 – Instructional resources and delivery

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

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

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

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

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

The program requires the following:

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

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

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

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

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

SECTION D – Student Assessment

Subsection 1 – Admissions

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

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

Admission requirements clearly state the basis for admission, including testing, advanced standing, experiential learning requirements, and transfer of credit. Remedial courses and refresher courses are not considered for credit. When accepting students, reasonable assurances are made that applicant qualifications and background are compatible with institutional and curricular objectives to ensure the likelihood of student success.

Applicants are beyond the age of compulsory institution attendance in the state in which the institution is located and can be reasonably expected to benefit from the training offered by the institution. Institutions that accept non-high school graduates (ability-to-benefit students) into their programs must meet the additional requirements of Appendix A, Enrollment of Ability-to-Benefit (“ATB”) Students, with the exception of any program that is 300 clock hours or less.

The evidence of high school graduation or its equivalent is supplied to an institution within 30 days after the student's first class or lesson begins, and as permissible may be a signed attestation of graduation. The evidence or signed attestation of graduation must include the name of the high school attended, city, state, graduation year. The institution has the responsibility of having a policy at the campus level to verify the high school or program was approved by the applicable governing or state authority and accrediting body (recognized by the U.S. Secretary of Education or by the Council on Higher Education Accreditation), as applicable. The information relative to ATB student admission is submitted prior to enrollment.

Subsection 2 – Scheduling and grading of examinations

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

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

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

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

Subsection 3 – Student experience

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

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

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

Subsection 4 –Advising

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

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

SECTION E – Program Management

Subsection 1 – Program administration

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

Each main, non-main and satellite 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 specialty field or subject area in which they teach
(b) Graduation from an otherwise recognized training entity (e.g., hospital-based program) in the 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 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).
- ii. At least three years' teaching or occupational experience in the subject field.
- iii. A baccalaureate degree from an institution accredited by an agency recognized by the U.S. Secretary of Education.

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

A program provides for management and oversight of the faculty, faculty training and development, and faculty evaluation. This individual holds a baccalaureate degree from an institution accredited by an agency recognized by the U.S. Secretary of Education (or by the Council on Higher Education Accreditation.)

Evidence of the following must be provided:

- i. Recommendation of resources to support the program.
- ii. Curriculum development and periodic revision based on learning science and current professional practices in the field of study.
- iii. Selection, supervision, assignment and evaluation of faculty.
- iv. Periodic assessment and recommendation for modification of facilities and equipment in relation to current professional practices in the field of study.

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

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

V.E.1.d. Annual training for program supervisors is provided for the improvement of education-related management skills.

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

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

Subsection 2 – General faculty requirements

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

Faculty evidence the following:

- i. (a) Graduation from an accredited program recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation (CHEA) in the specialty field or subject area in which they teach (b) Graduation from an otherwise recognized training entity (e.g., hospital-based program) in the 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 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).

Additionally, the faculty member possesses two (2) years of occupational (i.e., practical) experience in the subject field in which they teach; OR

A minimum of three (3) years of job-related training and experience, as described above, for those instructors who are not graduates from an accredited program in the field in which they teach AND

- ii. Hold a current license, certification or other credential as required by local, state and/or federal laws to work in the field, with the exception of those teaching in non-core (e.g., general education) courses.

V.E.2.b. *Faculty receive training in educational methods, testing and evaluation and evidence strength in instructional methodology, delivery and techniques as indicated by evaluation by supervisory personnel within 30 days of beginning instruction, and annually thereafter.*

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

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

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

Subsection 3 – Ratios and teaching load

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

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

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

Laboratory numbers may depend on the following factors:

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

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

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

Subsection 4 – In-service training

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

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

Subsection 5 – Professional development

V.E.5. *Faculty is provided time, resources, and opportunities for professional development.*

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

SECTION F – Safety

V.F. *Programs document compliance with institutional policy and applicable local, state, and federal regulations.*

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

SECTION G - Student Services

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

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

Services provided to students include:

- i. orientation

- ii. personal referral information
- iii. employment assistance

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

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

SECTION H – Disclosures

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

Programs must be offered and delivered as approved by the Commission. Changes (as defined by Section III, Subsection B.) in these programs or the addition of new programs have been approved by the Commission prior to implementation.

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

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

The program clearly communicates its accreditation status to its prospective and enrolled students in the following situations: (i) the program does not currently hold programmatic accreditation that might have implications for the graduates to become employed in the profession, or (ii) the program is subject to an adverse action that might result in the loss of accreditation.

V.H.3. *All representations regarding the program are accurate, complete and not misleading.*

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

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

SECTION I – Program Effectiveness

Subsection 1 - Student achievement indicators

V.I.1.a. A program demonstrates that students complete their program.

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

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

EE= Ending Enrollment (Number of students in class, on clinical experience and/or leave of absence on June 30)

G= Graduates

BE= Beginning Enrollment (Number of students in class, on clinical experience and/or leave of absence on July 1)

NS= New Starts

RE= Re-Entries (number of students that re-enter into school who dropped from a previous annual report time period)

At a minimum, an institution maintains the names of all enrollees by program, start date, and graduation date.

V.I.1.b. A program demonstrates that graduates participate on credentialing exams required for employment.

If a license or credential is required by a regulatory body (e.g., state or other governmental agencies) in the state in which the student or program is located, or by the programmatic accrediting body, then the participation of program graduates in credentialing or licensure examinations is monitored and evaluated.

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

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

GT = Total graduates taking examination

GE= Total graduates eligible to sit for examination

V.I.1.c. A program demonstrates that graduates are successful on credentialing examinations required for employment.

If an institution or program is required to monitor participation rates, then it must review graduate success on credentialing and/or licensing examinations. This review includes curricular areas in need of improvement. A program maintains documentation of such review and any pertinent curricular changes made as a result.

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

$$\text{Examination Pass Rate} = \text{GP/GT}$$

GP = Graduates passing examination (any attempt)

GT = Total graduates taking examination

At a minimum, the names of all graduates by program, actual graduation date, and the credentialing or licensure exam for which they are required to sit for employment are maintained.

V.I.I.d. *A program demonstrates that graduates are successfully employed in the field, or related field, for which they were trained.*

An institution has a system in place to assist with the successful initial employment of its graduates. A graduate must be employed for 15 days and the verification must take place no earlier than 15 days after employment.

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

Placement Rate = (F + R)/(G-U)

F = Graduates placed in their field of training

R* = Graduates placed in a *related* field of training

G = Total graduates

U** = Graduates unavailable for placement

*Related field refers to a position wherein the majority of the graduate's job functions require the use of skills and knowledge acquired through successful completion of the training program.

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

Important Note: graduates pending required credentialing/licensure in a regulated profession required to work in the field and, thus, not employed or not working in a related field as defined above, should be reported through back-up information required in the Annual Report. This fact will then be taken into consideration if the program placement rate falls below expectations and an Action Plan is required by ABHES.

At a minimum, an institution maintains the names of graduates, place of employment, job title, employer telephone numbers, and employment and verification dates.

The institution must provide additional documentation (examples may include but not limited to position description, job description, employer letter, graduate attestation) and rationale to justify graduates identified as self-employed, employed in a related field, or unavailable for employment.

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

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

Student:

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

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

Clinical extern affiliate:

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

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

Graduate:

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

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

Employer:

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

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

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

Survey Participation Rate = SP / NS

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

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

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

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

Satisfaction Rate = SL/SP

SL = Satisfaction Level

SP = Survey Participation

Subsection 2 – Program Effectiveness Plan (PEP) content

V.I.2. *A program has an established documented plan for assessing its effectiveness annually as defined by specific outcomes.*

While each program must represent each element required below, the plan may be a comprehensive one which collectively represents all programs within the institution or may be individual plans for each distinct program. A plan should contain a cover page and identify the program objectives, which must be consistent with all other documents describing the program.

The PEP specifies a process and a timetable for the annual assessment of program effectiveness, and identifies the process for how data is collected, timetable for data collection, and parties responsible for data collection.

The Program Effectiveness Plan clearly describes the following elements:

a. program retention rate

The retention rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must conduct an analysis of the data to identify any trends, including those related to the student population (characteristics/demographics) and other applicable factors; and based upon the analysis, identify its retention rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal.

b. credentialing examination participation rate

The credentialing examination participation rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must conduct an analysis of the data to identify any trends, including those related to the student population (characteristics/demographics) and other applicable factors; and based upon the analysis, identify its credentialing participation rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal.

c. credentialing examination pass rate

The credentialing examination pass rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must conduct an analysis of the data to identify any trends, including those related to the student population (characteristics/demographics) and other applicable factors; and based upon the

analysis, identify its credentialing pass rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal.

d. job placement rate

The job placement rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must conduct an analysis of the data to identify any trends, including those related to the student population (characteristics/demographics) and other applicable factors; and based upon the analysis, identify its placement rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal.

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

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

f. delivery method assessment

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

g. curriculum assessment

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

SECTION J – Student Record Management

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

Academic transcripts must include the program in which the student is/was enrolled; the student’s start date and date of graduation, termination or withdrawal; the student’s academic achievement in terms of clock hours or units of credits for courses attempted and earned; and the credential conferred to a program graduate. The grading system used must be explained on the transcript and must be consistent with that appearing in the institutional catalog.

Documentation to support compliance with recordkeeping maintenance is easily accessible and readily available.

V.J.2. *A program maintains records of externship and clinical site evaluation of student performance during externships and external clinical experiences.*

Supporting documentation is easily accessible and readily available.

CHAPTER VI
DEGREE PROGRAM STANDARDS

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DEGREE PROGRAM STANDARDS

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

Degree programs represent a significant additional educational commitment by the institution. The purpose of this chapter is to ensure that institutions offering degree programs have the ability to meet this educational commitment and that they only award degrees to eligible students who, within the required time frame, complete program requirements.

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

SECTION A – Occupational and Applied Science Degrees

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

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

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

Subsection 1 – Basic requirements

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

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

Subsection 2 – Faculty

VI.A.2. *Faculty consists of qualified individuals.*

Instructors of occupational courses possess the following:

- i. Current licenses, certifications, or other designations as required by local, state, or federal laws to work in the field;
- ii. graduation from a program in the field in which they teach, accredited by an agency recognized by the U.S. Secretary of Education, the Council for Higher Education Accreditation, or an otherwise recognized training entity (e.g., hospital-based program) in the specialty field; and
- iii. a minimum of three years of occupational experience in the subject field or in a closely related field; or
- iv. a minimum of four years of job-related training and experience for those instructors who are not graduates from a program in the field in which they teach.

Instructors of general education possess a baccalaureate degree and academic preparation in specific courses being taught.

Subsection 3 – Learning resources

VI.A.3. *Learning resources exist to complement the degree program(s).*

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

Subsection 4 – Curriculum

VI.A.4.a. *A program meets the required minimum level of credit hours (or its recognized equivalent) in total content and hours of occupational and general education courses.*

Associate of Occupational Science requires:

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

Associate of Applied Science requires:

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

- iii. 15 semester hours, 22.5 quarter hours, or its recognized clock hour equivalent in general education courses.

See Chapter IV.G.1. for conversion methodology in calculating and awarding academic credit.

VI.A.4.b. *The primary purpose of occupational degree programs is technical in nature with courses focused on the attainment of necessary skills to enter a chosen employment field.*

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

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

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

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

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

Subsection 5- Advertising

VI.A.5. *Advertising and promotional materials contain clear and provable statements.*

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

SECTION B – Academic Associate Degrees

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

Subsection 1 – Basic requirements

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

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

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

Subsection 2 – Faculty

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

Instructors hold, at a minimum, a baccalaureate degree (applicable to instructors hired on or after January 1, 2017; whereas instructors hired prior to January 1, 2017, have until January 1, 2020, to evidence compliance with the baccalaureate degree requirement), and academic preparation in the specific courses being taught. Instructors must have at least 15 semester credit hours or equivalent in the subject area.

Additionally, instructors of occupational courses possess the following:

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

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

Subsection 3 – Learning resources

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

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

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

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

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

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

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

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

Subsection 4 – Student services

VI.B.4. *Institutions offering degree programs provide comprehensive student services to support the programs offered and the size and characteristics of the student body.*

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

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

Subsection 5 – Advertising of degree programs

VI.B.5. *Advertising and promotional materials contain clear and provable statements.*

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

Subsection 6 – Curriculum

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

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

See Chapter IV.G.1. for conversion methodology in calculating and awarding academic credit.

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

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

VI.B.6.b. *Program curricula reflect the achievement of vocational objectives.*

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

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

Subsection 7 – Admissions

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

SECTION C – Baccalaureate Degrees

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

Subsection 1 – Basic requirements

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

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

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

Subsection 2 – Program supervision and faculty

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

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

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

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

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

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

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

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

Subsection 3 – Library and instructional resources

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

An annual library budget, to support the size and scope of the institution and the programs offered, must be established and the allocation expended for the purchase of books, periodicals, library equipment, and other resource and reference materials.

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

The collegiate library must contain up-to-date titles in a quantity that supports the size of the institution and the breadth of its educational programs. The library collection must include holdings on the humanities, arts, math, English and sciences; magazines and professional journals and periodicals. These holdings may be presented via, physical holdings, on-line databases, virtual libraries or a combination of these.

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

A professionally trained librarian supervises and manage library and instructional resources, facilitate their integration into all phases of the institution's curricular and educational offerings, and assist students in their use. A professionally trained librarian is one who holds a baccalaureate or master's degree in library or information science or a comparable program, or state certification to work as a librarian, where applicable. The librarian participates in documented professional growth activities.

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

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

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

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

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

Subsection 4 – Student services

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

These services encompass academic advising and support, and relevant life skills. An individual with professional educational qualifications in these skills coordinates these services.

Subsection 5 – Advertising of degree programs

VI.C.5. *Advertising and promotional materials contain clear and provable statements.*

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

Subsection 6 – Curriculum

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

- i. 120 semester hours, 180 quarter hours, or their equivalent normally earned over a period of 8 semesters, 12 quarters, or their equivalent. Transfer of credit for work at other institutions may be granted. Credit may be awarded for life experiences through prior learning assessment (PLA), such as DANTEs, CLEP or ACE recommendations.
- 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.

See Chapter IV.G.1. for conversion methodology in calculating and awarding academic credit.

The curriculum identifies the courses that satisfy the concentration and general education requirements. 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.

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.

Expectations for general education are outlined in the Glossary.

VI.C.6.b. *Program curriculum approximates the standards found at other institutions offering baccalaureate degrees.*

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

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

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

Subsection 7 – Admissions

VI.C.7. *Students admitted to baccalaureate degree programs possess a regular high school diploma, or the equivalent recognized by the state where the institution is authorized.*

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

SECTION D -- Master's Degrees

Subsection 1 – Basic requirements

VI.D.1. *The institution publishes in its catalog a stated mission that encompasses achievement of master's degree program objectives.*

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

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

Subsection 2 – Program supervision and faculty

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

This individual supervises faculty, oversees the programs, and collaborates with the Program Advisory Board(s). At a minimum, this individual possesses the following:

- i. An earned doctorate;
- ii. administrative experience at the postsecondary level;
- iii. a minimum of three years of teaching experience in the subject field or a closely related field;
- iv. certification in the occupation, as applicable; and
- v. meets state requirements.

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

A minimum of 50 percent of the faculty must have an earned doctorate, academic preparation in the discipline and three years of experience in the field. Faculty members, without an earned doctorate, must have an earned master's degree, academic preparation in the discipline and three years of experience in the field. Faculty members holding a terminal degree, i.e. professional degrees such as J.D. or M.D., may meet the qualification requirement with justification.

All advanced degrees must have been earned from an accredited program recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation (CHEA) and academic preparation in the subject area of instruction, and three years of experience in the field.

The faculty member of record must have at least 18 semester credit hours or the equivalent in the subject area of instruction.

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

During any academic term, a faculty member must not be assigned to teach in more than two subject fields of instruction. The size of the faculty must be sufficient to support the total student enrollment in the program.

Teaching loads are reasonable and must allow time for scholarly work (e.g. research, publication, presentation) and professional activities. Responsibilities for academic advising, committee membership, and other administrative duties may be assigned as needed.

Subsection 3 – Library and instructional resources

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

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

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

The collegiate library must contain current and relevant titles in a quantity that supports the size of the institution and the breadth of its educational programs. The library collection must include advanced holdings in the humanities, arts, math, English, and sciences; magazines; professional journals, and periodicals. These holdings may be physical holdings, online databases, virtual libraries, or a combination of these.

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

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

A professionally trained librarian:

- i. supervises and manages library and instructional resources;
- ii. facilitates the integration of these resources into the curriculum; and
- iii. assists graduate students and faculty in the use of these resources.

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

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

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

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

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

Subsection 4 – Student services

VI.D.4. *Institutions offering master’s degree programs provide comprehensive services to support the number of programs and size and characteristics of the graduate student body.*

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

Subsection 5 – Advertising of degree programs

VI.D.5. *Advertising and promotional materials contain clear and provable statements.*

Advertising, promotional materials, and literature accurately describe the master’s degree program(s).

Subsection 6 – Curriculum

VI.D.6.a. *The program meets the required minimum credit hours and contains appropriate content for a master’s degree.*

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

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

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

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

VI.D.6.b. *Curriculum must quantitatively and qualitatively approximate the academic community standards for the master’s degree program.*

The curriculum is relevant and current and demonstrates academic rigor appropriate for graduate studies. Emphasis is placed on high levels of critical thinking, research, and analytical skills that are essential for problem solving in the discipline of study.

VI.D.6.c. *Program enrollment is sufficient to support regularly scheduled classes.*

Enrollment is sufficient to support regularly scheduled classes that allow students to complete the program in a timely manner.

Subsection 7 – Admissions

VI.D.7. *Students admitted to a graduate degree program possess an earned baccalaureate appropriate for the graduate area of study.*

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

The baccalaureate must be from an institution accredited by an agency that is recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation (CHEA).

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

A baccalaureate from an institution located outside of the United States and its territories must be evaluated by a credential evaluation service provider. The provider must have published standards for membership, affiliations to U.S.-based international higher education associations, and be linked to and used by federal agencies, state agencies, educational institutions and employers (e.g., NACES and AICE)

CHAPTER VII
PROGRAMMATIC REQUIREMENTS

CHAPTER VII
MEDICAL ASSISTING
PROGRAM

CHAPTER VII – MA EVALUATION STANDARDS FOR MEDICAL ASSISTING

The Accrediting Bureau of Health Education Schools is recognized to accredit Medical Assistant programs programmatically. Institutions offering Medical Assistant 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 Assistant program.

For purposes of this chapter, a Medical Assistant 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.

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

1. General Orientation

Graduates will be able to:

- a. Describe the current employment outlook for the medical assistant
- b. Compare and contrast the allied health professions and understand their relation to medical assisting
- c. Describe and comprehend medical assistant credentialing requirements, the process to obtain the credential and the importance of credentialing
- d. List the general responsibilities and skills of the medical assistant

2. Anatomy and Physiology

Graduates will be able to:

- a. List all body systems and their structures and functions
- b. Describe common diseases, symptoms, and etiologies as they apply to each system
- c. Identify diagnostic and treatment modalities as they relate to each body system
- d. Apply a system of diet and nutrition
 - 1) Explain the importance of diet and nutrition
 - 2) Educate patients regarding proper diet and nutrition guidelines
 - 3) Identify categories of patients that require special diets or diet modifications

3. Medical Terminology

Graduates will be able to:

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

4. Medical Law and Ethics

Graduates will be able to:

- a. Follow documentation guidelines
- b. Institute federal and state guidelines when:
 - 1) Releasing medical records or information
 - 2) Entering orders in and utilizing electronic health records
- c. Follow established policies when initiating or terminating medical treatment

- d. Distinguish between employer and personal liability coverage
- e. Perform risk management procedures
- f. Comply with federal, state, and local health laws and regulations as they relate to healthcare settings
 - 1) Define the scope of practice for the medical assistant within the state where employed
 - 2) Describe what procedures can and cannot be delegated to the medical assistant and by whom within various employment settings
 - 3) Comply with meaningful use regulations
- g. Display compliance with the Code of Ethics of the profession
- h. Demonstrate compliance with HIPAA guidelines, the ADA Amendments Act, and the Health Information Technology for Economic and Clinical Health (HITECH) Act

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) Use empathy when communicating with terminally ill patients
 - 2) Identify common stages 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 the developmental stages of life
- e. Analyze the effect of hereditary and environmental influences on behavior
- f. Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e. values/ethics; roles/responsibilities; interprofessional communication; teamwork
- g. Partner with health care teams to attain optimal patient health outcomes
- h. Display effective interpersonal skills with patients and health care team members
- i. Demonstrate cultural awareness

6. Pharmacology

Graduates will be able to:

- a. Identify drug classification, usual dose, side effects and contraindications of the top most commonly used medications
- b. Demonstrate accurate occupational math and metric conversions for proper medication administration
- c. Prescriptions
 - 1) Identify parts of prescriptions
 - 2) Identify appropriate abbreviations that are accepted in prescription 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 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 and process documents
- b. Navigate electronic health records systems and practice management software
- c. Perform 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 vital signs, obtain patient history, and formulate chief complaint
- c. Assist provider with general/physical examination
- d. Assist provider with specialty examination, including cardiac, respiratory, OB-GYN, neurological, and gastroenterology procedures
- e. Perform specialty procedures, including but not limited to minor surgery, cardiac, respiratory, OB-GYN, neurological, and gastroenterology
- f. Prepare and administer oral and parenteral medications 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 for patients with special needs (psychological or physical limitations)
- k. Make adaptations to care for patients across their lifespan

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
 - 6) Kit testing
- c. Dispose of biohazardous materials
- d. Collect, label, and process specimens
 - 1) Perform venipuncture
 - 2) Perform capillary puncture
 - 3) Perform wound collection procedures
 - 4) Obtain throat specimens for microbiologic testing
- e. Instruct patients in the collection of
 - 1) Clean-catch mid-stream urine specimens
 - 2) Collection of fecal specimen
 - 3) Collection of sputum specimens

10. Career Development

Graduates will be able to:

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

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.

(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 of a medical assistant and the activities included in the program's curriculum.

(c) Supervision

(no additional requirements beyond Chapter V)

(d) Requirements for completion

(no additional requirements beyond Chapter V)

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Supervision

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

A program supervisor has:

- i. a minimum of an associate degree;
- ii. a minimum of three years of full-time experience in a healthcare facility, including a minimum of 40 hours in an ambulatory healthcare setting;
- iii. classroom teaching experience; and,
- iv. a current medical assistant registration or certification through a nationally recognized and accredited certifying agency.

Subsection 2 – Faculty and consultation

MA.B.2.a. Faculty formal education/training and experience support the goals of the program.
(no additional requirements beyond Chapter V)

MA.B.2.b. Faculty numbers and ratios support the goals of the program.
(no additional requirements beyond Chapter V)

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

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

- i. program graduate
- ii. employer

The institution is also required to have a licensed (within the United States or its territories) physician, physician assistant, or nurse practitioner who is associated with the staff and faculty in a consulting capacity.

SECTION C – Laboratory Facilities and Resources

MA.C.1.a. *The institution's laboratory facilities include:
(no additional requirements beyond Chapter V)*

MA.C.1.b. *Equipment and instruments are available within the institution's 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 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. Examination table
- x. Adaptive devices (walkers, wheelchairs, canes, crutches, gait belt)
- xi. Centrifuge
- xii. Mayo stand
- xiii. Sphygmomanometers (manual and electronic)
- xiv. Stethoscopes
- xv. Adult and infant scales
- xvi. Eye chart
- xvii. Model skeleton
- xviii. Autoclave
- xix. Thermometers (temporal, aural and oral)
- xx. Electronic health records and practice management software
- xxi. Pulse oximeter

CHAPTER VII
MEDICAL LABORATORY
TECHNOLOGY PROGRAM

CHAPTER VII-MLT EVALUATION STANDARDS FOR MEDICAL LABORATORY TECHNOLOGY

The Accrediting Bureau of Health Education Schools is recognized to accredit Medical Laboratory Technician programs programmatically. Institutions offering Medical Laboratory Technician 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 Technician program.

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 urinalysis.

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 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 in necessary aspects of the curriculum included in the national credentialing examinations that are available in this field of study.

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

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

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.

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

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

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

1. General Laboratory Orientation

Graduates will be able to:

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

2. Medical Law and Ethics

Graduates will be able to:

- a. Demonstrate and comply with HIPAA rules and regulations
- b. Complete a chain of custody form
- c. Demonstrate an understanding of OSHA compliance rules and regulations
- d. Demonstrate an understanding of the core competencies for Interprofessional 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. Evaluate bone marrow slides and LAP scores
- c. 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. Perform 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 laboratory. Clinical experiences include placement at facilities that perform various types of activities that will expose students to the necessary skills required of the profession.

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

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

(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 technologist or technician;
- ii. hold, at minimum, an associate degree; and,
- iii. have at least two years of practical experience in the subject area.

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:

- 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.

Laboratory areas are of a 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. Centrifuge
- iv. Spectrophotometer
- v. Glassware and pipettes
- vi. Specimen collection devices (e.g., needles, syringes, band aids, tubes)
- vii. Microscope slides
- viii. Blood culture bottles
- ix. Reagent strips
- x. Diagnostic testing kits
- xi. Hemocytometers
- xii. Stains
- xiii. Incubator
- xiv. Culture media
- xv. Identification systems for biochemical testing
- xvi. Automated instrumentation

CHAPTER VII
SURGICAL TECHNOLOGY
PROGRAM

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 national credentialing examinations that are available in this field of study.

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

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

The program’s goals are:

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

Competencies required for successful completion of the program are:

- i. clearly delineated;
- ii. commonly accepted;
- iii. aligned with the current Core Curriculum for Surgical Technology, produced by the Association of Surgical Technologists (www.ast.org), (herein referred to as the Core Curriculum); and,
- iv. demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e. values/ethics; roles/responsibilities; interprofessional communication; teamwork

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

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

The following is 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.

ST.A.3. *The program administers to each cohort of students the Certified Surgical Technologists (CST) examination, after completion of curricula content and prior to graduation.*

The exam serves as the program’s quality indicator by producing relevant, first time attempt score data which assess curricular quality and overall achievement in the program. Programs must demonstrate 100% examination participation and a 70% pass rate.

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

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 (supervisors of a surgical technology program hired after July 1, 2010, hold the Certified Surgical Technologist (CST) credential);
- 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; and,
- iii. evidence of 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 didactic and clinical core (found in the Core Curriculum) courses (i) hold the Certified Surgical Technologist (CST) credential if hired after July 1, 2010, and (ii) 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.

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

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

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

A clinical coordinator is:

- i. qualified as program faculty; and,
- ii. responsible for the supervision of clinical faculty, students, and the clinical experience.

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

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

The program’s advisory board consists of at least one current faculty member, a representative from the institution’s administration, and at least one non-employee representative from each of the following communities of interest:

- 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 institution’s laboratory facilities include:

A dedicated space to support the role of a surgical technologist.

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 Core Curriculum.

CHAPTER VIII
PROGRAM SPECIFIC REQUIREMENTS

**CHAPTER VIII
EVALUATION STANDARDS
FOR DENTAL ASSISTING**

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

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

Clinical Sciences

DAII programs are required to offer instruction in:

Evidence-based techniques

DAII.A.1.3.c

Graduates will comprehend and employ evidence-based techniques for workplace decisions.

Self-assessment

DAII.A.1.3.d

Graduates will practice the ability for self-assessment and correct problems that are identified.

Isolation Methods

DAII programs are required to offer instruction in:

Dental dams

DAII.A.1.12.c

Graduates will place and remove dental dams.

Cotton rolls

DAII.A.1.12.d

Graduates will place and remove cotton rolls.

Armamentarium assembly

DAII.A.1.12.f

Graduates will assemble an armamentarium for placement of a dental dam.

Pain Management

DAII programs are required to offer instruction in:

Topical anesthetics

DAII.A.1.15.c

Graduates will understand and explain the method for placement of topical anesthetics in accordance with state law.

Maxillary and mandibular arch injections

DAII.A.1.15.g

Graduates will locate and describe the sites for maxillary and mandibular arch injections.

Supplemental anesthesia techniques

DAII.A.1.15.h

Graduates will compare and contrast the supplemental techniques for anesthetic administration.

Nitrous oxide administration

DAII.A.1.15.i

Graduates will explain the need and method for nitrous oxide administration, and methods for monitoring its administration.

Anesthesia complications

DAII.A.1.15.j

Graduates will list and describe the treatment for and recognition of complications arising from anesthesia administration.

Patient Management and Care Procedures

DAII programs are required to offer instruction in:

Administration of fluoride

DAII.A.1.16.d

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

Dental Sciences: Pharmacology of the Oral Cavity

DAII.A.1.19.b

In addition to the following DAI standard: Courses emphasize drugs relevant to the practice of dentistry, DAII programs must also provide instruction in the following: Modes of administration, mechanisms of action, biotransformation, excretion, drug interactions, and side effects.

Dental Sciences: Nutrition

DAII.A.1.19.e

In addition to the following DAI standard: *Courses in nutrition consist of concepts for diet assessment*, DAII programs must also provide instruction in the following: *Concepts for patient management for developing a comprehensive disease program to treat individual patients.*

Dental Sciences: Pathology of the Oral Cavity

DAII.A.1.19.f

In addition to the following DAI standard: *Pathology courses integrate both basic and clinical sciences and applies the knowledge gained to the recognition and understanding of deviation from normal. The components of oral and general pathology may be addressed in one core course or integrated into several courses throughout the curriculum. The depth and scope of the curriculum may vary based upon the influences of the program level and academic setting.*

DAII courses must provide instruction in the following:

Personal health and disease and its relation to optimal function

Dental Sciences: Interpret Diagnosis

DAII programs must offer instruction in:

DAII.A.1.19.f.(3)

The identification of a specific disease, including dental caries. Interpreting the diagnostics includes: clinical identification, radiographic interpretation, historical data (medical and dental), laboratory studies, surgical intervention, therapeutic application, and the differential diagnosis (Note: only a dentist can diagnose.)

Externship and/or Internal Clinical Experiences

DAII.A.2.(a).

DAII programs are required to offer a minimum of 300 clock hours for externships.

DAII.A.2.(c).

DAII programs are required to ensure that a clinical externship employ a qualified preceptor who meets the program supervision requirements described in Section B of the DAII standards if the program does not employ a supervisor on site.

DAII.A.2.(d).

In addition to the following DAI standard: *Upon completion of the clinical externship, students demonstrate entry-level proficiency in all areas of the curriculum*, DAII programs must require students to:
Fulfill requirements in accordance with distributions for general and specialty areas and level of complexity.

Program Supervision, Faculty, and Consultation

DAII programs are required to employ a program supervisor who:

DAII.B.1. (b)

Possesses a baccalaureate degree, or is currently enrolled and making satisfactory progress toward completion of a baccalaureate program (by January 1, 2014, the program supervisor will have earned at least a baccalaureate degree).

DAII.B.1. (c)

Has a background in educational methods, testing and evaluation.

DAII.B.1. (d)

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

DAII programs are required to employ faculty who:

DAII.B.2.a. (b).

Have an earned baccalaureate degree or will be working toward completing a baccalaureate degree program in a timely manner.

CHAPTER VIII– DA I EVALUATION STANDARDS FOR DENTAL ASSISTING

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

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

For purposes of this chapter, any program identified as “dental assisting” or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning complies with these standards. 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

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

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

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

Dental assistants perform a variety of clinical, laboratory, and administrative duties. Dental assistants should not be confused with dental hygienists, who are licensed to perform different clinical tasks. Only those procedures

legally permitted to be performed will be taught to clinical competence; all other procedures will be taught to laboratory competence.

CREDENTIALING

Most states regulate the duties that dental assistants are allowed to perform through licensure or registration, which may require passing a written or practical examination. Licensure, certification, or registration is an acknowledgment of an assistant's qualifications and professional competence, and may be an asset when one is seeking employment. For annual recertification, individuals normally earn continuing education credits.

Individual states have adopted different standards for dental assistants who perform certain advanced duties, such as radiological procedures. Some states require completion of a state-approved course in radiology or advanced credentials from nationally-recognized credentialing agencies.

Many states have adopted specific requirements for education, experience, and/or credentialing of dental assistants or of dental assistants with expanded functions or duties. ABHES accreditation of an institution offering a dental assisting or expanded dental assisting program means that the program has demonstrated compliance with the applicable ABHES standards. Institutions are responsible for knowing and abiding by applicable state requirements. Accreditation does not imply or guarantee that graduates necessarily meet the specific state eligibility requirements for credentialing, licensure, or employment. An expanded dental assisting program that complies with ABHES requirements may not be comparable to state requirements for an expanded functions dental assisting program. Institutions are further responsible to be familiar with and to disclose to all prospective students all information related to graduates' eligibility or credentialing, licensure, and employment.

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

DA1A.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.*

1. Clinical Sciences

Graduates will be able to:

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

2. Business Office Procedures

Graduates will be able to:

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

3. Infection and hazard control

Graduates will be able to:

- a. Perform all relevant hand washing techniques
- b. Recognize the need for, and demonstrate the use of personal protective barriers
- c. Recognize the need for, and demonstrate the use of surface barriers
- d. Differentiate between sterilization and disinfection
- e. Perform disinfection procedures and techniques
- f. Define ultrasonic cleaning and utilize ultrasound cleaning techniques
- g. Utilize procedures for soaking of instruments
- h. Practice OSHA-approved techniques for hazardous waste management

- i. Demonstrate gloving techniques according to established procedures
- j. Operate sterilizing equipment according to manufacturer's guidelines
- k. Assemble and prepare instruments for sterilization
- l. Utilize biological indicators to monitor autoclave effectiveness
- m. Utilize radiographic monitoring devices and understand their importance
- n. Handle all sharps (needles and blades) according to established procedures

4. Clinical equipment function and maintenance

Graduates will be able to:

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

5. Ergonomics for the dental setting

Graduates will be able to:

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

6. Medical/dental histories and vital signs

Graduates will be able to:

- a. Apply the relevance of medical and dental histories to treatment.
- b. Assemble and record the medical and dental history of the patient, including any medications taken, and report areas of concern to the dentist.
- c. Obtain and document readings for body temperature, pulse rate, respiration rate, and blood pressure.
- d. Compare and contrast the normal/abnormal readings of each of the vital signs.
- e. Assess and document the patient's level of pain.

7. Instruments, tray set-ups, transfer methods

Graduates will be able to:

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

8. Oral illumination

Graduates will be able to:

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

9. Tissue retraction and oral evacuation

Graduates will be able to:

- a. Apply methods of tissue retraction, including retraction with a high velocity evacuator.
- b. Place the saliva ejector for maintenance of a dry field.
- c. Utilize methods to protect the patient's oral tissue.
- d. Identify the dangers of aspiration during dental procedures, and apply methods to prevent aspiration of objects.

10. Isolation methods

Graduates will be able to:

- a. Comprehend and describe the functions and uses of dental dams
- b. Comprehend and describe the functions and uses of cotton rolls and other isolation and moisture-control items
- c. Demonstrate proper placement and removal of a dental dam.
- d. Place and remove cotton rolls and other moisture-control items

11. Chairside instrumentation and materials for restorative procedures

Graduates will be able to:

- a. Describe the functions, parts, and uses of various restorative instruments
- b. Describe the function and manipulation of various chairside materials
- c. Describe the function of all types of hand cutting instruments
- d. Explain the names, numbers, and functions of burs
- e. Describe the function of abrasion rotary instruments
- f. Describe the function of preset trays and tubs
- g. Describe cavity classifications
- h. List the steps necessary for removal of caries prior to placement of a restoration

12. Dental charting

Graduates will be able to:

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

13. Laboratory/pre-clinical

Graduates will be able to:

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

14. Pain management

Graduates will be able to:

- a. Recognize and describe the symptoms associated with pain and anxiety
- b. Describe the methods for treatment of pain and anxiety during a chairside procedure
- c. Compare and contrast the types, indications, and contraindications of local anesthetics
- d. Describe the components and functions of the anesthetic syringe
- e. Assemble an anesthetic tray

15. Patient management and care procedures

Graduates will be able to:

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

16. Dentistry ethics and jurisprudence

Graduates will be able to:

- a. List and describe the legal aspects of dentistry
- b. Compare and contrast the ethical aspects to the ethical dilemmas of dentistry
- c. Describe the professional responsibilities as required in the *American Dental Assistants' Association Principles and Ethics*
- d. Recognize and explain the signs that may compromise the dental assistant's ethics or professionalism

17. Dental Sciences

- a. Anatomy and Physiology of the Oral Cavity

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

- b. Pharmacology of the Oral Cavity

Courses prepare graduates to demonstrate knowledge of drug classifications, prescription writing, and use of the *Physician's Desk reference*.

- c. Radiography of the Oral Cavity

Courses in radiography are designed to integrate theoretical and practical application of exposing and processing intra- and extra-oral radiographs. Graduates demonstrate knowledge of radiation safety measures and competency in producing radiographs in the laboratory on mannequins before they are allowed to take radiographs at clinical sites. Supervision and evaluation by faculty is essential for safety and proper instruction.

- d. Microbiology

Courses in microbiology include basic principles of bacteriology, mycology, virology and immunology, with special emphasis on how they relate to the microbial flora of the oral cavity and to oral pathology. Concepts and methods of sterilization and disinfection are linked into concepts of Microbiology.

- e. Nutrition

Courses in nutrition consist of concepts for diet assessment as it pertains to the oral cavity.

f. Oral Pathology

Pathology courses integrate both basic and clinical sciences and applies the knowledge gained to the recognition and understanding of deviation from normal.

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

18. BLS/First Aid

Graduates will be able to:

- a. Obtain an accepted BLS or ACLS provider card prior to commencing clinical experience.

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

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

(a) Assignment

Externship sites include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. Minimally the externship includes 160 clock hours. In all cases, the externship site used is properly approved and regulated.

(b) Activities

Students are oriented to the facility and the daily routine of the facility. They initially observe activities and procedures and then begin performing tasks and procedures. Students are monitored during externship to make sure that they are utilizing the skills they were taught.

A minimum of 60% of the time spent in the clinic or office is spent in assisting in general dentistry.

(c) Supervision

Programs clarify their role in how their students will be supervised, by whom and visited how often while at externship site. There is clear and documented communication between the program and the clinical externship site.

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

(d) Requirements for Completion

Upon completion of the clinical externship, students demonstrate entry-level proficiency in all areas of the curriculum.

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Supervision

DAI.B.1. The program supervisor possesses supervisory experience and is credentialed in the field.

A program supervisor:

- i. is a currently Certified or Registered Dental Assistant (CDA or RDA) or a licensed dentist, and is proficient in four-handed and/or six-handed dentistry principles;
- ii. has experience in the field; and
- iii. is sufficiently free from service and other non-educational duties to fulfill the educational and administrative requirements of the program.

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

The responsibilities of the program supervisor include participation in:

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

Subsection 2 – Faculty and consultation

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

- i. All core faculty are Certified Dental Assistants or Registered Dental Assistants (CDA or RDA), licensed by the state, as required, and possess current knowledge and experience in dental assisting. Faculty is proficient in didactic and clinical four-handed and/or six-handed dentistry. Faculty members who are dentists are not required to hold the CDA or RDA credential.
- ii. The institution ensures faculty is experienced in educational methods, testing, and evaluation.
- iii. Faculty is aware of state requirements governing dental assisting programs, as applicable.

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

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

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

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

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

An individual may not serve in more than one capacity.

SECTION C – Educational Facilities and Resources

DAI.C.1.a. *The institution's laboratory facilities are well stocked, sufficient in size, maintained, and include the following:*

- i. Student stations suitable to number of students
- ii. Lighting, electrical outlets, ventilation and storage space
- iii. Adequate lighting, electrical outlets, and storage space
- iv. Adjustable chair
- v. Sinks and plaster control devices
- vi. Adequate ventilation
- vii. Sufficient number of lathes, model trimmers, and vibrators for proper instruction
- viii. Sufficient variety of quality dental materials/supplies
- ix. Power operated chairs
- x. Air and water syringes
- xi. Dental units and mobile stools
- xii. Adjustable dental light
- xiii. High and low speed handpieces
- xiv. Oral evacuating equipment
- xv. Work surface for the assistant
- xvi. Sterilizing equipment and area for preparing, sterilizing, and storing instruments
- xvii. Sufficient number of dental radiography units that meet applicable regulations
- xviii. Sufficient number of teaching mannequins
- xix. Sufficient number of view boxes and film-holding devices to accommodate several students
- xx. Film developing devices or darkroom
- xxi. Individual radiation monitoring devices/dosimeters
- xxii. Lead apron with cervical collar

DAI.C.1.b. *Equipment and instruments are available within the institution's laboratory facility to achieve the program's goals and objectives. Instruments include, but are not limited to, the following types:*

- i. Diagnostic
- ii. Surgical
- iii. Operative
- iv. Periodontal

- v. Orthodontic
- vi. Endodontic
- vii. Pediatric
- viii. Prosthodontics (removable and fixed)

Supplies, equipment, and instrumentation for laboratory instruction reflects actual clinical experiences and support class size.

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

Radiography facilities are available for students to develop required skills with faculty supervision. Each is sufficient to accommodate instruction and practice in exposing and processing radiographs. Student to radiography machine ratio does not exceed 5:1.

DAI.C.1.d Clinical treatment areas are sufficient in size to accommodate an operator, patient, student, and faculty member during instruction.

DAI.C.1.e. Infectious disease and radiation management policies are provided to all students, faculty, and appropriate support staff and continuously monitored for compliance.

Programs document compliance with institutional policy and applicable local, state, and federal regulations that include, but are not limited to hazardous materials and blood borne and infectious diseases. Additionally, policies on blood borne and infectious diseases are made available to applicants for admission and patients. Radiation protection and monitoring devices are available for each student.

CHAPTER VIII– DA II EVALUATION STANDARDS FOR DENTAL ASSISTING

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

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

The institution evidences that the “Dental Assisting II” program has as its mission the preparation of graduates with the knowledge and skills required for a dental assistant with expanded duties or an equivalent of that term recognized by the state regulatory agency for jurisdictions served by the institution, as applicable.

For purposes of this chapter, any program identified as “dental assisting” or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning complies with these standards. 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

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

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

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

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

CREDENTIALING

Most states regulate the duties that dental assistants are allowed to perform through licensure or registration, which may require passing a written or practical examination. Licensure, certification, or registration is an acknowledgment of an assistant's qualifications and professional competence, and may be an asset when one is seeking employment. For annual recertification, individuals normally earn continuing education credits.

Individual states have adopted different standards for dental assistants who perform certain advanced duties, such as radiological procedures. Some states require completion of a state-approved course in radiology or advanced credentials from nationally-recognized credentialing agencies.

Many states have adopted specific requirements for education, experience or credentialing of dental assistants or of dental assistants with expanded functions or duties. ABHES accreditation of an institution offering a dental assisting or expanded dental assisting program means that the program has demonstrated compliance with the applicable ABHES standards. Institutions are responsible for knowing and abiding by applicable state requirements. Accreditation does not imply or guarantee that graduates necessarily meet the specific state eligibility requirements for credentialing, licensure or employment. An expanded dental assisting program that complies with ABHES requirements may not be comparable to state requirements for an expanded functions dental assisting program. Institutions are further responsible to be familiar with and to disclose to all prospective students all information related to graduates eligibility or credentialing, licensure and employment.

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

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

Competencies required for successful completion of the program are delineated, and the curriculum ensures achievement of these entry-level competencies through coursework and skills. Students are advised prior to admission and throughout the program of any credentialing requirements necessary to achieve employment in the field. Focus is placed on credentialing requirements and opportunities to obtain employment and to increase employability.

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

1. Communication

Graduates will be able to:

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

2. Professional skills and ethical behavior for the dental assistant

Graduates will be able to:

- a. Define professional behavior and explain its importance for dental assisting practice
- b. Describe and employ appropriate attire and personal hygiene practices
- c. Use self-control and negotiation skills to resolve conflicts
- d. Explain the importance of teamwork and consensus-building for successful dental assisting practice
- e. Practice knowledge of interpersonal skills to enhance working relationships
- f. Comprehend small-group dynamics and how they affect dental assisting practice
- g. Use techniques for quality assurance to enhance patient care
- h. Practice a caring attitude and express compassion in all patient interactions
- i. List and describe potential ethical scenarios that may arise during dental assisting practice
- j. Define the term ethics and explain its importance for dental assisting practice
- k. Safeguard patient confidentiality through ethical and legal practices, and identify and apply all HIPAA guidelines for dental assisting practice

3. Clinical sciences

Graduates will be able to:

- a. Employ crucial problem-solving skills for work-related problems
- b. Practice critical thinking to effect workplace solutions
- c. Comprehend and employ evidence-based techniques for workplace decisions
- d. Practice the ability for self-assessment and correct problems that are identified

- e. Promote practices for good health, and communicate these practices to patients
- f. Comprehend and practice principles and procedures for patient safety
- g. Compare and contrast the state laws and regulations that affect the practice of the dental assistant
- h. Compare and contrast how state laws and regulations affect the delegation of duties by the dentist to the dental assistant
- i. List and describe the various print and electronic resources that the dental assistant can utilize to stay current for practice
- j. Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e. values/ethics; roles/responsibilities; interprofessional communication; teamwork

4. Business office procedures

Graduates will be able to:

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

5. Infection and hazard control

Graduates will be able to:

- a. Comprehend and perform all relevant hand washing techniques
- b. Recognize the need for and demonstrate the use of personal protective barriers and perform their placement
- c. Recognize the need for and demonstrate the use of surface barriers
- d. Differentiate between sterilization and disinfection
- e. Understand and perform disinfection procedures and techniques
- f. Define ultrasonic cleaning and utilize ultrasound cleaning techniques
- g. Utilize procedures for soaking of instruments
- h. Practice OSHA-approved techniques for hazardous waste management
- i. Perform gloving techniques according to established procedures
- j. Operate sterilizing equipment according to manufacturer's guidelines
- k. Assemble and prepare instruments for sterilization
- l. Utilize biological indicators to monitor autoclave effectiveness
- m. Utilize radiographic monitoring devices and understand their importance
- n. Handle all sharps (needles and blades) according to established procedures

6. Clinical equipment function and maintenance

Graduates will be able to:

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

7. Ergonomics for the dental setting

Graduates will be able to:

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

8. Medical/dental histories and vital signs

Graduates will be able to:

- a. Comprehend the relevance of medical and dental histories to treatment
- b. Assemble and record the medical and dental history of the patient including any medications taken, and report areas of concern to the dentist
- c. Obtain and document readings for body temperature, pulse rate, respiration rate, and blood pressure
- d. Compare and contrast the normal/abnormal readings of each of the vital signs
- e. Assess and document the patient's level of pain

9. Instruments, tray set-ups, transfer methods

Graduates will be able to:

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

10. Oral illumination

Graduates will be able to:

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

11. Tissue retraction and oral evacuation

Graduates will be able to:

- a. Understand and apply methods of tissue retraction, including retraction with a high velocity evacuator
- b. Utilize methods to protect the patient's oral tissue
- c. Assess the need for protection of the patient's oral tissues, and apply methods to prevent damage
- d. Assess the dangers of aspiration during dental procedures, and apply methods to prevent aspiration of objects

12. Isolation methods

Graduates will be able to:

- a. Comprehend and describe the functions and uses of dental dams
- b. Assemble a dental dam tray for placement
- c. Place and remove dental dam

- d. Comprehend and describe the functions and uses of cotton rolls and other isolation and moisture control items
- e. Place and remove cotton rolls and other moisture-control items

13. Chairside instrumentation and materials for restorative procedures

Graduates will be able to:

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

14. Dental charting

Graduates will be able to:

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

15. Laboratory/pre-clinical

Graduates will be able to:

- a. Describe the function and manipulation of various laboratory materials
- b. Demonstrate the use of laboratory materials in taking an impression, and pouring and trimming a study-model for diagnostic purposes
- c. Obtain accurate bite-registration
- d. Polish removable appliances
- e. Fabricate a mouth-guard
- f. Create temporary crowns using a variety of materials
- g. Fabricate custom and whitening trays
- h. Research Computer Aided Manufacturing of fixed prosthodontics and identify steps for completion and care of equipment

16. Pain management

Graduates will be able to:

- a. Recognize and describe the symptoms associated with pain and anxiety
- b. Describe the methods for treatment of pain and anxiety during a chairside procedure
- c. Explain the method for placement of topical anesthetics in accordance with state law
- d. Compare and contrast the types, indications, and contraindications of local anesthetics

- e. Describe the components and functions of the anesthetic syringe
- f. Assemble an anesthetic tray
- g. Locate and describe the sites for maxillary and mandibular arch injections
- h. Compare and contrast the supplemental techniques for anesthetic administration
- i. Explain the need and method for nitrous oxide administration, and methods for monitoring its administration
- j. List and describe the treatment for and recognition of complications arising from anesthesia administration

17. Patient management and care procedures

Graduates will be able to:

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

18. Dentistry ethics and jurisprudence

Graduates will be able to:

- a. List and describe the legal aspects of dentistry.
- b. Compare and contrast the ethical aspects of dentistry.
- c. Describe the professional responsibilities as required in the *American Dental Assistants' Association Principles and Ethics*
- d. Recognize and explain the signs that may compromise the dental assistant's ethics or professionalism

Dental sciences

- a. Anatomy and Physiology of the Oral Cavity

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

- b. Pharmacology of the Oral Cavity

Courses prepare graduates to demonstrate knowledge of drug classifications, prescription writing, and use of the *Physician's Desk Reference*. Aspects include modes of administration, mechanisms of action, biotransformation, excretion, drug interactions, and side effects.

- c. Radiography of the Oral Cavity

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

- d. Microbiology

Courses in microbiology include basic principles of bacteriology, mycology, virology and immunology, with special emphasis on how they relate to the microbial flora of the oral cavity and to oral pathology. Concepts and methods of sterilization and disinfection are linked into concepts of microbiology.

- e. Nutrition

Courses in nutrition consist of concepts for diet assessment in the oral cavity, and patient management for developing a comprehensive disease program to treat individual patients.

f. Oral Pathology

Pathology courses integrate both basic and clinical sciences and applies the knowledge gained to the recognition and understanding of deviation from normal. An emphasis on clinical application includes an understanding of personal health and disease and its relation to optimal function. The components of oral and general pathology may be addressed in one core course or integrated into several courses throughout the curriculum. The depth and scope of the curriculum may vary based upon the influences of the program level and academic setting.

- 1) General Pathology: the nature of disease, its causes, its processes, and its effects, together with associated alterations of structure and function.
- 2) Oral Pathology: basic knowledge of etiology, pathogenesis, identification, and management of diseases which affect the oral and maxillofacial regions.
- 3) Interpret Diagnosis: the identification of a specific disease, including dental caries. Interpreting the diagnostics includes: clinical identification, radiographic interpretation, historical data (medical and dental), laboratory studies, surgical intervention, therapeutic application, and the differential diagnosis. (Note: only a dentist can diagnose.)
- 4) Environmental/Occupational Hazards: any use or handling of tissue specimens that may be included as part of course or clinical instruction related to oral pathology follow recommended CDC and OSHA guidelines.

19. BLS/First Aid

Graduates will be able to:

- a. Obtain an accepted BLS or ACLS provider card prior to commencing clinical experience

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

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

(a) Assignment

Clinical experiences include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. Minimally the clinical experience includes 300 clock hours. In all cases, the clinical site used is properly approved and regulated.

(b) Activities

A minimum of 60% of the time spent in the clinic or office is spent in assisting in general dentistry.

(c) Supervision

There is direct supervision of all students in the field while participating in a clinical experience. Programs clarify their role in how their students will be supervised, by whom and visited how often while at their site. There is clear and documented communication between the program and the clinical site.

If the program does not employ a supervisor on site, a qualified preceptor employed by the clinical site meeting the program supervision requirements described in Section B below for either supervisor or faculty qualifications, is responsible for such supervision. This individual possesses the necessary pedagogical knowledge and understands the program expectations.

(d) Requirements for Completion

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

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Supervision

DAII.B.1. The program supervisor possesses supervisory experience and is credentialed in the field.

A program supervisor:

- i. is a currently Certified or Registered Dental Assistant (CDA or RDA) or a licensed dentist, and is proficient in four-handed and/or six-handed dentistry principles;
- ii. possesses a baccalaureate degree;
- iii. has experience in the field and as an educator, including administrative functions, in a dental assisting program; and,
- iv. is sufficiently free from service and other non-educational duties to fulfill the educational and administrative requirements of the program.

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

The responsibilities of the program supervisor include participation in:

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

Subsection 2 – Faculty and consultation

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

- i. All core faculty are Certified Dental Assistants or Registered Dental Assistants (CDA or RDA), licensed by the state, as required, and possess current knowledge and experience in dental assisting. Faculty is proficient in didactic and clinical four-handed and/or six-handed dentistry. Faculty members who are dentists are not required to hold the CDA or RDA credential.

- ii. Faculty have an earned baccalaureate degree or be working toward completing a baccalaureate degree program in a timely manner.
- iii. The institution ensures faculty is experienced in educational methods, testing, and evaluation.
- iv. Faculty is aware of state requirements governing dental assisting programs, as applicable.

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

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

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

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

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

An individual may not serve in more than one capacity.

SECTION C – Educational Facilities and Resources

DAII.C.1.a. The institution's laboratory facilities are well stocked, sufficient in size, maintained, and include the following:

- i. Student stations suitable to number of students
- ii. Lighting, electrical outlets, ventilation and storage space
- iii. Adequate lighting, electrical outlets, and storage space
- iv. Adjustable chair
- v. Sinks and plaster control devices
- vi. Adequate ventilation
- vii. Sufficient number of lathes, model trimmers, and vibrators for proper instruction
- viii. Sufficient variety of quality dental materials
- ix. Power operated chairs
- x. Air and water syringes
- xi. Dental units and mobile stools
- xii. Adjustable dental light
- xiii. High and low speed handpieces
- xiv. Oral evacuating equipment
- xv. Work surface for the assistant
- xvi. Sterilizing equipment and area for preparing, sterilizing, and storing instruments
- xvii. Sufficient number of dental radiography units that meet applicable regulations
- xviii. Sufficient number of teaching mannequins
- xix. Sufficient number of view boxes and film-holding devices to accommodate several students

- xx. Film developing devices or darkroom
- xxi. Individual radiation monitoring devices/dosimeters
- xxii. Lead apron with cervical collar

DAII.C.1.b. Equipment and instruments are available within the institution's laboratory facility to achieve the program's goals and objectives. Instruments include, but are not limited to, the following types:

- i. Diagnostic
- ii. Surgical
- iii. Operative
- iv. Periodontal
- v. Orthodontic
- vi. Endodontic
- vii. Pediatric
- viii. Prosthodontics (removable and fixed)

Supplies, equipment, and instrumentation for laboratory instruction reflects actual clinical experiences and support class size.

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

Radiography facilities are available for students to develop required skills with faculty supervision. Each is sufficient to accommodate instruction and practice in exposing and processing radiographs. Student to radiography machine ratio does not exceed 5:1.

DAII.C.1.d Clinical treatment areas are sufficient in size to accommodate an operator, patient, student, and faculty member during instruction.

DAII.C.1.e. Infectious disease and radiation management policies are provided to all students, faculty, and appropriate support staff and continuously monitored for compliance.

Programs document compliance with institutional policy and applicable local, state, and federal regulations that include, but are not limited to hazardous materials and blood borne and infectious diseases. Additionally, policies on blood borne and infectious diseases are made available to applicants for admission and patients. Radiation protection and monitoring devices are available for each student.

CHAPTER VIII
EVALUATION STANDARDS
FOR DIAGNOSTIC MEDICAL SONOGRAPHY

CHAPTER VIII– DMS EVALUATION STANDARDS FOR DIAGNOSTIC MEDICAL SONOGRAPHY

The Accrediting Bureau of Health Education Schools does not accredit programmatically a Diagnostic Medical Sonography program, but as an institutional accrediting agency, includes this program within an institution's grant of accreditation. The program must comply with the accreditation standards described throughout the *Accreditation Manual*, including Chapter V for all programs and Chapter VI for degree-granting programs, and all applicable appendices. This chapter contains additional specific requirements for a Diagnostic Medical Sonography program.

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

DESCRIPTION OF THE PROFESSION

A diagnostic medical sonographer is a healthcare professional who utilizes medical ultrasound in various medical settings to gather sonographic data to aid in the diagnosis of a variety of medical conditions and diseases. Specialties for the profession include general (defined as abdominal, obstetric, gynecological, and superficial structures), cardiac, and vascular sonography, muscular skeletal, pediatrics, interventional, breast, as well as various other subspecialties. The diagnostic medical sonographer may work under general or direct supervision defined by state law.

The diagnostic medical sonographer identifies, records, and processes anatomical and pathophysiological data for diagnostic screening and for integration with medical history. The findings are properly communicated to a licensed practitioner for interpretation. In addition, the diagnostic medical sonographer provides education to patients in matters that involve medical ultrasound procedures, and promotes basic principles of good health.

Diagnostic medical sonographers are employed in healthcare delivery inpatient/outpatient settings, including but not limited to: general and specialized hospitals, imaging centers, mobile clinics, surgical centers, vascular centers, obstetric gynecological offices, physician's offices, and veterinary centers.

CREDENTIALING

Credentialing in diagnostic medical sonography may be required by employers, and is encouraged for graduates of ABHES-accredited programs. Programs are expected to prepare students in necessary aspects of the curriculum included in the credentialing examinations available from a nationally recognized and accredited certifying agency in the field of study.

SECTION A – Curriculum, Competencies, and Clinical Experience

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

Competencies required for successful completion of the program are delineated, and the curriculum ensures achievement of these entry-level competencies through coursework, skills assessments, and clinical experiences. Students are advised, prior to enrollment and throughout the program, of any credentialing requirements necessary to achieve and/or maintain employment in the field. Focus is placed on increasing the marketability and employability of graduates through credentialing.

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

Curricular Components

Courses are defined as either core or non-core courses. Core courses are categorized as Applied Ultrasound Sciences and Learning Concentrations. Non-core courses are categorized as General Education and Curricular Requisites. General Education requirements (communication skills which may be met with courses in college-level english composition or speech, or college-level mathematics, human anatomy and physiology, and general physics are met before core educational courses are presented. Curricular Requisites (career development, medical terminology, medical law and ethics, basic patient care, and pathophysiology), are presented in a logical sequence within the curriculum. The curriculum follows a logical and progressive order and sequence.

1. General Education (must be met prior to Core Courses)

A. Communication Skills

Graduates will be able to:

- a. Obtain patient history
- b. Discuss pre- and post-procedure information
- c. Explain diagnostic testing protocols
- d. Prepare and present technical reports and communicate clinical findings to licensed practitioner
- e. Demonstrate basic computer skills
- f. Practice effective communication in the workplace
- g. Demonstrate proper telephone etiquette
- h. Demonstrate an understanding of diverse populations (e.g. culture, religion, race, age, gender, sexual orientation, disability or patients with special needs, and economic status) and the ways that diversity influences language and communication
- i. Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e. values/ethics; role/responsibilities; interprofessional communication; teamwork

B. Mathematics

Graduates will be able to:

- a. Demonstrate a proficient understanding of the metric system and measurements
- b. Perform arithmetic and algebraic functions and processes
- c. Understand the use of fractions, decimals, percentages, and interconversions
- d. Apply knowledge of logarithms and exponents

C. Physics

Graduates will be able to:

- a. Understand principles of general physics (e.g., motion, work, and heat)
- b. Understand principles of acoustic physics (e.g., sound production and propagation and interactions of sound with matter)
- c. Apply principles of Doppler and Duplex applications in diagnostic medical sonography
- d. Identify Doppler and Duplex instruments, components, and technologies
- e. Understand the components and functions of the ultrasound system
- f. Select and utilize ultrasound transducers
- g. Understand the principles of hemodynamics
- h. Demonstrate knowledge of bio effects of ultrasound, quality assurance, and clinical safety

D. Anatomy and Physiology

Graduates will be able to:

Understand the following major body systems:

- a. Respiratory
- b. Cardiovascular system
- c. Nervous system
- d. Digestive system
- e. Muscular Skeletal system
- f. Reproductive systems, including embryology and fetal development
- g. Urinary system
- h. Endocrine system
- i. Reticuloendothelial system
- j. Skin and Integumentary system

2. Curricular Requisites

A. Medical Terminology

Graduates will be able to:

- a. Explain structure of medical terms (roots, prefixes, and suffixes)
- b. Demonstrate an understanding and use of abbreviations and symbols in health care
- c. Apply procedural terminology specific to the field of diagnostic medical sonography

B. Career and Professional Development

Graduates will be able to:

- a. Understand process of certification, credentialing, and licensure relevant to each state, as applicable
- b. Differentiate career pathways within the field of diagnostic medical sonography
- c. Demonstrate effective resume writing, interview skills, and conduct employment searches
- d. Demonstrate professionalism
- e. Identify continuing education requirements and the benefits of professional organization memberships

C. Medical Law and Ethics

Graduates will be able to:

- a. Apply ethical decision-making
- b. Understand pertinent regulations and terminology applicable to the profession
- c. Maintain patient confidentiality and privacy
- d. Demonstrate an understanding of HIPAA compliance
- e. Understand patient Bill of Rights
- f. Follow advanced directives
- g. Maintain professional codes of conduct and scope of practice

D. Basic Patient Care

Graduates will be able to:

- a. Demonstrate an understanding of Sonographer – Patient interaction (based on age, needs, and conditions)
- b. Practice patient safety
- c. Apply strategies for dealing with difficult patients, family members, and situations
- d. Offer principles of emotional and psychological support
- e. Maintain infection control and universal precautions
- f. Manage emergency situations including biological hazards in accordance with facility protocol
- g. Demonstrate awareness of physical environment and setting
- h. Perform Healthcare Provider CPR and first aid
- i. Demonstrate skills for patient transfer, transportation, and proper positioning, as applicable by facility or state regulation

E. Sonographer Safety

Graduates will be able to:

- a. Apply personal protective equipment requirements
- b. Maintain principles of ergonomics
- c. Recognize factors that relate to physical and emotional stress and injuries
- d. Maintain equipment safety

3. Applied Ultrasound Sciences

A. Sonography Instrumentation

Graduates will be able to:

- a. Demonstrate the use of ultrasound equipment and its proper function
- b. Select appropriate transducer for specific applications

B. Sonography Modes

Graduates will be able to:

- a. Demonstrate image optimization techniques including
 - 1) 2D

- 2) Color flow
- 3) Spectral and Power Doppler
- 4) Duplex imaging
- 5) M-mode
- 6) Harmonic imaging
- b. Demonstrate image optimization techniques that may include:
 - 1) 3D and 4D
 - 2) Strain imaging
 - 3) Elastography
 - 4) Biopsy mode

C. Scanning Techniques and Examination Procedures

Graduates will be able to:

- a. Apply scanning techniques such as:
 - 1) Scanning methods and planes
 - 2) Purpose and function of various scanning techniques, and their appropriate selection
 - 3) Ergonomics, including supports, tools, devices, and adjustments
- b. Demonstrate knowledge of examination procedures
 - 1) Patient name and information
 - 2) Type of examination (pre-sets)
 - 3) Transducer selection

D. Technical Image Production

Graduates will be able to:

- a. Use system controls to optimize image production
- b. Adjust 2-D gray scale and M-mode controls:
 - 1) Power
 - 2) Overall Gain
 - 3) TGC
 - 4) Depth
 - 5) Focus
 - 6) Frequency
 - 7) Dynamic range
 - 8) Reject
- c. Adjust color flow Doppler, spectral Doppler, and power Doppler:
 - 1) Angle correction
 - 2) Color box size and direction
 - 3) Scale
 - 4) Baseline position
 - 5) Wall filter
 - 6) Persistence
 - 7) Color Mapping
 - 8) Gate Placement and size
 - 9) Aliasing

E. Measurements and Calculations

Graduates will be able to:

Perform ultrasound measurements and calculations for:

- a. Distance
- b. Area
- c. Circumference
- d. Volume
- e. Weight
- f. Gestational age
- g. Spectral measurements
- h. Specific protocol and examination

F. Examination Documentation

Graduates will be able to:

Produce the following image documentation:

- a. Photograph
- b. Radiographic film
- c. Video
- d. Digital archiving

G. Quality Assurance and System Maintenance

Graduates will be able to:

- a. Ensure and implement quality assurance by maintaining:
 - 1) Safety and ALARA principle
 - 2) Resolution
 - 3) Displays
 - 4) Phantom testing
 - 5) Storage and communication
- b. Understand the significance of Bio effects

H. Imaging Limitations

Graduates will be able to:

- a. Identify limitations of imaging related to each learning concentration, as applicable:
 - 1) Equipment limitations: artifacts, capabilities
 - 2) Patient limitations: habitus, current health status, body position, accessibility
 - 3) Operator limitations: experience, training
 - 4) Imaging artifacts
 - 5) Biological artifacts
 - 6) Acoustical artifacts

4. Learning Concentrations

A. General Sonographic Concentration

- a. Graduates will be able to recognize and identify the normal sonographic appearance, variants, and findings in the abdomen and small parts:
 - 1) Liver
 - 2) Gallbladder and biliary ductal system
 - 3) Pancreas
 - 4) Kidneys and the urinary tract, including the bladder
 - 5) Adrenal glands
 - 6) Spleen
 - 7) Lymph nodes
 - 8) Abdominal vasculature
 - 9) Peritoneal cavities and retroperitoneal spaces
 - 10) Gastrointestinal tract, including the appendix
 - 11) Non-cardiac chest, including the pleural cavity
 - 12) Neck
 - 13) Thyroid gland
 - 14) Scrotal sac, including testes, epididymis, spermatic cord, prostate, and seminal vesicles
 - 15) Abdominal wall
 - 16) Breast
 - 17) Extremity soft tissue
 - 18) Superficial and subcutaneous tissue
 - 19) Musculoskeletal structures
- b. Graduates will be able to recognize and identify the abnormal sonographic appearance, variants, and findings in the reproductive system and female pelvis:
 - 1) Reproductive System
 - a) Uterus
 - b) Vagina
 - c) Ovaries
 - d) Adnexa
 - 2) Pelvic musculature
 - 3) Peritoneal spaces
 - 4) Pelvic vasculature
- c. Graduates will be able to recognize and identify the normal sonographic appearance, variants, and findings in the maternal and fetal structures during the first, second, and third trimesters of gestation, including:
 - 1) Gravid uterus, cervix, vagina, ovaries, and cul-da-sac
 - 2) Embryological structures, including gestational sac, yolk sac, embryo
 - 3) Fetal head and face, brain, heart, lungs, stomach, diaphragm, spine, kidneys, bladder, reproductive organs, and extremities
 - 4) Umbilical cord and insertion
 - 5) Fetal abdominal wall and cavities
 - 6) Pertinent assessment and measurement of fetal structures including:
 - a) Gestational sac
 - b) Yolk sac
 - c) Fetal presentation
 - d) Fetal heart rate
 - e) Placental location and grading

- f) Biophysical profile scoring
- 7) Biometric measurements, including:
 - a) Biparietal diameter
 - b) Head circumference
 - c) Cephalic index
 - d) Orbital
 - e) Lateral ventricles
 - f) Cisterna magna
 - g) Nuchal fold
 - h) Cerebellar diameter
 - i) Thoracic circumference
 - j) Abdominal circumference
 - k) Femur length
 - l) Humorous length
- d. Graduates will be able to recognize and identify the normal sonographic appearance, variants, and findings in performing invasive, interventional, and therapeutic procedures, including:
 - 1) Breast biopsy
 - 2) Thyroid biopsy
 - 3) Liver biopsy
 - 4) Renal biopsy
 - 5) Soft tissue biopsy
 - 6) Lymph node biopsy
 - 7) Thoracentesis
 - 8) Paracentesis
 - 9) Chorionic villus sampling
 - 10) Amniocentesis
 - 11) Fine needle aspiration
 - 12) Umbilical cord sampling
 - 13) Umbilical cord transfusion
 - 14) In-vitro fertilization
- e. Graduates will be able to recognize sonographic pathologies, and:
 - 1) Apply the appropriate scanning protocol, techniques, and measurements in correlation with the following clinical information:
 - a) History and physical examination
 - b) Other imaging and laboratory findings
 - c) Primary Diagnosis
 - d) Differential Diagnosis
 - 2) Identify sonographic appearance patterns of pathologies in the following categories:
 - a) Iatrogenic pathologies
 - b) Degenerative pathologies
 - c) Inflammatory pathologies
 - d) Traumatic pathologies
 - e) Neoplastic pathologies
 - f) Infectious pathologies
 - g) Obstructive pathologies
 - h) Congenital anomalies
 - i) Hereditary pathologies
 - j) Metabolic pathologies
 - k) Immunologic pathologies
- f. Graduates will be able to recognize sonographic obstetric pathology, and:

- 1) Apply the appropriate scanning protocol, techniques, and measurements in correlation with the following clinical information:
 - a) History and physical examination
 - b) Other imaging and laboratory findings
 - c) Primary Diagnosis
 - d) Differential Diagnosis
- 2) Graduates must recognize and identify the sonographic appearance and findings of pathologies in the following areas and conditions:
 - a) Placenta
 - b) Umbilical cord
 - c) Amniotic Fluid
 - d) Fetal organs to include:
 - (1) Fetal head and face
 - (2) Fetal brain
 - (3) Spine
 - (4) Heart
 - (5) Lungs
 - (6) Diaphragm
 - (7) Abdominal wall and cavities, skin lines
 - (8) Digestive system, including the gastrointestinal tract
 - (9) Kidneys and bladder
 - (10) Reproductive organs
 - (11) Muscular skeletal system
 - e) Multiple pregnancies
 - f) Growth patterns/fetal development
 - g) Congenital anomalies and hereditary pathologies
 - h) Pregnancy complications
 - i) Maternal diseases
 - j) Fetal diseases
 - k) Post-partum complications
 - l) Therapeutic procedures

B. Cardiac Learning Concentration

- a. Graduates will be able to recognize and identify the normal sonographic appearance, variants, and findings in the heart and surrounding associated structures:
 - 1) Embryology and fetal cardiac development
 - 2) Location of the heart in the chest cavity
 - 3) Chambers and septa of the heart
 - 4) Valves and valve dynamics
 - 5) Coronary arteries
 - 6) Great vessels
- b. Graduates will be able to understand:
 - 1) Basic assessment techniques
 - 2) History and physical
 - 3) Vital signs assessment
 - 4) Cardiac assessment
 - 5) Rhythm
 - 6) Heart sounds and auscultation
 - 7) Percussion
 - 8) Respiration

- 9) Cyanosis/diaphoresis
- 10) Edema
- 11) Pulse oximetry
- 12) Lab results
- 13) Level of consciousness
- c. Graduates will be able to recognize and identify the normal appearance, variants, and findings associated with the Principles of Electrophysiology:
 - 1) Application and completion of EKGs of high technical quality
 - 2) EKG measurements and waveform recognition
 - 3) Identification of arrhythmia
 - 4) Identification of conduction defects
 - 5) Determination of axis
 - 6) Recognition of patterns of ischemia, injury, and infarction
 - 7) Recognition of hypertrophy
 - 8) Identification of electrolyte imbalance changes
 - 9) Identification of valve abnormalities
 - 10) Identification of pacemaker rhythms and ICDS
 - 11) Artifacts
- d. Graduates will be able to demonstrate knowledge of the basic principles of pharmacology specific to cardiology:
 - 1) ADME of cardia specific drugs
 - 2) Use of drugs used for cardia emergency
 - 3) Recitation of medical/legal requirements and classifications
 - 4) Listing of pharmacodynamics and pharmacokinetics:
 - a) Adrenergic
 - b) Cholinergic
 - c) Vasopressors and vasodilators
 - d) ACE inhibitors
 - e) Anticoagulants/thrombolytic
 - f) Nitrates
 - g) Antiarrhythmic
 - h) Diuretics and antihypertensive
 - i) Cardiac glycosides
 - j) Calcium channel drugs
 - k) Beta blockers
 - l) Analgesics
 - m) Antibiotics
 - n) Contrast agents
- e. Graduates will be able to correlate diagnostic data obtained during various non-invasive procedures:
 - 1) Holter monitoring and scanning
 - 2) Phonocardiography, as it related to the cardiac cycle
 - 3) Graded Exercise Stress Test (GEST)
 - 4) Pacemaker functions, cardioversion, and defibrillations
 - 5) Telemetry
 - 6) Radionuclide tests
 - 7) Utilization of hemodynamic principles
- f. Graduates will be able to demonstrate knowledge of the principles of cardiovascular technology involved with the collection, application, and interpretation of basic ultrasound imaging using:
 - 1) 2-D gray-scale imaging
 - 2) M-mode
 - 3) Spectral Doppler

- 4) Color flow Doppler
- 5) Tissue Doppler imaging
- 6) Strain imaging
- g. Graduates will be able to explain and demonstrate proficiency with M-mode, two-dimensional echocardiography, and Doppler imaging, such as:
 - 1) Advanced techniques of scanning and proficiency with the continuous wave (CW) non-imaging (blind) transducer
 - 2) Measuring of cardiac structures and ventricular function
 - 3) Qualitative evaluation of cardiac chambers, wall segments, and valve motion
 - 4) Acceptable protocols in timely manner for documentation of sonographic findings
- h. Graduates will be able to understand the indications, contraindications, limitations, and procedures below:
 - 1) Stress echocardiography
 - 2) Trans esophageal echocardiography
 - 3) Intraoperative echocardiography
 - 4) Sterile technique/disinfection
 - 5) Contrast echocardiography
 - 6) Three-dimensional echocardiography
 - 7) Echo guided procedures
- i. Graduates will be able to recognize and identify the normal sonographic appearance, variants, and findings associated with Pathological mechanisms, clinical manifestations and appropriate therapeutic measures, of diseases and congenital anomalies that affect the heart and vascular systems:
 - 1) Acquired cardiovascular diseases
 - 2) Congenital cardiovascular diseases
 - 3) Cardiac trauma
- j. Graduates will be able understand sonographer's role with various treatment options:
 - 1) Conservative
 - 2) Medical/Pharmacology
 - 3) Interventional

C. Vascular Learning Concentration

- a. Graduates will be able to demonstrate knowledge of sonographic appearance of normal anatomic structures, including anatomic variants and normal patterns of the following:
 - 1) Cerebrovascular
 - 2) Great vessels
 - 3) Abdominal vasculature
 - 4) Upper extremity vasculature
 - 5) Lower extremity vasculature
- b. Graduates will be able to understand patient history and recognize signs and symptoms of vascular disease, including:
 - 1) Basic assessment techniques
 - 2) History and physical
 - 3) Vital signs assessment
 - 4) Prior medical assessment, procedures and treatment
 - 5) Vascular assessment and rhythm
 - 6) Respiration
 - 7) Cyanosis/erythema/diaphoresis
 - 8) Edema
 - 9) Pulse oximetry
 - 10) Lab results
 - 11) Level of consciousness

- c. Graduates will be able to demonstrate knowledge of noninvasive vascular equipment controls with use of instruments and techniques including:
 - 1) Duplex ultrasound
 - 2) Color flow Doppler
 - 3) Power Doppler
 - 4) Pulsed wave Doppler
 - 5) Continuous wave (CW) Doppler
 - 6) Arterial plethysmography
 - 7) Photoplethysmography
 - 8) Segmental blood pressures
- d. Graduates will be able to acquire data through vascular assessments to create a preliminary interpretation and summary of findings that demonstrate:
 - 1) Correlation of vascular diagnostic techniques with patient history and physical examination
 - 2) Knowledge of proper applied indications for vascular procedures
 - 3) Knowledge of differential diagnosis
 - 4) An understanding of interventional vascular procedures
 - 5) Accuracy and limitations of noninvasive exams
 - 6) Correlation of findings with other imaging modalities and labs
- e. Graduates will be able to understand and identify pathological mechanisms, clinical manifestations, and appropriate therapeutic measures that affect the vascular system and surrounding structures including:
 - 1) Acquired vascular diseases
 - 2) Congenital vascular diseases
 - 3) Vascular trauma
- f. Graduates will be able to understand sonographer's role with various treatment options:
 - 1) Conservative
 - 2) Medical/Pharmacology
 - 3) Interventional

DMS.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

Clinical experiences include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. In all cases, the clinical site is properly approved and regulated.

The majority of the students' clinical experiences are spent at sites that perform a proportionate number of examinations per year, with an appropriately balanced mix of procedures to achieve the objectives of the curriculum. If multiple sites are used, the volume and variety of procedures interrelate/combine to meet this volume and variety.

(b) Activities

(no additional requirements beyond Chapter V)

(c) Supervision

There is direct supervision of all students in the field while participating in clinical experiences. Programs clarify their role in how students will be supervised, by whom and visited how often while at their site. There is clear and documented communication between the program and the clinical site.

If the program does not employ a supervisor on site, a qualified preceptor employed by the clinical site meeting the program supervision requirements described in Section B below for either supervisor or faculty qualifications is

responsible for such supervision.

Students may not function as facility staff while participating in clinical activities and/or rotations. Students may not receive any compensation while participating in clinical rotations or work, which made known to the student prior to commencement of the clinical rotations. The student is clearly in addition to the facility staff/team and not a substitution.

(d) Requirements for Completion

Upon completion of the clinical rotation/s, students demonstrate entry-level proficiency in all areas of the curriculum. Students also fulfill requirements in accordance with curricula distributions for general education, curricular requisites, and learning concentration area.

SECTION B – Program Supervision

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

The program supervisor:

- i. holds, at a minimum, a bachelor’s degree earned at an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation (CHEA) or an otherwise recognized training entity (e.g., hospital-based program);
- ii. possesses three years of teaching or occupational experience in the field;
- iii. demonstrates academic and experiential background in the Diagnostic Medical Sonography profession; and
- iv. possesses an active registration/credential from a nationally recognized sonography credentialing agency.

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

Faculty maintain current licensure/registration the specialty areas in which they are instructing.

DMS.B.2.b. Faculty numbers and ratio support the goals of the program.
(no additional requirements beyond Chapter V)

DMS.B.2.c. A program must be served by a medical advisor and advisory board of program related specialists to assist administration and faculty in fulfilling stated educational objectives.

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

SECTION C – Laboratory Facilities and Resources

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

A dedicated space to support the role of a diagnostic medical sonographer that meets the requirements of the current curriculum.

DMS.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 curriculum.

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

(no additional requirements beyond Chapter V)

CHAPTER VIII
EVALUATION STANDARDS
FOR MASSAGE THERAPY AND BODYWORK

CHAPTER VIII-MTB EVALUATION STANDARDS FOR MASSAGE THERAPY AND BODYWORK

The Accrediting Bureau of Health Education Schools (ABHES) does not programmatically accredit any massage therapy/bodywork programs, whether at a basic level or at a more advanced level of practice. As part of its accreditation of an institution, ABHES requires that each educational program offered by the institution separately demonstrate compliance with all applicable standards, described throughout the *Accreditation Manual*, including the general evaluation standards applicable to all institutions (Chapter IV), the standards applicable to all programs offered (Chapter V). In addition, degree-granting programs must comply with Chapter VI. For purposes of this chapter, any program identified as “massage therapy” or “bodywork” or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning complies with these standards. 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

Massage Therapists and Bodyworkers are multi-skilled health professionals who perform a wide range of modalities in a variety of health care and alternative/complementary health care settings, including but not limited to: massage clinics, physicians' offices/hospitals, chiropractic offices, health and wellness centers, acupuncture centers, sports and rehabilitative facilities, various spa settings, private practices, corporate offices, health clubs, salons, professional sporting organizations/teams, cruise ships, etc. Massage therapists and bodyworkers may be self-employed, contract their services to businesses, or may be employed by larger companies.

Duties may vary depending upon setting and size of company, but can normally include: clinically assessing, educating, and consulting with the client/patient; answering phones; setting appointments; preparing the treatment room; sanitizing treatment areas; laundering linens; taking case notations; and, billing, among other functions.

Massage therapy and bodywork modalities generally practiced include but are not limited to: Swedish Massage; Reflexology; Zone Therapy; Deep Tissue; Sports Massage; Trigger Point Therapy; Neuromuscular Therapy; Myofascial Release; Structural Integration; Prenatal, Perinatal, or Infant Massage; Craniosacral Therapy; various Traditional Chinese Medicine (TCM) and bodywork like Shiatsu, Thai Massage, Tui Na, Jin Shin Do, Ayurvedic Massage, energy therapy; Hydrotherapy techniques for rehabilitation; and, spa treatments for physiologic homeostasis.

CREDENTIALING

Credentialing/state licensing in massage therapy is encouraged for graduates of ABHES-accredited programs. Programs are expected to prepare students for state or national credentialing examinations available in this field of study. States have varying requirements for credentialing and/or licensure.

SECTION A – Curriculum, Competencies, and Clinical Experiences

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

Competencies required for successful completion of the program are delineated, and the curriculum ensures achievement of these entry-level competencies through coursework and skills assessments. Students are advised, prior to enrollment and throughout the program, of any credentialing requirements necessary to achieve and/or maintain employment in the field. Focus is placed on increasing the marketability and employability of graduates through credentialing.

To provide for attainment of entry-level competencies, the program curriculum must be a minimum of 500 hours of supervised instruction that complies with state licensing requirements and includes, but not necessarily be limited to, the following:

1. Theory, Principles, and Practice

Graduates will be able to:

- a. Describe the physiological effects or benefits of massage and bodywork
- b. Demonstrate proper body mechanics (general stance, movement, and strokes)
- c. Define and understand history, benefits and contraindications to massage and bodywork
- d. Identify and demonstrate the appropriate application of each of the five basic Swedish massage strokes and their variations
- e. Perform a 50-minute Swedish massage demonstrating the five basic Swedish massage strokes

2. Ethics, Professionalism, and the Therapeutic Relationship

Graduates will be able to:

- a. Define, understand, and demonstrate all the parameters and ramifications of touch in society and in somatic therapy professions:
 - 1) Touch as Sensory Input and Communication
 - 2) Touch in Different Cultures
 - 3) Unwanted Touch & Touch-related Crimes
 - 4) Touch-related Therapies
 - 5) Touch and Positions in Power (i.e., Dynamics)
 - 6) Dual or Multiple Relationships
 - 7) Oral & Written Communication Skills
 - 8) Personal Hygiene & Maintenance
 - 9) Marketing Massage (i.e., resumes, letters of introduction, advertising)
 - 10) Business Ethics
 - 11) Basic Accounting Skills for office and tax purposes
 - 12) Confidentiality
 - 13) Mandatory Reporting
 - 14) State Massage Law

3. Adapting Sessions for Special Populations

Graduates will be able to:

- a. Accommodate client/patient-specific needs
- b. Identify and adapt care to specific client/patient conditions (e.g., mental illness, PTSD, hospice, physical impairment, pregnancy, pediatric, geriatric, etc.)

4. Anatomy, Physiology, and Pathology

Graduates will be able to:

- a. Identify and demonstrate detailed knowledge of anatomy and physiology including, but not limited to the following body systems:
 - 1) Skeletal
 - 2) Muscular
 - 3) Integumentary
 - 4) Cardiovascular
 - 5) Nervous
 - 6) Lymphatic
 - 7) Connective Tissue
 - 8) Digestive
 - 9) Urinary
 - 10) Respiratory
 - 11) Endocrine
 - 12) Reproductive
- b. Understand the basic structure of pathology terminology
- c. Identify word element combinations; i.e., prefixes, suffixes, and root words
- d. Understand medical terminology and common abbreviations
- e. Learn common pathologies seen in massage therapy and bodywork professions
- f. Understand common pathogens, pathways of infections, preventions, and treatments
- g. Understand universal precautions and their relevance to preventing the spread of HIV and other blood borne pathogens

5. Assessment and Documentation

Graduates will be able to:

- a. Recognize, during patient intake, the general indications and contraindications of massage and bodywork
- b. Identify different classes of pharmaceuticals and contraindications
- c. Utilize patient intake form in clinical assessment
- d. Define S.O.A.P. notes, and other assessment tools

6. Massage and Bodywork Application

Graduates will be able to:

- a. Understand and demonstrate/perform skills in various bodywork-related methodologies
- b. Demonstrate proper draping
- c. Perform table and/or mat setup and maintenance

- d. Identify and understand the use of various industry-standard therapy-related equipment (e.g., bolsters and hot packs)
- e. Distinguish between various lubricants
- f. Understand and practice universal precautions

7. Palpatory Kinesiology

Graduates will be able to:

- a. Identify and describe individual and synergistic muscle action
- b. Comprehend how muscles become restricted in movement from trauma or disuse
- c. Demonstrate passive and active stretching to increase ROM
- d. Understand muscle location, attachment, actions and fiber-direction
- e. Identify types of muscle contraction (e.g., concentric, eccentric, and isometric)
- f. Comprehend joint structure and function

8. Career Development

Graduates will be able to:

- a. Demonstrate nationally recognized certification in First Aid/CPR
- b. Understand and demonstrate vocal and written communication skills in the workplace
- c. Understand and create marketing techniques for massage practice including effective resumes as well as letters of introduction, and advertising
- d. Learn personal effectiveness communication skills
- e. Understand and demonstrate basic accounting skills for the office and tax purposes
- f. Understand and demonstrate basic business ethics skills for the office
- g. Demonstrate understanding of State massage regulations
- h. Demonstrate professional behavior

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

The program provides external and/or internal clinical experiences to expose students to the various skills required of the profession.

(a) Assignment

External or internal clinical sites include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. In all cases, the site is properly licensed and regulated.

(b) Activities

(no additional requirements beyond Chapter V)

(c) Supervision

(no additional requirements beyond Chapter V)

(d) Requirements for Completion

(no additional requirements beyond Chapter V)

MTB.A.3. *Sufficient hands-on lab time is available for students to develop required massage techniques within a classroom environment under constant faculty supervision.*

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Supervision

MTB.B.1. *Program supervisor is credentialed and experienced in the field.*

A program supervisor has:

- i. a minimum of an associate degree;
- ii. teaching experience; and
- iii. a current massage therapy registration, license or certification through the state in which they work or nationally recognized agency.

A program supervisor must minimally possess an associate degree or be pursuing with a written plan of completion by January 1, 2020.

Subsection 2 – Faculty and consultation

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

Program faculty must demonstrate knowledge and proficiency in their content area. Faculty teaching in any advanced modality must evidence continuing education hours or a certification(s) in the modality being taught.

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

(no additional requirements beyond Chapter V)

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

(no additional requirements beyond Chapter V)

SECTION C – Laboratory and Massage Clinic Facilities and Resources

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

- i. sufficient space to comfortably accommodate the number of students enrolled, faculty, and equipment during instruction and practice lighting, electrical outlets, ventilation, and storage space;
- ii. lighting, electrical outlets, ventilation, and storage space;
- iii. a controlled environment conducive to instruction, learning, and practice; and
- iv. sufficient space to create, maintain, and securely store patient records.

MTB.C.1.b. Equipment and instruments are available and in good working condition within the institution's laboratory facility or adjoining areas to achieve the program's goals and objectives.

Equipment and instruments to support current enrollment include, but are not limited to:

- i. massage tables
- ii. bolsters and pillows
- iii. face rests
- iv. massage chairs (if taught within curriculum)
- v. blankets
- vi. skeleton
- vii. anatomical charts
- viii. antibacterial cleansers
- ix. hand washing basins and paper towels

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

Laboratory facilities are open to students under faculty supervision during class time as well as for makeup during posted hours.

CHAPTER VIII
EVALUATION STANDARDS
FOR PHARMACY TECHNICIAN

CHAPTER VIII – PHT EVALUATION STANDARDS FOR PHARMACY TECHNOLOGY

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

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

DESCRIPTION OF THE PROFESSION

The general responsibilities of the pharmacy technician are to assist pharmacists in processing prescriptions and maintaining the pharmacy department. A pharmacy technician possesses abilities to identify, measure, and supply pharmaceutical products that have been ordered by a prescriber. Duties for the pharmacy technician may vary depending upon the type of facility in which they are employed, as well as federal and state laws and regulations that define pharmacy technician practice. For example, pharmacy technicians who work in hospital pharmacies perform different tasks than those who work in community or retail pharmacies or other environments. However, common duties (performed under the supervision of a licensed pharmacist) most likely include:

- Processing prescription orders.
- Receiving written, faxed, and electronic prescriptions and verifying that information required on a prescription is accurate and complete.
- Adjudication and handling third-party rejected claims.
- Updating patient profile information in a computerized database.
- Filing written prescription orders after prescriptions are dispensed.
- Understanding legal limitations on the work they perform in the pharmacy setting.
- Face-to-face customer service
- Answering the telephone.
- Maintaining and stocking medications.
- Triaging medication.
- Assisting with MTM duties.
- Sterile and non-sterile compounding.
- Repackaging medications.
- Maintaining clean, safe working environment compliant with state board pharmacy regulations.

CREDENTIALING

Certification for pharmacy technicians is required for employment in a majority of states, and many states require a pharmacy technician to register with their respective state board of pharmacy.

Credentialing as a pharmacy technician is encouraged for graduates of ABHES-accredited programs. Programs are expected to prepare students in necessary aspects of the curriculum included in the national credentialing examinations that are available in this field of study.

SECTION A – Curriculum, Competencies, and Clinical Experience

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

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

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

1. Medication, Order-entry, and Fill Process

Graduates will be able to:

- a. Explain the purpose and structure of a Drug Utilization Evaluation (formerly DUR) and collect pertinent information for use by the pharmacist
- b. Describe and understand the federal and state laws and regulations associated with the receipt, screening, transcribing or interpreting, and delegation of prescription/medication orders
- c. Describe and understand federal and state laws controlling the substitution of pharmaceuticals
- d. Receive telephone, electronic, and faxed prescriptions from prescribers
- e. Assess prescription/medication orders for completeness
- f. Assemble patient information materials following established procedures, and describe how they contribute to better patient care
- g. Identify the types of written information that would be placed into product packages
- h. Record bulk, unit dose, and special dose medication preparation according to established procedures, and explain why accurate documentation is so important
- i. Define “NDC number” and explain its function
- j. List and describe the components of a complete prescription/medication order
- k. Translate abbreviated instructions for medication use into full wording
- l. Explain the methods for retrieving missing pieces of information in a prescription/medication order
- m. Screen prescription/medication orders for authenticity
- n. Assist in the administration of selected immunizations
- o. Identify the schedule for controlled substances
- p. Recognize who has prescribing authority as well as the medications within that prescriber’s discipline
- q. Verify a prescriber’s DEA number according to established procedures via the Drug Enforcement Administration
- r. Detect forged or altered prescriptions according to established procedures
- s. Alert the pharmacist to potential illegitimate or inappropriate prescription/medication orders or refills
- t. Communicate to patients that they will receive counseling by the pharmacist for new prescriptions; patient may decline counseling
- u. Identify situations when screening prescription refills and renewals when the pharmacy technician should notify the pharmacist
- v. Identify prescription orders where the medication being prescribed is beyond the realm of the prescriber’s practice
- w. Transcribe common pharmacy abbreviations
- x. Explain the term investigational drug product, what it means to a pharmacy technician, and the role the pharmacy plays in dispensing investigational drugs
- y. Compare and contrast the types of systems for medication distribution
- z. Record medication distribution of controlled substances according to established policies and procedures

- aa. Demonstrate the prescription fill process across pharmacy modalities
- bb. Review and process orders
- cc. Utilize the metric system
- dd. Input prescription/medication order information into the designated system using metric measures
- ee. Secure inventory from a site's storage system

2. Medication Safety

Graduates will be able to:

- a. Explain the methods utilized for the direction and prevention of medication errors in the pharmacy and the role of the pharmacy technician
- b. Explain how to report a medication error to ISMP, MERP, or FDA MedWatch.
- c. Demonstrate knowledge of error-prone abbreviations
- d. Describe the daily practices of a pharmacy technician that contribute to prevention of medication errors, and explain how the pharmacy technician contributes to these practices
- e. List and describe the daily tasks that require special attention to accuracy for prevention of medication errors
- f. Describe the ways that automation and information technology contribute to reduction of medication errors, and also the ways that they can potentially contribute to medication errors
- g. List and describe the global and local procedures for reporting medication errors
- h. Determine the presence of a clinically significant adverse drug event (ADE) and contribute to formulation of a strategy for preventing a recurrence
- i. Practice principles and procedures for safety when preparing all medications
- j. Explain why patient counseling is necessary, and why it is important for patient safety

3. Leadership Skills and Communication

Graduates will be able to:

- a. Utilize patient interviewing techniques and effectively query other health care professionals to collect pertinent patient information
- b. Identify situations when reviewing patient-specific information that require the attention of the pharmacist
- c. Use effective strategies for communication with patients of a diverse population
- d. Demonstrate skill in the use of the internet, e-mail services and computerized medication information services
- e. Organize and sequentially formulate logical ideas verbally and in writing
- f. Assess appropriate communication levels, lengths, and depths for specific audiences
- g. Assess the listener's comprehension of the message conveyed
- h. Formulate written professional or workplace communications which utilize proper grammar, punctuation, and spelling
- i. Exhibit effective listening skills and body language during the performance of the job
- j. Exhibit verbal techniques which influence perception and enhance listening
- k. Exhibit an understanding of diversity (e.g., culture, religion, race, age, gender, sexual orientation, disability, economic status) and the ways that this understanding influence health care decisions
- l. Describe methods for bridging communication gaps for non-English speakers or those whose listening abilities are impaired
- m. Utilize effective listening skills in performing job functions
- n. Define "professional behavior," and explain its importance for pharmacy technician practice
- o. Define the term "ethics," and explain its importance for pharmacy technician practice
- p. List and describe potential ethical scenarios that may arise during pharmacy technician practice
- q. Describe appropriate attire and personal hygiene practices for the pharmacy technician
- r. Utilize self-control and negotiation skills to resolve conflicts
- s. List and describe the various print and electronic resources that the pharmacy technician can utilize to stay current for practice

- t. Utilize sound problem-solving skills for work related problems
- u. Explain the importance of teamwork and consensus-building for successful pharmacy practice
- v. Practice knowledge of interpersonal skills to enhance working relationships
- w. Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e. values/ethics; roles/responsibilities; interprofessional communication; teamwork
- x. Describe interdepartmental relationships and techniques to enhance communication and collaboration
- y. Explain small-group dynamics and how they affect pharmacy practice
- z. Utilize stress-relief strategies to enhance pharmacy practice
- aa. Utilize techniques for quality assurance to enhance patient care
- bb. Safeguard patient confidentiality through ethical and legal practices, and understand and apply all federal guidelines for pharmacy practice
- cc. Practice a caring attitude and express compassion in all patient interactions
- dd. Explain workflow management and apply this knowledge for responsible job performance

4. Pharmacology

Graduates will be able to:

- a. List and describe the systems of the body and identify the organs in each system
- b. Describe the fundamental elements that are used to build medical words
- c. Identify and define abbreviations pertinent to anatomy and pharmacy practice
- d. Demonstrate knowledge of medications used to treat body systems
- e. Define the terms that describe the body and its structural units
- f. Describe and understand the basic anatomy and physiology of each system
- g. Define the medical terms and accepted abbreviations commonly associated with each physiologic-system
- h. Differentiate between the prescription and non-prescription medications commonly used to treat diseases affecting each physiologic system, as well as their therapeutic and adverse effects
- i. Differentiate between the brand, and generic names, common doses and dosage forms, and routes of administration for prescription and nonprescription medications commonly used to treat diseases of each system
- j. Identify the adverse effects of each medication class
- k. Describe the role of the Federal Drug Administration in the regulation of herbal products and dietary supplements
- l. Compare and contrast “tolerance” and “physical dependence”

5. Computer Technology

Graduates will be able to:

- a. Operate database systems for maintaining information, and to collect information for evaluation
- b. Explain how to update and maintain information systems for price updates and report generation
- c. Demonstrate knowledge of electronic compendium specific to drug and pharmacy operation
- d. Create a new patient profile or modify an existing profile according to established procedures
- e. Describe and utilize the information that is contained in each section of a patient profile or record
- f. Explain the impact of accurate data collection and entry
- g. Demonstrate a usage of pharmacy software for storing; retrieving and using pharmacy-related information (for example, drug interactions, profiles, generating labels)
- h. Utilize pharmacy-related computer applications for documenting the dispensing of prescriptions or medication orders (e.g. maintaining the electronic record, patient adherence, risk factors, alcohol drug use, drug allergies, side effects)
- i. Demonstrate the usage of pharmacy-related software for dispensing prescriptions and medication orders

- j. Explain the characteristics of a typical database used to support the pharmacy functions of the acute and non-acute care practice environment
- k. Describe the importance of health information systems for pharmacy practice activities, and how they facilitate effective decision making for patient care
- l. Demonstrate skill in the use of the internet, e-mail services, and computerized medication information databases
- m. Explain currently emerging technologies that may impact the practice of pharmacy
- n. Collect pertinent patient information for use by the pharmacist from the patient, other medical professionals
- o. Describe and understand the purposes for the collection of patient-specific information
- p. Create a new patient profile or modify an existing profile according to established procedures
- q. Produce pharmacy productivity reports
- r. Compare and contrast the several currently used pharmacy productivity measurement systems, and explain the roles of the pharmacy technician for their establishment and maintenance
- s. Describe the importance of health information systems for pharmacy practice activities, and how they facilitate effective decision making for patient care
- t. Describe the typical pharmacy database and its primary functions
- u. Demonstrate the ability to use word processing techniques, construct spreadsheets, and input and manipulate data in a database
- v. Utilize computerized medication information databases
- w. Recognize and practice patient confidentiality
- x. Identify and analyze patient confidentiality issues involving the collection and transmission of data

6. Sterile and Non-Sterile Compounding

Graduates will be able to:

- a. List and describe federal and state laws and regulations governing the technician's role in compounding of sterile products
- b. Differentiate between sterile and non-sterile compounding
- c. Collect the medications and supplies necessary for sterile compounding
- d. Calibrate and operate commonly used compounding equipment
- e. Operate common pharmaceutical measurement and weighing devices
- f. Perform accurate conversions among measurement systems
- g. Follow safety policies and procedures in the preparation of all medications
- h. Prepare medications utilizing established policies and procedures for safety
- i. Dispose of hazardous and nonhazardous wastes following established safety protocols
- j. Manually package products using the correct type and size of container
- k. Explain why container size and type is important for pharmaceutical packaging, and describe the containers that are available to choose from (including those for the elderly, physically impaired, and very young)
- l. List the required elements for a prescription product label, and explain the importance of accuracy for label generation
- m. Delineate between categories of medications that require auxiliary labels
- n. Follow safety policies and procedures in the preparation of all medications with special consideration given to cytotoxic and hazardous medications
- o. Define non-sterile or extemporaneous compounding, and explain why certain medications require compounding
- p. Collect the correct ingredients and determine the correct amounts for non-sterile products that require compounding
- q. Solve mathematical problems involving the following:
 - 1) Roman numerals, Arabic numerals, fractions, apothecary symbols, and decimals
 - 2) Weights and measures and direct ratio and proportion
 - 3) Reducing and enlarging formulas

- 4) Percent strength, weight-in-volume, weight-in-weight, and volume-in-volume
 - 5) Ratio strength calculations for pharmaceutical preparations
 - 6) Dilution and concentration
 - 7) The alligation method
 - 8) Milliequivalents
 - 9) Compounded products that require an overfill (solve for a correct answer for volume to be added)
- r. Compound non-sterile dosage forms and explain the reason for each step
 - s. Compound cytotoxic and other hazardous medication products and explain the reasons for each step
 - t. Define “incompatible” in the context of compounding
 - u. Explain how incompatibilities can be prevented when compounding nonsterile products
 - v. Describe stability requirements for non-sterile medication products
 - w. Differentiate between household, apothecary, and avoirdupois systems
 - x. Demonstrate Good Manufacturing Practices (GMP)
 - y. Collect drug products and supplies necessary for compounding
 - z. Demonstrate aseptic technique
 - aa. Demonstrate proper technique utilizing equipment and devices necessary for compounding sterile products
 - bb. Describe storage requirements for compounded sterile products
 - cc. Describe storage requirements for cytotoxic and other hazardous medication products
 - dd. Differentiate between horizontal and vertical laminar flow hoods and a biological safety cabinet
 - ee. Compound hazardous medication products and explain the reasons for each step
 - ff. Demonstrate the cleanup protocol for hazardous medication and product spills
 - gg. Define “hazardous waste”
 - hh. Define “infection control”
 - ii. Describe common pharmacy equipment used in compounding and dispensing
 - jj. List and describe federal and state regulations and institutional policies and procedures that control the handling of hazardous waste, sharps containers and infection control
 - kk. List and describe each policy and procedure for:
 - a) Sanitation management
 - b) Hazardous waste handling
 - c) Infection control
 - ll. Describe the necessity for sanitation management in the pharmacy setting
 - mm. Clean laminar flow and biological safety cabinets according to established protocols and explain the reason for each step

7. Billing and Reimbursement

Graduates will be able to:

- a. List and describe the various forms of payment for a prescription/medication order
- b. Explain the type of data collected, transmitted and stored by pharmacy information systems
- c. Explain the purpose and use of a formulary
- d. Define “fraud”, “waste”, and “abuse” and know how to report
- e. Utilize interview strategies to secure incomplete patient-specific information from new patients
- f. Notify the pharmacist when screening of an order reveals that a non-formulary medication has for third party coverage:
 - 1) Operate electronic systems for input and coverage verification
 - 2) Verify by phone (from a physician if permitted by state law or from the patient for drug refill orders)
 - 3) Identify the reason for a rejected claim and convey the reason to the pharmacist and patient
 - 4) Explain responses that may cause distress to the patient and utilize techniques to diffuse emotional reactions
- g. Record receipt of payment
- h. Verify that third-party insurance covers specific medication orders

- i. Operate and maintain a cash register and describe how different forms of payment are entered
- j. Demonstrate the use of departmental codes
- k. Make change for cash payments
- l. Compare and contrast pricing and billing systems for medication payments
- m. Describe how billing systems are used to track payments, and determine payment due for medication orders
- n. Explain the impact of co-insurance, co-pays, and deductibles, including as it applies to Medicare and Medicaid on billing for prescriptions
- o. Collect outstanding 3rd Party Payments and resubmit claim if needed
- p. Adjudicate billing claims
- q. Identify those products that are taxable and nontaxable

8. Direct Patient Care

Graduates will be able to:

- a. Define direct patient care and discuss the role of the pharmacy technician in its delivery
- b. Identify situations, when reviewing patient-specific information, which require the attention of the pharmacist
- c. Practice patient confidentiality
- d. Explain the importance of electronic devices and information systems for proper delivery of direct patient care
- e. Describe the role that complementary alternative medicine (Eastern medicine, homeopathy, herbs, and supplements) play in direct patient care, and list their therapeutic and adverse effects
- f. Describe the importance of monitoring for medication therapy
- g. Demonstrate selected monitoring procedures, such as for blood pressure, radial pulse, glucose and cholesterol levels
- h. List and describe all necessary equipment and supplies for performance of selected procedures
- i. Provide proof of Healthcare Provider BLS certification.
- j. Assist the pharmacist in providing direct patient care in enhanced pharmacy services

9. Inventory Management

Graduates will be able to:

- a. Demonstrate knowledge of the legal requirements, policies, and procedures to secure inventory
- b. Describe the “want book” and how inventory to be ordered is identified
- c. List and describe purchasing procedures, including those required for atypical products and emergency orders
- d. Explain the process of ordering pharmaceuticals, devices, and supplies according to established protocols
- e. Explain the purpose and use of a formulary
- f. List and describe methods of inventory control, and follow established policies and procedures for receiving goods
- g. Follow the manufacturer’s recommendations and/or the pharmacy’s guidelines for the storage of all medication prior to distribution
- h. List and describe each method necessary for handling back ordered medications
- i. Describe common reasons for discontinuing or recalling items, and differentiate between the different classes of drug recalls (Class I, Class II, and Class III)
- j. Remove expired, recalled, or discontinued inventory according to established policies and procedures, including automated machines
- k. Explain the importance of inventory documentation, as well as the maintenance of an adequate supply of pharmaceuticals
- l. Describe how an item that is unavailable through traditional routes can be procured
- m. Explain methods for communicating changes in product availability
- n. Explain the various methods for deterrence of theft or diversion of medication, and describe how it should be reported

- o. Maintain records for receipt, storage, and removal of controlled substances and describe legal requirements
- p. Describe procedures for destruction of controlled substances
- q. Assess design and function of pharmacy storage equipment and describe how medications and devices are typically stored

10. Pharmacy Law and Regulations

Graduates will be able to:

- a. Describe the portions in OBRA'90 that dictate the pharmacist's obligations for counseling patients
- b. Explain the federal and state laws and regulations that control specific monitoring activities
- c. Explain federal and state laws and regulations that prescribe the recording of the preparation of controlled substances
- d. Define controlled substance.
- e. Explain why accurate documentation is essential to pharmacy operation
- f. Describe the differences between federal and state laws, regulations, and professional standards, and explain the importance of the pharmacy's compliance with each
- g. Explain federal and state laws governing substitution of medication products law/billing/fill
- h. List and describe federal and state regulations governing the technician's role in compounding of sterile and non-sterile products
- i. Describe the legal aspects for patient counseling as specified in OBRA'90 and in federal and state laws and regulations
- j. Comply with the United States Pharmacopoeia USP <795>
- k. Comply with USP <797> guidelines
- l. List and describe federal and state laws and regulations governing the technician's role in compounding of cytotoxic and other hazardous medication
- m. List and explain the policies and procedures for recording the distribution of controlled substances

11. Quality Assurance

Graduates will be able to:

- a. Define the term "quality assurance," and explain its importance for the pharmacy team
- b. List and describe methods for achieving and maintaining quality assurance, and the duties and of tasks the pharmacy technician that require quality assurance procedures
- c. Define calibration
- d. Utilize established medication monitoring techniques to assure an accurate match with the prescription/medication order

12. Pharmacy Technician Certification Examination Review

Graduates will be able to:

- a. Describe the certification examination requirements
- b. Differentiate between certification, licensure, and registration
- c. Participate in a certification examination preparation process
- d. Describe the process for obtaining national certification as a pharmacy technician
- e. Identify applicable state law requirements regarding employment and licensure
- f. Recognize the importance of certification as a pharmacy technician
- g. List and describe the value and the benefits of membership in local, state, and national pharmacy organizations
- h. Participate in continuing education for the field of pharmacy

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

Clinical experiences allow the student to expand the knowledge and skills developed in the didactic and laboratory phases of their training. Clinical site experiences may vary and may include, but are not limited to practice in the following environments:

- i. Acute Care
- ii. Long Term Care
- iii. Home Infusion
- iv. Community Retail or Outpatient Pharmacy
- v. Mail Order
- vi. Nuclear Pharmacy
- vii. Pharmacy Benefits Management (PBM)

The clinical experiences reinforce the competencies and skills learned in the didactic and laboratory settings. These experiences must include assisting clinical staff pharmacy team with daily tasks while under direct supervision of the staff. Students must be oriented to the facility and the daily routines of the site. Initial observations must occur prior to the engagement of the prescribed field work. Duties performed must advance over the course and length of the clinical experience. At a minimum, the clinical experience must be no less than 160 hours. Students may only engage in clinical experiences following the completion of the prescribed core curriculum and after the requirements of the clinical site have been met.

The clinical experience cannot be virtual, hybrid, or delivered in a simulated lab environment. Programs must identify applicable requirements, including background checks, necessary for clinical experiences.

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

(a) Assignment

Clinical experiences include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. In all cases, the externship site used is properly licensed and regulated.

(b) Activities

A clinical experience includes assisting pharmacy team with daily tasks, while under the supervision of staff. Students are oriented to the facility and the daily routine of the facility. They initially observe activities and procedures and then begin perform tasks and procedures. As their clinical experience progresses, they move into more advanced tasks and procedures. Student case logs/check lists are maintained to ensure a variety of tasks performed.

(c) Supervision

There is direct supervision of all students in the field while participating in a clinical experience. Programs clarify their role in how their students will be supervised, by whom and visited how often while at their clinical site. There is clear and documented communication between the program and the clinical site. If the program does not employ a supervisor onsite, a qualified preceptor employed by the clinical site, as described in VIII.B.2.a. below for either supervisor or faculty qualifications is responsible for such supervision. The institution ensures that the responsible individual or preceptor understands the program expectations.

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 staff/team and not a substitution.

(d) Requirements for Completion

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

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Supervision

PHT.B.1. The program supervisor possesses supervisory experience and is credentialed in the field.

State boards of pharmacy may dictate qualifications for program supervision and the courses that they are allowed to teach.

The supervisor is either a licensed pharmacist or is a certified pharmacy technician by a nationally recognized and accredited credentialing agency and in good standing with the respective state board. A program supervisor must minimally possess an associate degree or be pursuing with a written plan of completion by January 1, 2020.

Subsection 2 – Faculty and consultation

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

State boards of pharmacy may dictate the courses faculty may teach based upon their credentials.

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

Laboratory student-to-faculty ratio does not exceed 12:1 unless state boards of pharmacy provide stricter requirements. The student to faculty ratio does not exceed 8:1 when performing sterile compounding.

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

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

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

An individual may not serve in more than one capacity.

SECTION C – Laboratory Facilities and Resources

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

- i. Student stations suitable to number of students

- ii. Lighting, electrical outlets, ventilation and storage space
- iii. Physical environment is conducive to instruction and learning

PHT.C.1.b. Equipment and supplies are available within the institution's laboratory facility and are in sufficient number to achieve the program's goals and objectives.

Equipment minimally includes:

- i. Amber bottles (liquid)
- ii. Amber bottles (pills and tablets)
- iii. Ampules
- iv. Cash register
- v. Cylindrical graduate
- vi. Depth filter
- vii. Disinfecting clean solution
- viii. Electronic scale or torsion balance
- ix. Eyewash station (OSHA requirement)
- x. Filter needle
- xi. Filter paper
- xii. Forceps (if school is using a torsion balance with metric weights)
- xiii. Glass funnel
- xiv. Glass mortar and pestle
- xv. Glycine paper
- xvi. Large volume parenterals
- xvii. Laminar flow hood (simulated or actual)
- xviii. Membrane filter
- xix. Metric weights (if Torsion Balance is used)
- xx. Multiple dose vial
- xxi. Non-latex gloves (various sizes)
- xxii. Ointment jars
- xxiii. Ointment slab
- xxiv. Personal Protective Equipment
- xxv. Prescription processing software/management system
- xxvi. Pill counting trays
- xxvii. Porcelain mortar and pestle
- xxviii. Reconstitution tube (optional)
- xxix. Rubber spatula
- xxx. Sharps container
- xxxi. Single-dose vial
- xxxii. Sink with running hot and cold water (OSHA requirement)
- xxxiii. Small volume parenteral
- xxxiv. Stainless steel spatula
- xxxv. Sterile gauze
- xxxvi. Syringes

SECTION D – Admissions

PHT.D.1. An institution adheres to its admissions policies and enrolls only students who have passed a background check.

An admission process exists to screen and evaluate each applicant's eligibility status and enrolls only students who have passed a background check. In addition, the program complies with the requirements of the State Board of Pharmacy in states that regulate pharmacy technicians and require national certification.

CHAPTER VIII
EVALUATION STANDARDS
FOR RADIOLOGIC TECHNOLOGY/RADIOGRAPHY

CHAPTER VIII EVALUATION STANDARDS FOR RADIOLOGIC TECHNOLOGY/RADIOGRAPHY

The Accrediting Bureau of Health Education Schools does not accredit radiologic technology programs, but as an institutional accrediting agency, includes this program within an institution's grant of accreditation. ABHES-accredited radiologic technology programs must comply with all policies, procedures and standards described throughout the *Accreditation Manual*, including the general evaluation standards as outlined in Chapter V, degree standards as outlined in Chapter VI, as well as the Appendices. These standards place emphasis on commonly-accepted requirements for professional practice in Radiologic Technology and have been informed, in part, by the programmatic accreditation standards¹ of the Joint Review Committee on Education in Radiologic Technology (JRCERT), a recognized programmatic accreditor in the field of radiologic technology. These standards were used as a resource in the development of the ABHES standards, as well as ABHES' own independent research.

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

For purposes of this chapter, a radiologic technology (aka medical imaging or radiography) program includes any programs identified by any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning and educational focus. These standards apply to only full scope radiologic technology programs. 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

Within the diagnostic imaging field, radiologic technologists (also referred to as radiographers) produce radiographic images for diagnostic and medical intervention procedures and are not limited in scope or license to specific regions of human anatomy. Such trained individuals perform specific pre-, intra-, and post-procedure duties that allow for patient safety and comfort, while providing a physician with accurate radiographic images for quality patient care. Radiologic technologists are trained to use various techniques, safety devices, and equipment to protect their patients, themselves, and their coworkers from unnecessary exposure to radiation. Experienced technologists/radiographers may specialize in more complex imaging procedures, to include, but not limited to, computed tomography (CT), magnetic resonance imaging (MRI), or mammography.

CREDENTIALING

The American Registry of Radiologic Technologists (ARRT) offers voluntary certification for radiologic technologists. In addition, many states use ARRT-administered exams for state licensing purposes.

Credentialing as an ARRT certified radiologic technologist is encouraged for all graduates of programs within institutions accredited by ABHES. ARRT certification and/or state licensure is also a requirement of many

¹ JRCERT Standards for an Accredited Educational Program in Radiography, Copyright 2010.

employers. Students are advised, prior to admission and throughout the program, of any credentialing requirements necessary to achieve employment in the field, including eligibility requirements to sit for the ARRT exam. Focus must be placed on credentialing requirements and opportunities to obtain employment and to increase employability. Adherence to an approved radiography curriculum is expected to prepare students to take the ARRT national certification examination.

SECTION A – Curriculum, Competencies, and Clinical Experience

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

Minimally, all programs are expected to provide a curriculum that incorporates the current content described in the *ARRT Content Specifications for the Examination in Radiography* and the *ARRT Radiography Didactic and Clinical Competency Requirements*. These curriculum elements should be reflective of those provided in the current version of the American Society of Radiologic Technologists (ASRT) *Radiography Curriculum*. The program must demonstrate its ability to meet stated program objectives, competencies, and program effectiveness data as outlined in Chapter V, Section I in the *Manual*.

RT.A.2. Competencies required for successful completion of a program are identified in writing and made known to students.

Clinical and patient care competency is defined as the demonstrated ability to perform clinical procedures consistent with the expectations of an entry level radiographer independently and without direction from external sources. Clinical competency shall include proper positioning of the patient, the ability to adapt the exam process to the patient’s condition, accurate and efficient equipment operation, the ability to evaluate resulting image(s), and the ability to identify and make appropriate corrections to improve sub-optimal images as needed.

Competencies required for successful completion of the program are consistent with or exceed those outlined in the clinical competency requirements of the *ARRT Radiography Didactic and Clinical Competency Requirements*. The competencies are clearly delineated and the curriculum ensures achievement of these entry-level competencies through coursework, laboratory requirements, and clinical experience.

RT.A.3. Clinical experience is required for completion of the program.

The clinical experience prepares the graduate to encounter practical applications derived from a standard code of ethics within the professional clinical setting; to function as a team member in a skilled environment and to apply principles of conflict resolution. Clinical assignments are progressive and competency-based. In addition, the clinical experience prepares the graduate to practice patient confidentiality according to the policies and procedures for the Health Insurance Portability and Accountability Act (HIPAA); produce and evaluate radiographic images of consistent quality and take corrective actions as appropriate; operate and maintain radiography equipment; practice appropriate personal and patient radiation safety principles and procedures; handle emergencies effectively (including local and national emergency response); perform patient assessment and document clinical history; understand and apply concepts of total quality management; and communicate effectively with patients, family members, and other health care professionals.

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

(a) Assignment and Administration

Clinical experience sites will be selected and assigned to provide equitable learning opportunities for all students. Clinical sites will consist of skilled and professional facilities that perform various types of radiologic and related activities which expose students to the necessary skills required of current and developing imaging technologies. In all cases, the clinical experience facility must be properly licensed and regulated by the appropriate governing authority.

The program establishes and maintains clinical experience agreements for each assigned site or facility as described in Chapter V, V.B.4 of the *Accreditation Manual*. The institution must maintain documentation that supports and chronicles communication between the program and clinical site.

Students may not replace existing clinical site personnel and may not receive compensation while participating in the clinical experience. Admissions or other clinical experience preparatory documents (e.g., clinical agreement) must include these disclosure requirements. Under no circumstances may a student be considered an employee or serve as a staff substitution. Rather, students serve in a capacity to experience relevant processes and procedures in order to learn and master the required skills of the profession.

(b) Activities

Students are oriented to the clinical facility and the daily routine, functions, services, and operations of the facility. Initially, students must observe the required processes and procedures and, following successful completion of clinical site orientation, perform relevant tasks and procedures under direct supervision. Clinical site orientation should include a review of site-specific policies and procedures. As students progress in the clinical experience, the student transitions towards exam or procedure competency. Following competency achievement, students may qualify to perform those exams or procedures under indirect supervision. In all instances, student procedure logs or checklists must be maintained to ensure that a variety of the necessary or required tasks have been performed. Student records must contain documentation of student repeat examinations and must indicate that such examinations occurred under direct supervision.

1. General Patient Care

General patient care competencies required for successful completion of the program meet or exceed those outlined in the *ARRT Radiography Didactic and Clinical Competency Requirements*. If state or institutional regulations forbid radiologic technology students from performing these procedures on patients, then simulations are acceptable.

2. Imaging Procedures

Imaging procedure competencies required for successful completion of the program meet or exceeds those outlined in the *ARRT Radiography Didactic and Clinical Competency Requirements*.

For each exam or procedure, the graduate demonstrates the ability to evaluate physician orders; conduct patient assessment; coordinate room preparation; operate equipment; select required techniques; conduct patient positioning; practice radiation safety procedures, image processing, and evaluation while following applicable state and federal regulations, as well as policies and procedures of the clinical site and program.

Programs must provide students with learning opportunities in advanced medical imaging technologies. It is the program's prerogative as to how these learning opportunities occur. Advanced medical imaging technologies may include, but are not limited to, computed tomography, magnetic resonance imaging, sonography, nuclear medicine, and vascular imaging/interventions. If mammography or other gender sensitive procedures are included, equal opportunities must be available to all students regardless of gender.

(c) Supervision

There is supervision by qualified clinical staff or technologists of all students in the field while participating in a clinical experience with a minimum of a 1:1 student-registered technologist ratio. Direct supervision is indicated during all exams and procedures prior to the student's achievement of competency on that specific exam or procedure and during all repeat images. Direct supervision is the direct observation of student performance by a qualified technologist throughout the entire performance of the exam including patient assessment, image evaluation and approval. Indirect supervision is the immediate availability of a qualified technologist to assist a student,

generally considered within verbal distance. Indirect supervision is only applicable during exams and/or procedures in which the student has previously achieved and documented competency. Program design must include the responsibilities of the clinical instructor or preceptor and specific functions related to student supervision, including student evaluation process and conflict resolution procedures. The institution ensures that the responsible individual or preceptor understands the program expectations as defined.

(d) Program Completion

Clinical experiences should be designed and congruent with the curriculum in relation to sequencing of content and be appropriate and educationally valid. Subsequent to attempts to achieve competency on any examination or procedure in the clinical setting, students must receive relative didactic instruction and demonstrate entry-level skills in the laboratory setting. All competencies required within the program's curriculum must be achieved prior to the student's eligibility for graduation.

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Program supervision

RT.B.1. The program supervisor possesses supervisory experience and is credentialed in the field.

The Program Supervisor (Educational Supervisor) is a graduate of an accredited radiography program and holds a minimum of a master's degree, current ARRT certification in radiography with a minimum of three years of full-time clinical experience in medical imaging, and two years of experience as an instructor in a program accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation (CHEA) with evidence of learned knowledge and/or experience in instruction, student evaluation, academic advising, educational methods, and supervision of personnel.

The Program Supervisor is responsible for the organization; administration; periodic review; planning; development; evaluation; consistency with educational mission and scope; and overall effectiveness of the program. The Program Supervisor also has input into budget preparation. The Program Supervisor may have limited teaching assignments; however, such assignments must allow for adequate time for administrative responsibilities. The Program Supervisor is a full-time position.

Subsection 2 – Faculty and consultation

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

All Program faculty members work under the direction of the Program Supervisor. Job descriptions and responsibilities of program personnel are clearly explained to include, but are not limited to:

1. **Clinical Coordinator (or Clinical Supervisor)** is a graduate of an accredited radiography program and holds a minimum of a baccalaureate degree (clinical coordinators have until January 1, 2018, to evidence compliance with the baccalaureate degree requirement), current ARRT certification in radiography with a minimum of two years of full-time clinical experience in the diagnostic radiography, and one year of experience as an instructor in a program accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation (CHEA), with experience in instruction, student evaluation, and academic advising.

For those faculty members teaching in a baccalaureate degree (RT) program, these individuals must hold a master's degree in addition to the requirements noted above.

The Clinical Coordinator is responsible for the supervision and training of Clinical Instructors and preceptors and is the primary point of communication between the clinical site(s) and the program. The Clinical Coordinator is responsible for scheduling of students in all clinical assignments to ensure alignment with curriculum sequencing, as well as equitable and educationally valid experiences. The Clinical Coordinator may have limited teaching assignments; however, such assignments must allow for adequate time for administrative responsibilities. A full-time Clinical Coordinator position is held by one individual or a collective role between no more than two qualified individuals; however, programs may have more than one full-time Clinical Coordinator position.

2. **Full-Time and Part-Time Program Faculty** are graduates of an accredited radiography program and hold a certificate in radiography, a baccalaureate degree (full-time and part-time program faculty have until January 1, 2018, to evidence compliance with the baccalaureate degree requirement), and a current ARRT certification in radiography with a minimum of two years of full-time clinical experience in diagnostic radiography. Courses which do not require expertise in the technical performance of radiography may be taught by individuals who possess qualifications commensurate with the individual courses being taught.

For those faculty members teaching in a baccalaureate degree (RT) program, these individuals must hold a master's degree in addition to the requirements noted above.

3. **Clinical Instructors** hold a minimum of a certificate or diploma in radiography from an accredited program and current ARRT certification in radiography with a minimum of two years of clinical experience in medical imaging.
4. **Clinical Staff (Preceptors)** hold a minimum of a certificate or diploma in radiography from an accredited program and current ARRT certification in radiography or equivalent (e.g., unrestricted state license for the state in which the clinical education setting is located).

Clinical Preceptors are working radiographers with a minimum of one year of full-time (or its equivalent) clinical experience in diagnostic radiography who evaluate students for competency achievement. Preceptors are sponsored by the clinical site and work under the direction of their clinical site supervisor. The Program must have input in the nomination and appointment of preceptors. The Program documents preceptor orientation and ongoing training to include responsibilities specific to clinical instruction and student competency evaluation, annual program updates, and documentation to support the communication between the Program and the Preceptor.

The Program must document regular evaluations of all personnel and which are shared with the respective personnel in a timely manner to assure role effectiveness, positive communications, and opportunities for professional development. Programs must provide evidence of the students' role in evaluations to include overall evaluations of the Program and validity of clinical education settings.

Faculty must comply with Chapter V (non-degree programs) and, as applicable, Chapter VI (degree-granting programs).

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

The program limits class size to ensure instruction without risking student or faculty safety. Supervision during laboratory instruction is defined as student-to-faculty ratio of 10:1.

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

The advisory board is comprised of individuals from the community of interest (i.e. currently licensed or registered radiographer and other practitioners in the field; physicians (as appropriate); scientific consultants; academic professionals; and administrators) who have knowledge of radiological science education.

SECTION C – Educational Laboratory Facilities and Resources

RT.C.1.a. *The program has sufficient resources to meet program outcomes and assure the quality and educational effectiveness of the instructional plan. If on-site laboratories are provided, these must be operational and readily available to accommodate all enrolled students.*

- i. Laboratory areas are of a size to accommodate students, faculty and equipment during instruction.
- ii. Equipment and instruments are available in quantity and quality to accommodate student during instruction.
- iii. Energized laboratories are in compliance with applicable federal and/or state radiation safety regulations.
- iv. Student use of an energized laboratory must be under the direct supervision of a qualified instructor.

RT.C.1.b. *Equipment and instruments are available within the institution's clinical educational settings or laboratory facility to achieve the program's goals and objectives. Radiographic equipment must also follow state guidelines and follow radiation protection specifications. Equipment and instruments include, but are not limited to, the following:*

- i. Radiographic table energized or non-energized x-ray tube, collimator and control panel
- ii. Image receptors (digital and/or analog based)
- iii. Image receptor holders (Bucky tray or other)
- iv. Image processing equipment (digital scanners and/or darkroom with chemical processor)
- v. Image display device (computer monitor and/or viewbox)
- vi. Various foam positioning sponges
- vii. Various radiographic lead markers
- viii. Lead aprons and shields
- ix. Positioning phantom (full-body anthropomorphic and/or phantom limbs)

SECTION D - Radiation Safety

RT.D.1.a. *The program has established radiation safety policies and procedures compliant with federal and state radiation protection laws.*

- i. Radiation safety policies and practices promote the application of ALARA (as low as reasonably achievable) principles.
- ii. The program evaluates the student application of radiation safety practices in the clinical setting.

RT.D.1.b. Students must be issued radiation exposure monitors that are in keeping with current field requirements regarding type and length of exposure.

- i. The program requires students to wear assigned radiation monitor in all potential exposure situations to include laboratory, clinical, or other observational experiences.
- ii. The program has an established process for timely review of student dosimetry reports by a qualified radiation safety officer (RSO) or other qualified individual.
- iii. The program documents timely (e.g., 30 calendar days of receipt of report) communication of dosimetry report results to students.
- iv. The program has established thresholds for student exposure and an established process for investigation and counseling for excessive readings.

RT.D.1.c. The program has an established student pregnancy policy compliant with federal and state radiation protection laws

- i. The program's pregnancy policy allows for voluntary disclosure of pregnancy, including a voluntary withdrawal of this disclosure.
- ii. The program's pregnancy policy provides enrollment choices for disclosed pregnant students including remaining actively enrolled in the program.
- iii. The program's pregnancy policy allows disclosed pregnant students to seek counseling from a radiation safety officer (RSO) or other qualified individual.
- iv. Students must have access to the program's pregnancy policy upon enrollment.

**CHAPTER IX
DISTANCE EDUCATION**

**EVALUATION STANDARDS APPLICABLE TO
ALL EDUCATIONAL PROGRAMS OFFERING DISTANCE EDUCATION**

CHAPTER IX DISTANCE EDUCATION

EVALUATION STANDARDS APPLICABLE TO ALL EDUCATIONAL PROGRAMS OFFERING DISTANCE EDUCATION

The Accrediting Bureau of Health Education Schools is recognized to accredit programs delivered utilizing distance education methodologies. ABHES defines distance education as a formal educational process to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the instructor and students, and among students. Correspondence education is not within ABHES' scope of recognition and therefore is not eligible for accreditation by ABHES.

Institutions or programs seeking or holding accreditation by ABHES that offer blended or full distance education must comply with remaining accreditation standards described throughout the *Accreditation Manual*, including Chapter IV for all institutions, Chapter V for all programs, Chapter VI for degree-granting programs, Chapters VII and VIII for specialized programs, and all appendices, as applicable. This chapter (1) contains additional requirements specifically applicable to distance education, or (2) emphasizes requirements that are made more challenging by the lack of proximity among students, faculty, and administration.

SECTION A - Goals and Oversight

IX.A. Monitor academic progress to ensure that distance education students are advised of their progress in a timely manner and that assistance is offered, if needed.

SECTION B - Curriculum, Competencies, and Clinical Experiences

IX.B.1. Provide in the distance education coursework for timely, regular and substantive interaction between faculty and students and among students.

An institution or program demonstrates that interaction between faculty and students and among students is built into the distance education curriculum regardless if the course is offered in a blended or full distance education format.

IX.B.2. The curricula for the distance education offerings are comparable in academic rigor to educational offerings on ground.

Academic rigor of a distance education program or course (didactic, laboratory and clinical experiences) must be comparable with that of a program or course delivered on ground. Prior to beginning a clinical experience, competencies must be validated in writing along with a description of the method used to validate competencies.

SECTION C - Technology and Learning Resources

IX.C.1. Provide a means to verify the hardware and software capability of the technology used to meet the technical requirements of the program or course.

IX.C.2. *Ensure appropriate authentication processes are used to verify student identity.*

An institution demonstrates that appropriate measures are in place to ensure that the person who receives credit for coursework is the same person who enrolled in the course. This can be accomplished through a variety of methods including, but not exclusive to, the use of a secure login process, proctored examinations or third-party identity verification systems.

IX.C.3. *Utilize processes to protect student privacy.*

Students have a private means to communicate with faculty and school administrators using methods including, but not limited to, email, phone, private online forum, and secure gradebook.

IX.C.4. *Demonstrate that the selected distance education delivery system or learning management system (LMS) has the following:*

- i. appropriate infrastructure, policies and procedures to safeguard against short and long-term data loss;*
- ii. applicable scalability to accommodate both current and expected near-term enrollment growth; and,*
- iii. sufficient resources to communicate, deliver and distribute learning materials without noticeable service interruption.*

IX.C.5. *Ensure sufficient facilities, equipment, technology, budget, staffing, and other resources to support distance education offerings and their growth. Management must demonstrate that the infrastructure can support enrollment growth, which is monitored annually by ABHES.*

SECTION D - Student Assessment

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

Admissions requirements for distance education courses or programs must comply with Chapter V.D.1. of the *Accreditation Manual*. In addition, admissions requirements for distance education programs or courses should identify any special requirements in order to enroll in these types of courses. The institution is required to identify the process for assessing whether the students have the appropriate skills and competencies needed to succeed in taking courses through distance education. Assessment measures may reasonably include appropriate testing, review of credentials in the area of distance education, and/or a personal interview with each candidate.

SECTION E - Program Management

Subsection 1 – Program administration

IX.E.1.a. Have an individual(s) trained and experienced in the development and delivery of distance education who (i) is employed by either the institution or its parent corporation, and (ii) participates in the development of the instructional design of the distance delivery model being used by the institution or program.

Institutions or programs offering distance education, whether blended or full, employ at least one individual who is knowledgeable in and participates in instructional design using the model currently in place at the institution. This individual may be located at the campus or be a member of the staff at the parent corporation provided regular communication with the campus enrolling students in distance education is evidenced.

IX.E.1.b. Employ an individual(s) responsible for administering the delivery of the distance education.

An institution or program employs an individual who is readily available and responsible for administering the delivery of distance education programs and courses. This individual will have regular interaction with students and faculty who are engaged in distance education. Whether this individual works remotely or on site, evidence must be provided to show the extent and frequency of engagement.

IX.E.1.c. Have an individual(s) trained and experienced in current educational methodologies and techniques for the institution's chosen delivery method who (i) is employed by the institution or its parent company working on-site or remotely, and (ii) participates in the evaluation (or assessment) of the effectiveness of faculty in the distance education environment.

An institution or program employs an individual with the necessary experience and expertise to evaluate the techniques utilized by distance education faculty in the context of the given distance education delivery system. This individual may be directly employed by the institution or the parent company, and may work remotely or on site, provided evidence of the 30-day and annual evaluations of the distance education faculty is current and on file at the respective campus location.

Subsection 2 – Faculty requirements

IX.E.2.a. Distance education faculty have performance reviews to assess their effectiveness in the distance education environment.

Distance education faculty are evaluated for their performance in the distance education environment as part of their 30-day and annual reviews (refer to V.E.2.b.).

IX.E.2.b. Document timely, regular and substantive interaction between faculty and students and among students in distance education courses.

Faculty evidences this interaction within the distance education delivery system through the use of a variety of techniques including, but not limited to, synchronous or asynchronous discussions (using audio, video or keyboarding methods), team projects, and grading feedback. This applies to both blended and full distance education delivery.

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

An individual who meets the minimum qualifications of a program faculty member is responsible for ensuring and documenting students' competencies while on laboratory experiences.

Subsection 3 – Ratios

IX.E.3. *Distance education ratio of students to faculty does not exceed 25 to 1.*

Subsection 4 – In-service training and professional development

IX.E.4.a. *Distance education faculty are trained in effective distance education instructional methods.*

Distance education faculty members receive training in instructional methodology, including delivery, testing and evaluation, and other techniques necessary to effectively teach in the distance education environment.

IX.E.4.b. *Distance education faculty are trained in the use of the institution's distance education delivery system or learning management system (LMS).*

Prior to teaching a distance education course, faculty members complete comprehensive training on the utilization of the learning management system.

IX.E.4.c. *Document that faculty members participate, at least annually, in professional development or in-service specific to distance education pedagogy.*

SECTION F - Approvals and Agreements

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

Institutions or programs that deliver distance education outside of the state in which the institutions or programs are physically located comply with all rules and regulations of the states in which they operate. For all states in which the institution delivers distance education, the institution must have on file state authorizations, if required, and/or a list of states in which authorization is not required.

IX.F.2. *Maintain records of third-party contractual arrangements regarding delivery of distance education.*

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

SECTION G - Student Support Services

IX.G.1. Provide orientation to students prior to the first day of class to acclimate them to the specific distance education learning methodology and technology.

The orientation, provided prior to the start of distance education coursework, includes, but is not limited to, a discussion of expectations of participation, navigation of the learning management system or distance education delivery system, and issues related to academic integrity.

IX.G.2. Provide technical support specific to distance education activities to assist students in completing the program.

An institution or program discloses to students and faculty in writing the availability of technical support, including contact information and hours of operation, prior to their start of distance education coursework.

IX.G.3. Provide documentation to evidence that the institution provides the student services, such as counseling, academic advising, guidance, employment assistance and financial aid, as applicable, for students enrolled in distance education programs and courses.

ABHES requires the same caliber of student services to be provided to all students without regard to the method of instructional delivery.

SECTION H - Disclosures

IX.H.1. Publish instructional delivery methods in the catalog and on course syllabi.

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

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

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

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

IX.H.4. Clearly outline expectations, admissions requirements or prerequisites for participating in distance education courses or programs in the catalog.

An institution or program publishes in its catalog the states in which it is authorized to deliver distance education. This information is necessary as a requirement for enrollment along with other applicable expectations and requirements.

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

If the institution or program offers distance education outside the state in which the institution or program is physically located, it must disclose to the student prior to enrollment and registration, any barriers to program completion, credentialing or employment for students receiving education in these states. The institution must further disclose that if the student relocates to a state in which the institution does not have approval to operate prior to program completion that this may adversely impact the student's ability to complete the program or gain in-field employment.

APPENDICES

APPENDIX A

ENROLLMENT OF ABILITY-TO-BENEFIT STUDENTS

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

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

APPENDIX B

STANDARDS OF SATISFACTORY ACADEMIC PROGRESS

An essential element in providing appropriate instruction and support services to students is monitoring their academic progress. The ABHES Commission requires all institutions to develop a policy for delineating, publishing and applying reasonable standards to measure whether students are maintaining satisfactory progress in their educational programs.

Institutions who participate in Federal Title IV financial assistance programs must comply with the regulations specified by the U.S. Department of Education for student eligibility. The Commission has determined that the institutional policy, which applies to all students, must include the following requirements.

Institutions are encouraged to be familiar with the regulations specified by the U.S. Department of Education for student eligibility for receiving Federal Title IV financial assistance.

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

1. (a) An institution has written standards of satisfactory academic progress for all students published in appropriate institutional literature, and
(b) these standards are consistently applied to all students within categories of students and academic programs as established by an institution, regardless of financial aid status. An institution may maintain separate standards for academic quality and attendance requirements, but standards must be applied to all students equally.
2. A satisfactory academic progress policy provides quantitative and qualitative standards, grade point average, or completion of work projects, which can be measured against a norm.
3. The policy defines a maximum time frame, not to exceed 150% of the normal program length, in which the educational objective must be successfully completed (e.g., number of academic years, months/weeks, terms or modules, etc.).

The maximum time frame is to be divided into increments, during which a minimum percentage of work is to be completed. The increment is not to be more than one academic year in length or one half of a program, whichever is shorter.

4. A specific policy describing the effect on the student for not completing a program within the specified time frame must be published and adhered to fully.
5. An institution's policies define the effect on satisfactory progress of course withdrawals, incomplete grades, repeated courses, transfer credits, proficiency credits, non-credit courses, remedial courses, or non-punitive (pass/fail) grades.
6. An institution's policy has appropriate and clearly specified conditions for reinstatement if the application of satisfactory academic progress has resulted in termination.
7. An institution must have an appeal process for students who do not meet the requirements of its satisfactory progress policy.
8. If an institution has a policy on warning or probation, the requirements of placement on and removal from such probation must be defined.

APPENDIX C CATALOGS

The following items are to be incorporated:

1. Name, address, and telephone number.
2. Date of catalog printing.
3. Statement of history and ownership.
4. Names of the officers (may be included as an insert).
5. Mission statement.
6. Listing of approvals, licensures, memberships in professional or trade associations (approvals or affiliations are clearly stated and properly presented, e.g., licensed by the state; member of associations).
7. Listing of agencies that accredit an institution, including the address and telephone number. The scope of accreditation is clearly designated (institutional or program accreditation).
8. Academic calendar listing program timelines, calendar break periods, and holidays (this may be included as an insert).
9. Listing of administrative staff and faculty (full- and part-time) that includes each faculty member's level of education, degrees, and name of institution conferring same. If a faculty member is on a part-time basis, or is considered a consultant or adjunct, such facts are clearly stated. The names of the management team of an institution and their titles are listed (this may be included as an insert).
10. Admission requirements and procedures (if applicable, include a clear statement of requirements for students to be admitted under the ability-to-benefit standard).
11. Educational programs offered, which includes the following information:
 - a. **Program objectives:** clearly defined statement of goals of program, type of instruction, level of occupation for which training is intended and for whom the training is intended. The courses and academic standards required for successful completion of the programs and the credential given for successful completion are also stated.
 - b. **Program schedule:** the number of total weeks and contact hours for the program. If credit hours are awarded, the credits are listed. A separate statement for the definition of credit (quarter or semester and its equivalent to clock hours) is included in the catalog.
 - c. **Course Descriptions:** sufficiently detailed to define the scope and sequence, hours, and credit awarded, if applicable (subject or "course" descriptions appears in the catalog but may be listed in a separate section).
 - d. **Program delivery:** an institution must identify the type of instructional delivery (i.e. residential, distance learning, or a combination of both.)

12. A general description of the facility, including classrooms, laboratories and equipment. All pictures used must be identified in the institutional catalog, brochures, and other printed material and clearly and explicitly state if they are not actually a part of the institution's facilities. All laboratories, classrooms, and other physical facilities are those actually used by an institution in the instruction of its students and are properly labeled.
13. Standards of Satisfactory Academic Progress.
14. Grading scale (system).
15. Student services describing available services to students, such as academic advising, tutoring, career advising, placement assistance, and facilities, specifically regarding accessibility for disabled students.
16. Cancellation and refund policies (see ABHES requirements for minimum standards) and policies for refunds to Title IV programs.
17. Tuition breakdown, including registration fee, tuition, and any other fees charged for each program. Any other costs such as books, supplies, and any/all costs of equipment and materials required to complete the program must be listed. Tuition payment plans, financial aid information and policies are listed (may be included as an insert).
18. A clear statement that an institution does not guarantee employment.
19. Nondiscrimination statement.
20. Rules and regulations (may be included in a student handbook with proper references made in the catalog).
21. A policy and published criteria addressing advanced placement and credit for experiential learning.
22. Full and complete disclosure of any portion of a program that is delivered in a language other than English.
23. A policy for transfer of credit that requires consideration of credit or clock hours earned at another institution accredited by an agency recognized by the United States Department of Education (USDE) or the Council for Higher Education Accreditation (CHEA.) If the institution accepts credits earned at another institution that is not located in the United States or its territories the policy must include that the specific education is evaluated by an agency which attests to the qualitative and quantitative equivalency of the foreign education and the specific course or courses for which transfer credit is to be awarded. The institution must use the credential evaluation services of an agency that has published standards for membership, affiliations to international higher education associations, and are frequently linked to and used by federal agencies, state agencies, educational institutions and employers (e.g., NACES and AICE).

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

24. All institutions are of common ownership.
25. Any pictures of facilities are labeled to identify the institution.
26. Supervisory personnel from the corporate or highest administration level are identified.
27. Any information common to all institutions is clearly identified.

28. Full addresses are included and proper campus designation (main, non-main, satellite, separate classroom) is made.

APPENDIX D

ENROLLMENT AGREEMENTS

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

1. Title of agreement and date printed.
2. Name, address, and telephone number of the institution.
3. Program title.
4. Number of weeks typically required for completion and total clock hours if the program is a clock-hour program or total credit hours (quarter or semester) if the program is approved as a credit hour program.
5. Credential (degree, diploma, certificate) awarded upon completion.
6. Program tuition including registration fee and any other fees charged and the tuition period for which the agreement covers.
7. Estimated costs of learning resources that are required and available for purchase through the institution and any/all other costs of on-site equipment and materials required to complete the program.
8. Program start date and anticipated end date.
9. Employment guarantee disclaimer.
10. Acknowledgement that a student has received and read the agreement.
11. Signatures of applicant, parent or guardian, as applicable, and school official, and date signed.
12. Signature of institution's administrator responsible for making admission determination (excludes admission representative) and date signed.

APPENDIX E RECORDS MAINTENANCE

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

A. Students (current, withdrawn, graduate, LOA)

1. Enrollment agreement
2. Signed attestation of high school graduation or equivalent (e.g. diploma, transcript or GED)
3. Admission determination documentation (e.g., admission exam, counseling documentation for students admitted under an ability-to-benefit determination)
4. Financial records (e.g., required financial aid documentation, tuition payments, refund calculations and evidence of monies returned). Required for institutional members only.
5. Academic transcript (must be maintained indefinitely)
6. Attendance records (if applicable)
7. Progress reports or correspondence
8. Evaluations for externships and/or internal clinical experiences
9. Documentation of placement activity

Records must be maintained for a minimum of three (3) years after the end of the institution's most recent fiscal year during which the students were last enrolled.

B. Faculty

1. Signed job description appropriate to position and level of responsibility.
2. Resume or curriculum vitae
3. Evidence of all certificates, diplomas, and/or degrees (official or unofficial transcripts)
4. Evidence of current license, certification or other credential as required by local, state, and/or federal laws to work in the field
5. Annual performance evaluations by supervisor.
6. Evidence that classroom evaluation for new instructors is completed within 30 days of beginning instruction.
7. Documentation of continued professional development, as applicable to employment position (e.g., continuing education, membership in professional organizations, attendance at relative workshops or seminars).
8. Fully completed, signed and annually updated ABHES Faculty Data Sheets.
9. Completed Hepatitis B immunization or declination forms for at risk faculty.

APPENDIX F

COURSE SYLLABI REQUIREMENTS

The following items must be incorporated into course syllabi and be consistent with the information disclosed in the institution's catalog, if applicable:

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

APPENDIX G FEES

APPLICATIONS

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

Accreditation (Initial and Renewal)

Initial Institutional or Programmatic Accreditation

Initial \$4,000

(first location and all programs for institutional applicants; per program for programmatic applicants)

Initial (each non-main and satellite campus, includes all programs for institutional applicants) \$4,000

Renewal Institutional or Programmatic Accreditation

Renewal (each main and non-main campus) \$2,500

(includes change in status from programmatic to institutional)

Other

Approval to Conduct Other Business on School Premises \$150

Approval of Shared or Common Distance Education Courses \$750

Change in Academic Measurement \$750

(clock-to-credit hour or credit-to-clock hour)

Change in Location \$500

Change in Name \$300

Change in Ownership

Main campus \$3,000

Each non-main campus \$2,000

Programmatically accredited, per campus \$1,000

Change of Status (institutional to programmatic) \$300

Distance Education \$1200

(Each additional location, identical program, submitted at the same time) \$500

Distance Education Addendum \$250

Expansion of Distance Education \$500

Excluded Continuing Education Courses/Program \$500

Minor Program Revision (under 25%) \$500

New Program Approval (including substantive change (50% +) \$1,200

(Each additional location, identical program, submitted at same time) \$500

Non-main Campus Inclusion \$3,000

Non-main Campus to Main Campus Reclassification	\$3,000
Satellite Campus Inclusion	\$3,000
Separate Classroom Space Inclusion	\$1,000
Substantive Program Revision (change of 25% - 49%)	\$1000
(Each additional location, identical program, submitted at same time)	\$400

VISITS

Commission-Directed Focus Visit Fee (plus on-site evaluation expenses)	\$3,000
On-Site Evaluation Visit Expenses	
Per team member for the first day	\$1,500
Per team member for each additional day	\$500
Visit Cancellation Fee (effective date of visit confirmation letter) (plus incurred costs of team member expenses)	\$500

PROGRAM-SPECIFIC WARNING

In-Person Appearance Fee	\$3,000
In-Person Commission Expense Fee	\$3,000
Teleconference Meeting Fee	\$2,000

SHOW-CAUSE

In-Person Appearance Fee	\$3,000
In-Person Commission Expense Fee	\$3,000
Teleconference Meeting Fee	\$2,000

APPEAL

Appeal Fee (denial, withdrawal)	\$5,000
Expense deposit	\$10,000

WORKSHOPS

Accreditation Workshop Fees	
Registration Fee	\$650 early bird; \$700 within 30 days or on site
School-Sponsored (per 10 attendees; \$400 per additional attendee)	\$6,000

LATE SUBMISSIONS

Annual Report Delinquency Fee (if received after published due date)	\$2,500
Financial Statements Late Fee	\$1,500
General Late Submission Fee (if received after Commission directed deadline)	\$700

ANNUAL SUSTAINING FEES *

Institutional Accreditation:

	<u>Gross Annual Tuition</u>			<u>Fee</u>
Group I	\$0	-	199,999	\$ 2,200
Group II	200,000	-	399,999	2,700
Group III	400,000	-	599,999	3,800
Group IV	600,000	-	799,999	5,500
Group V	800,000	-	999,999	6,500
Group VI	1,000,000	-	2,999,999	8,200
Group VII	3,000,000	-	4,999,999	8,700
Group VIII	5,000,000	-	7,999,999	10,400
Group IX	8,000,000	-	9,999,999	12,000
Group X	10,000,000	-	and up	15,000

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

	<u>Number of Students Enrolled</u>			
Group I	1	-	75	\$ 1,500
Group II	76	-	200	3,200
Group III	201	-	300	4,000
Group IV	301	-	500	5,500
Group V	501	-	750	6,500
Group VI	751	-	900	7,500
Group VII	901	-	1200	8,500
Group VIII	1201	-	2500	9,500
Group IX	2501	-	3500	10,500
Group X	3501	-	4500	11,500
Group XI	4501	-	6000	12,500
Group XII	6001	-	and up	14,000

*An Institution/Program which becomes a member (including non-main and/or satellite campus inclusions) during the first quarter of the fiscal year shall pay the full amount of applicable annual sustaining fees. An Institution/Program which becomes a member (including non-main and/or satellite campus inclusions) during any succeeding quarter shall pay a proportional amount of the applicable sustaining fees determined by the number of quarters remaining in the fiscal year after becoming a member including the quarter in which the Institution/Program became a member.

**APPENDIX H
BYLAWS**

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BYLAWS OF THE ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS, INC.

ARTICLE I. GENERAL PROVISIONS

Section 1.1. Name. The name of the corporation is the Accrediting Bureau of Health Education Schools, Inc. (hereinafter referred to as "ABHES" or the "Corporation"), a nonprofit corporation incorporated under the Virginia Non-stock Corporation Act.

Section 1.2. Principal and Other Offices. The principal office of ABHES shall be located in Virginia. ABHES may have such other office or offices, at such suitable place or places within or outside of Virginia as the ABHES Board of Trustees (hereinafter referred to as the "Commission") may from time to time determine as necessary or desirable.

Section 1.3. Registered Office and Agent. ABHES shall have and continuously maintain a registered office in Virginia (which may be synonymous with the principal office), and a registered agent whose office is synonymous with the registered office.

Section 1.4. Employed Personnel. The Commission shall designate an Executive Director who shall be the chief executive officer of ABHES. The Executive Director may employ such other personnel as may be necessary to carry out the work of the Commission.

Section 1.5. Organization. ABHES is organized exclusively for charitable, religious, educational, and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as now in effect or as may hereafter be amended.

Section 1.6. Purposes. The specific purposes for which ABHES is formed are those set forth in the Articles of Incorporation

Section 1.7. Mission The mission of the Accrediting Bureau of Health Education Schools (ABHES) is to serve as a nationally recognized accrediting agency of institutions predominantly providing health education and programmatic accreditation in specific health and/or allied health education disciplines.

Section 1.8. Nondiscrimination Policy ABHES shall not discriminate on the basis of race, religion, national origin, gender, age, color, pregnancy, childbirth or related medical conditions, disability or sexual orientation in the hiring and/or other employment practices of the corporation. The Corporation shall conduct all of its activities in accordance with all applicable local, state and federal anti-discrimination laws, as well as in accordance with all other laws and regulations applicable to the operation of Virginia non-stock corporations.

ARTICLE II. MEMBERSHIP

Section 2.1. Members. Every institution or program accredited by ABHES shall be a member of ABHES. Membership is conditioned upon maintenance of accreditation and compliance with these Bylaws and with the requirements stated in the *ABHES Accreditation Manual*.

Section 2.2. Transfer of Membership. Membership in ABHES is not transferable or assignable.

ARTICLE III. MEETINGS OF MEMBERS

Section 3.1. Annual Meetings. The Commission shall designate a time and place to hold the annual membership meeting for the members for the transaction of such business as may properly come before the members.

Section 3.2. Special Meetings. The Chair of the Commission, the Commission, or no fewer than one-fourth of the members may call a special meeting of the members.

Section 3.3. Quorum. At any regular or special meeting of the members, one-fourth of the members shall constitute a quorum. Members may be represented in person, by proxy, electronically or by mail.

Section 3.4. Place and Time of Meeting. Meetings of members may be held at such place, either within or without the Commonwealth of Virginia, and at such hour as may be fixed in the meeting notice.

Section 3.5. Notice of Meeting. Written or printed notice stating the date, time, and place of the meeting, and, in the case of a special meeting, the purpose or purposes for which the meeting is called, shall be delivered not less than ten (10) nor more than sixty (60) days before the date of the meeting. Notice of any membership meeting may be given in accordance with Article IX of these Bylaws.

Section 3.6. Waivers of Notice. Whenever any notice is required to be given to any member under any provision of law, the Articles of Incorporation, or these Bylaws, a waiver thereof in writing, signed by the member entitled to such notice and delivered to ABHES, whether before or after the time stated therein, shall be the equivalent to the giving of such notice. The presence of any member at a meeting without objection to the lack of notice of such meeting also shall constitute a waiver of notice by such member, unless he or she is present for the purpose of objecting to holding the meeting or to transacting business at the meeting.

ARTICLE IV. BOARD OF TRUSTEES

Section 4.1. General Powers. ABHES shall have a Board of Trustees, referred to herein as the Commission, which shall have the following responsibilities:

- (a) hire, evaluate, compensate and dismiss a chief executive officer to manage the operation of ABHES, whose title shall be Executive Director;
- (b) oversee revenues, expenditures, investments, budget development, and internal financial controls;
- (c) promulgate, after notice to and comment from the members of the Corporation, standards of accreditation;
- (d) adopt and apply standards, policies, and procedures for accreditation;
- (e) consider and act on applications for accreditation;
- (f) publish a list of accredited institutions and programs;
- (g) monitor compliance with the standards of accreditation of institutions and programs;
- (h) conduct an annual meeting of the membership of ABHES;
- (i) support communication and coordination among the commissioners;
- (j) assure canons of ethical business operations and personal conduct;
- (k) assess the effectiveness of ABHES in fulfilling its mission and meeting its goals and objectives;
- (l) amend the Bylaws.

Section 4.2. Chair of the Commission. The Chair of the Commission shall preside at all Commission meetings and at all meetings of the membership; serve as Chair of the Executive Committee; call special meetings of the Commission; and call meetings of the Executive Committee. In addition, the Chair shall communicate to the Commission, whenever he or she deems proper, such matters and suggestions as may promote the

Commission's welfare and, in general, perform all duties incident to the office of the Chair. The Chair serves by virtue of election as President of ABHES in accordance with Section 5.2 of these Bylaws.

Section 4.3. Vice Chair of the Commission. In the Chair's absence, or in the event the Chair cannot act, the Vice Chair shall perform the Chair's duties and, when so acting, have all the power of and be subject to all the restrictions upon the Chair.

Section 4.3.1. Past Chair of the Commission. A Chair whose term on the Commission continues after his or her term as Chair expires assumes the position of "Past Chair." Only the most recent former Chair still serving as a commissioner shall be designated "Past Chair." In absence of both the Chair and Vice Chair, or in the event that both the Chair and Vice Chair cannot act, the Past Chair shall perform the Chair's duties and, when so acting, have all the power of and be subject to all the restrictions upon the Chair.

Section 4.4. Composition. The Commission shall be composed of a minimum of nine (9) and a maximum of seventeen (17) commissioners. The majority of commissioners shall be nominated and elected by the members in accordance with Section 4.5.3 of these bylaws. The remaining commissioners shall be appointed by the Commission in accordance with Sections 4.6.2 of these bylaws.

In order to assure that the Commission is well-qualified to effectively carry out the mission of ABHES, the Commission may expand the number of commissioners representing a specific category provided that the majority of commissioners is elected, the total number of commissioners does not exceed 17, at least two (2) commissioners are owner representatives, and at least one-seventh (1/7) of the commissioners represent the public. A decrease in the number of commissioners shall not have the effect of shortening the term of any incumbent commissioner.

No more than one sitting commissioner may be employed by or otherwise closely connected to any institution, or group of institutions commonly owned. Such relationship with a sitting commissioner shall disqualify an individual for nomination for an elected or appointed position on the Commission. The Commissioner Nominating Committee shall not nominate two individuals having such relationship for consideration at the same election.

Section 4.5. Elected Commissioners.

Section 4.5.1. Categories and Qualifications of Elected Commissioners. Unless stated otherwise within these bylaws, there must be at least one representative for each of the following:

(a) **Academic in a Healthcare related area.** Requires at least five (5) years of academic experience on site at a member institution or program, including active participation in an academic capacity in the day-to-day operations of a member institution or program during the three (3) years immediately preceding election (those three (3) years may count toward the five-year experience requirement).

(b) **Administrator in a Healthcare related area.** Requires at least five (5) years of administrative experience in a member institution or program, including active participation in an administrative capacity in the day-to-day operations of a member institution or program during the three (3) years immediately preceding election (those three (3) years may count toward the five-year experience requirement).

(c) **Ownership Representative (at least two (2)).** Requires current status as: (i) a sole or majority owner; corporate officer, chief executive officer or president of a member institution holding institutional accreditation, (ii) a member of the board of directors, a trustee, or an officer of a member institution or sponsoring institution holding programmatic accreditation owned or operated by a nonprofit entity; (iii) a person who owns a sufficient interest in a member institution or sponsoring institution holding programmatic accreditation that

functions as a partnership or privately held corporation; OR (iv) an officer of a publicly held corporation that owns a member institution holding institutional accreditation.

(d) **Educator in Specialty Area.** Must be currently or recently directly engaged in a significant manner in an academic position at a postsecondary institution accredited by an agency recognized by the Secretary of the U.S. Department of Education in a health-care related field for which ABHES is recognized as a programmatic accreditor by the Secretary of the U.S. Department of Education.

(e) **Commissioner-at-Large**

Section 4.5.2. Eligibility to Vote. Only institutions and programs accredited by ABHES are eligible to vote for elected commissioners. The number of votes that may be cast is as follows:

(a) **Accredited Institutions.** Each main campus or non-main campus receives two (2) votes.

(b) **Accredited Programs.** Each address identified on records as having one or more accredited programs receives one (1) vote.

Section 4.5.3. Procedures for Election by the Members. The Commission will set the time, date, and place for an election. At least sixty (60) days before the date of election, the Executive Director shall provide to all members a Notice of Election, which shall state: (a) the date, time, place and method of election; (b) the number and required qualifications of commissioners to be elected; and (c) who is eligible to vote. The Notice of Election will identify specific qualifications or experience necessary for ABHES to effectively carry out its responsibilities in discrete program disciplines.

Upon receipt of the Notice of Election, members may submit nominations to the Executive Director, for the consideration of the Commissioner Nominating Committee, established in accordance with Section 6.2.2 of these bylaws. Nominations must be in writing, state the individual's name, employment, and qualifications for office and attest that the candidate has consented to the nomination. An individual may nominate him or herself.

At least ten (10) days before the date of election, the Executive Director shall provide a ballot to each member in accordance with Article IX of these bylaws. At the same time, the Executive Director will notify any nominee who was not selected by the Commissioner Nominating Committee.

Section 4.6. Appointed Commissioners. Commissioners shall be appointed following the procedures set forth in Section 4.6.2.

Section 4.6.1. Categories and Qualifications of Appointed Commissioners. Unless stated otherwise within these bylaws, there must be at least one representative for each of the following:

(a) **Practitioner in Specialty Area.** Must be currently or recently directly engaged in a significant manner as a health-care related specialist in a field for which ABHES is recognized as a programmatic accreditor by the Secretary of the U.S. Department of Education.

(b) **Higher Education Specialist.** Must have a graduate degree at the master's level and at least seven (7) years employment at institutions of higher education that awards degrees at the graduate level and are accredited by an agency recognized by the United States Secretary of Education. This employment must be as (i) an instructor of courses that apply toward the baccalaureate degree or higher credential, (ii) an administrator whose responsibilities include one or more academic programs that offer the baccalaureate degree or higher credential or (iii) a combination of such teaching and administrative work.

(c) **Distance Education Specialist.** Requires at least three (3) years of experience in an academic position designing or developing, teaching and/or evaluating distance education courses at a postsecondary institution accredited by an agency recognized by the Secretary of the U.S. Department of Education.

(d) **Public Member.** (At least 1/7 of Commission) A Public Member is an individual who is not (1) An employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that is accredited by ABHES or has applied for accreditation, (2) a member of any trade association or membership organization related to, affiliated with, or associated with ABHES, or (3) a spouse, parent, child, or sibling of an individual identified in paragraph (1) or (2) of this definition.

(e) **Commissioner-at-Large**

Section 4.6.2. Procedures for Appointment by the Commission. The Executive Director will set the time and manner for appointment of commissioners. At least sixty (60) days before the date of appointment, the Executive Director shall provide to all members a Notice of Appointment, which shall state: (a) the number and qualifications of commissioners to be appointed, (b) the qualifications required for nomination and appointment for each seat, and (c) the time and manner for members to make nominations for appointment, provided that the time during which to make a nomination shall be not less than seven days. The Notice of Appointment will identify specific qualifications or experience necessary for ABHES to effectively carry out its responsibilities in discrete program disciplines.

Upon receipt of the Notice of Appointment, members may submit nominations to the Executive Director. A sitting commissioner serving in an appointed position who is eligible to run for a second term may be nominated in accordance with this Section. A nomination will be considered by the Commissioner Nominating Committee, established in accordance with Section 6.2.2 of these bylaws provided it is in writing, states the individual's name, qualifications, and category for which the individual is being nominated and includes an attestation that the nominee has consented to the nomination. The Commissioner Nominating Committee may also make nominations. An individual may nominate him or herself.

The Executive Director shall provide the ballot to each Commissioner. At the same time, the Executive Director will notify any nominee who was deemed by the Commissioner Nominating Committee not to meet the requirements to serve as commissioner.

Voting by the Commission shall be by secret ballot in a manner and time determined by the Executive Director. For each seat to be filled by appointment, voting by a majority of sitting commissioners constitutes a quorum. Each commissioner may cast one vote for each open position. The Commission shall appoint the individual receiving the greatest number of votes. In the event two or more individuals receive the same number of votes for the same seat, the election shall be void and a new election shall be held in a time and manner set by the Executive Director. The Executive Director shall disseminate the name(s) of the newly appointed Commissioner(s).

The Commission may appoint qualified acting commissioners to fill vacancies at upcoming meetings when sitting commissioners are unable to attend for health reasons or otherwise. Such appointed commissioners shall serve only for the designated meeting and must meet the qualifications set forth in either Section 4.5.1 or Section 4.6.1 of the bylaws. Such appointments shall be made upon the recommendation of the Chair and ratified by a majority vote of the Commission.

Section 4.7. Term of Office. Each commissioner shall be elected or appointed for a three-year term. New commissioners shall formally take office on July 1 following their election or appointment. A commissioner who meets applicable qualifications may be nominated for and serve a second term. A commissioner may not serve more than two consecutive terms. Despite the expiration of a commissioner's term, a commissioner continues to

serve until his successor is elected and qualifies or until there is a decrease in the number of commissioners, if any.

A commissioner chosen to fill a vacancy, in accordance with Section 4.10 of these bylaws, subsequently may serve two terms consecutively following his or her original partial term. After a three-year hiatus, a commissioner who has served consecutive terms shall be eligible to seek re-election or re-appointment and is eligible to again serve up to two terms consecutively.

Section 4.8. Resignation. A Commissioner may resign at any time by delivering written notice to the Chair. Such resignation shall take effect at the time specified therein, or if no time is specified, at the time of acceptance thereof as determined by the Chair. The Commission may, by majority vote of all other members of the Commission, deem that a Commissioner has chosen to resign if he or she fails to attend three consecutive regular meetings of the Commission.

A Commissioner who ceases to meet the applicable qualifications stated in Section 4.5.1 or Section 4.6.1 of these bylaws during his or her term must submit his or her resignation to the Chair.

Section 4.9. Removal. Any Appointed Commissioner may be removed from such office by a majority vote of the Commissioners at a special meeting called expressly for that purpose, at which seven (7) Commissioners shall constitute a quorum as defined in Section 4.15 of these bylaws. Any Elected Commissioner may be removed from such office by a majority vote of the members in accordance with Article III of these bylaws. Any vote to remove an Appointed or Elected Commissioner shall be by secret ballot.

Section 4.10. Vacancies. If a vacancy occurs among the Commissioners, whether Elected or Appointed, the Commissioner Nominating Committee shall submit a list of qualified candidates to the Chair. The Chair then shall appoint, subject to ratification by the Commission, a qualified individual to fill any unexpired term.

Section 4.11. Regular Meetings. At least two regular meetings of the Commission are held each calendar year, at such time, day, and place as shall be designated by the Commission, for the purpose of taking accreditation actions, discussing pertinent policies affecting ABHES and its members, and transacting such other business as may come before the Commission. Meetings are held at such time, day, and place as shall be designated by the Commission. One meeting shall be held in the summer, after July 1, and another shall be held in the winter. The annual business meeting of the Commission shall be the winter meeting. The agenda of that meeting may include consideration of the ABHES fiscal year-end audit and future budget considerations, bylaws, and the transaction of such other business as may come before the Commission.

Section 4.12. Special Meetings. Special meetings may be called by the Chair; to be held at such time, day, and place, including by teleconference, as shall be designated in the notice of the meeting. A simple majority of the commissioners then in office shall constitute a quorum for the transaction of business at any meeting of the Commission, as described in 4.15, Quorum.

Section 4.13. Remote Participation in Meetings. Any one or more commissioners may participate in a meeting of the Commission by means of remote telecommunications that allows all persons participating in the meeting to communicate with one another and such participation in a meeting shall be deemed present at the meeting.

Section 4.14. Notice of Commission Meetings. Oral or written notice of the time, day, and place of any meeting of the Commission shall be given at least thirty (30) days before a regular meeting and at least 3 days before a special meeting, in accordance with Article IX of these bylaws. The purpose(s) for which a special meeting is called shall be stated in the notice thereof. Any commissioner may waive notice of any meeting by a written statement executed either before or after the meeting, provided however that attendance at a meeting shall

constitute a waiver of notice thereof, except where attendance is for the express purpose of objecting to the call or convening of a meeting.

Section 4.15. Quorum. Except as otherwise provided by these bylaws, a simple majority of the commissioners then in office and present at any meeting of the Commission shall constitute a quorum for the transaction of business. If less than a quorum of commissioners is present at such meeting, those present may adjourn the meeting from time to time without further notice, other than announcement at the meeting, until a quorum is present. Further, if a quorum is not present, discussion may occur on any agenda item, but no action may be taken.

Section 4.16. Manner of Acting. Except as otherwise expressly required by law, the Articles of Incorporation, or these Bylaws, the affirmative vote of a majority of the commissioners present at any Commission meeting at which a quorum is present, in accordance with Section 4.15 of these bylaws, shall be the act of the Commission.

Section 4.17. Written Consent. Action taken by the Commission without a meeting is, nevertheless, Commission action if written consent to the action in question is signed by all of the Commissioners and filed with the minutes of the proceedings of the Commission, whether done before or after the action so taken.

ARTICLE V. OFFICERS

Section 5.1. Officers. The officers of ABHES shall be a President (referred to throughout these bylaws as the "Chair"), Vice President (referred to throughout these bylaws as the "Vice Chair"), Secretary, and Treasurer, along with any other officers and assistant officers as the Commission may from time to time deem necessary. Such officers shall have the authority to perform the duties prescribed by the Commission.

Section 5.2. Election of Officers. Each year prior to the summer meeting but after the conclusion of any elections and appointments of new commissioners who will begin service on July 1, officers shall be elected by the Commission prior to the first regular Commission meeting at such time as the Commission deems appropriate. The Officer Nominating Committee, described in Section 6.2.3 of these bylaws, shall prepare a list of candidates after receiving input from each commissioner. The Officer Nominating Committee shall conduct its deliberations on a confidential basis. Seven (7) commissioners shall constitute a quorum for purposes of electing officers. Election shall be by a majority vote of the commissioners voting.

Section 5.3. Term of Office. The officers of ABHES shall assume office at the outset of the summer meeting following their election and, with the exception of the Chair, shall hold office until their respective successors assume office at the outset of the summer meeting the following year. The Chair is elected to a two-year term. In the event the Chair's term as a commissioner would normally expire at the time of the second year of service as Chair, that term is extended by a maximum of one year. Without limitation, an individual may be elected to any office for which he or she is otherwise eligible notwithstanding having served previously in that or another office.

Section 5.4. Resignation. Any officer may resign at any time by delivering written notice to the Chair. Such resignation shall take effect at the time specified therein, or, if no time is specified, at the time of acceptance thereof as determined by the Chair. The Chair may resign by delivering written notice to the Executive Director, who shall promptly notify the remaining commissioners, such resignation to take effect at the time specified therein or if no time is specified upon acceptance thereof by the majority of the Commission.

Section 5.5. Removal. Any officer may be removed by the Commission, at any meeting, provided that a quorum is present. For purposes of voting on the removal of an officer, seven (7) commissioners shall constitute a quorum.

Section 5.6. Vacancies. If a vacancy in the position of Chair occurs, then the Vice Chair shall succeed to the position of Chair as of the date and time that the Chair becomes vacant and shall hold the office of Chair for the remainder of the term of the previous Chair. If a vacancy in the position of Chair occurs and there is no Vice Chair at the time the vacancy occurs, the Commission shall fill that office for the length of the unexpired term in accordance with the procedures set forth in Section 5.2 of these bylaws. If a vacancy in any other office occurs, the Commission shall fill that office for the length of the unexpired term, utilizing the Officer Nominating Committee to make a recommendation to the Chair, who will then appoint a person from a list of one or more presented by the Committee.

Section 5.7. President. The President shall be the Chair of the Commission. The President shall perform all duties incident to the office of Chair and such other duties as may be prescribed by the Commission from time to time. The President is ex-officio member of all standing and other committees, with voice but no vote.

Section 5.8. Secretary. The Secretary shall maintain custody of the minutes of the Commission and Executive Committee meetings, and perform such other duties as from time to time may be assigned by the Chair or by the Commission.

Section 5.9. Treasurer. The Treasurer shall work with staff to advise the Commission relative to the budget and finances of ABHES, provide a fiscal report at the Annual Membership Meeting and, in general, perform all the duties as from time to time may be assigned by the Chair or the Commission (e.g., provide guidance regarding accounting services, insurance, Commission investments, employee benefits) to safeguard the financial interests of ABHES.

If requested by the Commission, the Treasurer shall furnish a surety bond procured at the Commission's expense, in such sum as to be fixed by the Commission, as security for faithful discharge of his or her duties.

Section 5.10 Executive Director. The Commission shall employ an Executive Director who shall be the Commission's Chief Executive Officer. The Executive Director is responsible for the administration of the Commission's affairs and for management of the staff of the Commission. The Executive Director may represent the Commission in its dealings with governmental bodies, the press and the public, and may sign or approve correspondence and other instruments on behalf of the Commission. The Executive Director is accountable to the Commission, but the Chair acting on behalf of the Commission shall oversee the Executive Director's performance of his or her duties. Except when the Commission is in executive session to discuss and review the Executive Director's compensation or the performance of his or her duties, the Executive Director shall attend all meetings of the Commission and the Executive Committee, as Assistant Secretary, and may participate in their deliberations in a non-voting capacity.

ARTICLE VI. COMMITTEES

Section 6.1. Committees of Commissioners. The Commission may designate and appoint one or more committees, each consisting of two or more commissioners. No committee shall exercise the authority of the Commission in the management of ABHES, absent an express grant of authority to do so in these bylaws or in a written resolution of the Commission. The designation and appointment of any such committee and the delegation thereto of authority shall not operate to relieve the Commission, or any individual commissioner, of any responsibility imposed upon the Commission or the commissioner by law. Unless otherwise provided in Article VI, committee appointments expire at the start of the summer meeting.

Section 6.2. Standing Committees. The Commission shall have standing committees comprised of commissioners, outside members, or a combination of both whose duties are summarized in the Commission's Policy and Procedures Manual. The Commission's standing committees include, but are not limited to, those

described in Section 6.2 of these bylaws. Subject to the approval of the Executive Committee, the Chair shall appoint the members of the Standing Committees in accordance with the provisions of this section. Any member of a Standing Committee may be removed by the Chair, subject to ratification by the Executive Committee whenever such action is in the best interest of ABHES or when such member shall cease to qualify for committee membership. Vacancies will be filled only for the remainder of the term of the vacated position. Care is taken to add new members and transition seasoned members for the purposes of innovation and consistency, through a documented process. Minutes of committee meetings are promptly made available to the Commission, minimally at each regular Commission meeting.

Section 6.2.1. Executive Committee. Subject to the limitations on the authority of committees contained in Sections 6.1 and 6.4 of these bylaws, the Executive Committee shall possess and may, in its discretion, exercise the authority of the Commission by majority vote of all members of the Executive Committee during the intervals between Commission meetings. The Executive Committee shall implement Commission policies and transact the business of the Commission, but, specifically, shall not have the authority to grant, deny, rescind, or withdraw accreditation or to make any other final accrediting decisions. The Executive Committee shall keep the Commission apprised of its activities on a regular basis, minimally at each regular Commission meeting.

The Executive Committee shall consist of the Chair, the Vice Chair, the Past Chair, the Treasurer, and the Secretary. If the Past Chair does not serve on the Executive Committee, then the position will be filled by a commissioner appointed by the Chair as a member at large. The Executive Director shall be a non-voting member of the Executive Committee. The Chair of the Commission shall serve as the Chair of the Executive Committee.

Section 6.2.2. Governing Committee. The Governing Committee shall convene at least once every three years and as necessary to serve the mission and purpose of ABHES. The Committee shall consist of commissioners appointed by the Chair of the Commission and at least one outside member. The Committee ensures ABHES operates within the construct of its bylaws, but has no decision-making authority. The Committee reviews and makes recommendations to the Commission for amendments to the bylaws in response to various factors affecting ABHES operations.

Section 6.2.3. Commissioner Nominating Committee. The Committee is charged with preparing a list of nominations for the election and appointment of all commissioners, in accordance with Section 4.5.3 and Section 4.6.2. of these bylaws. The Committee shall consist of five (5) members: (a) the Chair of the Commission; (b) two commissioners, one of whom must be a representative of the public, as described in Section 4.6.1 of these bylaws, and (c) two individuals representing the members of ABHES elected by the ABHES membership. Elected committee members serve two-year terms.

Section 6.2.4. Officer Nominating Committee. The Committee is charged with preparing a list of nominations for the election of officers in accordance with Section 5.2 of these Bylaws. The Committee shall consist of three commissioners, one of whom must be a representative of the public, as described in Section 4.6.1 of these Bylaws. Appointment to the Officer Nominating Committee does not preclude a commissioner from running for an officer position.

Section 6.2.5. Substantive Change Committee. The Substantive Change Committee is charged with reviewing and approving substantive changes. The committee shall not have the authority to grant accreditation or to take any action that may be appealed under ABHES' Rules, deny, rescind, or withdraw accreditation. The Substantive Change Committee shall keep the Commission apprised of its activities on a regular basis, as required.

The Substantive Change Committee shall be appointed by the Chair of the Commission and consist of individuals fulfilling the commissioner position definitions (e.g., public, practitioner) as determined by the regulations of the

U.S. Department of Education (Public, Academician or Educator, Practitioner, and Administrator members) for one year terms to begin July 1.

Section 6.3. Other Committees. The Chair may create, as necessary from time to time, other committees or task forces not having or exercising the authority of the Commission. Such committees shall be responsible to the Commission in the performance of their duties and shall be promptly discharged when their functions have been performed. The specific duties of these committees shall be determined by the Chair, who shall appoint members to these committees as necessary. Membership of these committees may include commissioners.

Section 6.4. Limitation on Committees. No committee shall have the authority of the Commission in reference to amending, altering, or repealing these bylaws or ABHES eligibility criteria, policies, procedures, or evaluation standards; electing, appointing, or removing any member of any such committee or any commissioner or officer of ABHES; amending the ABHES Articles of Incorporation; adopting a plan of merger or a plan of consolidation with another corporation; authorizing the sale, lease, exchange, or mortgage of all or substantially all of the property and assets of ABHES; authorizing the voluntary dissolution of ABHES or revoking proceedings therefore; adopting a plan for the distribution of the assets of ABHES; or amending, altering, or repealing any resolution of the Commission, which, by its terms, provides that it shall not be amended, altered, or repealed by such committee.

ARTICLE VII. EXPENSE REIMBURSEMENT

Any commissioner, officer, employee or committee member shall be reimbursed for any reasonable expenses incurred in connection with his or her performance of the Commission's duties as delegated. Requests for reimbursement must be timely and in accordance with reimbursement guidelines provided by ABHES.

ARTICLE VIII. PROHIBITION AGAINST SHARING IN CORPORATE EARNINGS

No commissioner, officer, or employee of, or member of a committee, or person connected with the Commission, or any other private individual, shall receive at any time any of the net earnings or pecuniary profit from the operations of the Commission, provided that this provision shall not prevent the payment to any such person of such reasonable compensation for services rendered to or for the Commission in effecting any of its purposes as shall be fixed by the Commission; and such person or persons shall not be entitled to share in the distribution of any of the corporate assets upon the dissolution of the Commission.

All members of the Commission shall be deemed to have expressly consented and agreed that upon dissolution or winding up of the affairs of the Commission, whether voluntary or involuntary, the assets of the Commission, after all debts have been satisfied, then remaining in the hands of the Commission, shall be distributed, transferred, conveyed, delivered and paid over, in such amounts as the Commission may determine or as may be determined by a court of competent jurisdiction upon application of the Commission, exclusively to charitable, religious, scientific, testing for public safety, literary or educational organizations which would qualify under the provisions of Section 501(c) (3) of the Internal Revenue Code and its regulation as they now exist or as they may hereafter be amended.

ARTICLE IX. NOTICE

Except as otherwise provided in these bylaws, whenever notice is required to be given under the provisions of these bylaws, the Articles of Incorporation, or statute, such notice shall be communicated in person or by any form of wire or wireless communication. As stated in Section 4.14 of these Bylaws, oral notice to commissioners of any Commission meeting is permitted.

Written notice by mail to a member becomes effective when mailed, if mailed postpaid and correctly addressed to the member's address shown in ABHES'S current record of members. Written notice in all other circumstances becomes effective at the earliest of receipt; five (5) days after deposit in the United States mail, if mailed postage prepaid and correctly addressed; or on the date shown on the return receipt, if sent by registered or certified mail, return receipt requested, and the receipt is signed by or on behalf of the addressee. Notice communicated electronically via facsimile or e-mail becomes effective when transmitted to the receiving device of the recipient to the facsimile number or e-mail address shown on the records of ABHES.

ARTICLE X. AMENDMENTS

Amendments, alterations, or repeal of these bylaws, either in whole or in part, will be effective only by a two-thirds vote of the Commission, taken at a regular or special meeting, provided that the proposed changes are filed with the Executive Director at least 30 days in advance of the meeting date, and a notice of such amendments, with a copy of the proposed changes, are mailed to the commissioners not less than 30 days in advance of the meeting at which such changes are to be considered.

ARTICLE XI. LEGAL RIGHTS AND RESPONSIBILITIES

Section 11.1. Indemnification and Insurance. Unless otherwise prohibited by law, ABHES may indemnify any commissioner or officer, or any former director or officer and may, by resolution of the Commission, indemnify any employee or other agent against any and all expenses and liabilities actually and necessarily incurred by him or her or imposed on him or her in connection with any claim, action, suit or proceeding (whether actual or threatened, civil, criminal, administrative, or investigative, including appeals) to which he or she may be or is made a party by reason of being or having been such commissioner, officer, employee, or other agent; subject to the limitation, however, that there shall be no indemnification in relation to matters as to which he or she shall be adjudged in such claim, action, suit, or proceeding to be either: 1) guilty of a criminal offense; 2) liable to ABHES or to a third party for damages arising out of his or her own negligence or misconduct in the performance of a duty to ABHES; or 3) liable on the basis that personal benefit was improperly received by him or her.

Amounts paid in indemnification of expenses and liabilities may include, but shall not be limited to, counsel and other fees; costs and disbursements; and judgments, fines, and penalties against, and amounts paid in settlement by, such commissioner, officer, employee, or other agent. ABHES may advance expenses to, or where appropriate may itself, at its expense, undertake the defense of, any commissioner, officer, employee, or agent; provided, however, that such commissioner, officer, employee, or other agent shall undertake to repay or to reimburse such expense if it should be ultimately determined that he or she is not entitled to indemnification under this Section.

The provisions of this Section shall be applicable to claims, actions, suits, or proceedings made or commenced after the adoption hereof, whether arising from acts or omissions to act occurring before or after adoption.

The indemnification provided by this Section shall not be deemed exclusive of any other rights to which such commissioner, officer, employee, or other agent may be entitled under any statute, bylaw, agreement, vote of the Commission, or otherwise and shall not restrict the power of ABHES to make any indemnification permitted by law.

The Commission may authorize the purchase of insurance on behalf of any commissioner, officer, employee, or other agent against any liability asserted against or incurred by him or her arising out of such person's status as a commissioner, officer, employee, or agent or out of acts taken in such capacity, whether or not ABHES would have the power to indemnify the person against liability under law.

Section 11.2. Suits against ABHES, Jurisdiction, Venue and Choice of Law. By applying for accreditation by the Accrediting Bureau of Health Education Schools, the member agrees to exhaust all appeal opportunities and to submit fully and faithfully to final, binding arbitration proceedings as set forth in the ABHES *Accreditation Manual* before filing any suit, claim, or proceeding relating to membership, accreditation, or accredited status, whether a claim for damages or for injunctive or declaratory relief, brought by a member, former member, or applicant for accreditation against ABHES, a commissioner, officer, committee member, the Commission, the Appeals Panel, or staff member acting in his or her official capacity. Jurisdiction and venue of any suit, claim, or proceeding, not subject to final binding arbitration shall only be in the U.S. District Court for the Eastern District of Virginia, Alexandria Division, or the Circuit Court for the City of Alexandria, Virginia. The law of the Commonwealth of Virginia shall govern the interpretation, and performance of the terms of these bylaws and the *Accreditation Manual*, as well as any dispute between an accredited member, former member, or applicant for membership and ABHES, regardless of the law that might otherwise be applied under any principles of conflicts of laws.

Section 11.3. Reimbursement for Legal Costs and Fees of ABHES'S Litigation Expenses. An applicant for membership, member, or former member of ABHES shall reimburse ABHES for all costs and expenses (including attorney's fees) actually and reasonably incurred by ABHES in defending any suit, claim, or proceeding, whether for damages or for injunctive or declaratory relief, brought by the applicant, member, former member, or one or more present or former students of any of the foregoing against ABHES, the Commission, the Appeals Body, any commissioners of the Commission, or members of the Appeals Body, or officers, employees, or agents of ABHES when ABHES, the Commission, the Appeals Body, any commissioner of the Commission, member of the Appeals Body, officer, employee, or agent is the prevailing party in the suit, claim, or proceeding.

Section 11.4 Other Expenses. Each member shall reimburse ABHES for all costs and expenses (including attorney's fees) incurred by it in the production of any of the corporation's, the Commission's, or the Appeals Body's records relating to such member in response to lawful requests from parties in litigation or from state or federal agencies.

Section 11.5 Binding Effect. Each existing member, new member, and applicant for accreditation shall have access to these bylaws. Acceptance or continuation of membership in ABHES shall constitute each member's agreement to be bound by the provisions of these bylaws, as they may be amended from time to time, while a member of and subsequent to the termination of membership in ABHES.

ARTICLE XII. MISCELLANEOUS PROVISIONS

Section 12.1. Operational and Fiscal Year. The operational and fiscal year of the Commission shall begin on October 1 and end on September 30.

Section 12.2. Books and Records. ABHES shall retain correct and complete records of account and also shall retain minutes of the Commission's proceedings, including committee meeting minutes and membership meeting agendas, and shall post on its Website the names and addresses of the commissioners.

Section 12.3. Corporate Seal. The official seal of the Commission shall have inscribed thereon the name of the Corporation and the date of incorporation and shall be in such form and contain such other words and/or figures as the Commission shall determine. The uses of the seal shall be those prescribed by the Commission.

Section 12.4. Contracts. The Commission may authorize any officer or officers, agent or agents of ABHES, in addition to the officers so authorized by these bylaws, to enter into any contract or execute and deliver any instrument in the name of and on behalf of ABHES, and such authority may be general or confined to specific instances.

Section 12.5. Checks, Drafts, etc. All checks, drafts, or orders for the payment of money, notes, or other evidences of indebtedness issued in the name of ABHES, shall be signed by staff designated by the Executive Director. At the Commission's discretion, such instruments shall be signed by the Treasurer and countersigned by the Chair.

Section 12.6. Deposits. All ABHES funds shall be deposited from time to time to the credit of ABHES in such banks, trust companies, or other depositories as the Commission may select.

Section 12.7. Gifts. The Commission may accept on behalf of ABHES any contribution, gift, bequest, or devise for the general purposes or for any special purpose of ABHES.

GLOSSARY

Academic – An individual whose current responsibilities focus primarily on the curricular aspects of an educational institution or program. Depending on the nature of the institution, this definition may encompass designations such as dean, department head, instructor, lecturer, mentor, professor, teacher, and trainer, etc. (Note: for Commission and Evaluation Team composition, ABHES interprets the broad term “educator” as encompassing both academics and administrators.)

Administrator – An individual whose current responsibilities focus primarily on the managerial aspects of an educational institution or program. Depending on the nature of the institution, this definition may encompass designations such as president, provost, chancellor, treasurer, registrar, and financial aid officers, etc. (Note: for Commission and Evaluation Team composition, ABHES interprets the broad term “educator” as encompassing both academics and administrators.)

Ambulatory – Any medical care delivered on an outpatient basis.

Annual Report – Outcome and operational data submitted yearly by every accredited institution and program for the period covering July 1 through June 30. The report contains outcome and operational data.

Applied General Education – Applied general education is defined as courses that involve the application of principles and concepts in communications, humanities and fine arts, mathematics, natural and physical sciences, social and behavioral sciences, and technology to the practical affairs of a specific occupation or occupational cluster. Examples of courses that are not considered applied general education include: Study Skills, CPR/First Aid, Professionalism, Career Development and Master Student. Applied general education courses enhance the ability of an individual to apply academic and occupational skills in the workplace. Only Associate of Occupational degrees may include applied general education courses.

Asynchronous Instruction – Instruction that eliminates boundaries of time and place. Students and instructors do not have to participate simultaneously.

Blended Delivery – See Distance Education (Blended)

Certificate – Credential awarded to evidence successful completion of/or graduation from an academic program, generally less than two years in length where a degree is not earned.

Clinical Experiences – A supervised practical experience where students demonstrate knowledge and skills acquired that includes specific learning objectives and evaluation criteria.

i.) **External Clinical Experiences** – A field-based externship or clinical experience and includes a written agreement between the institution and the externship or clinical site.

ii.) **Internal Clinical Experiences** – A campus-delivered internship or clinical experience that may be actual or simulated.

Competencies – Specialized cognitive, psychomotor, and affective domains required for successful performance in a specific occupation.

Correspondence Education – Education provided through one or more courses by an institution under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor. Interaction between the instructor and the student is

limited, is not regular and substantive, and is primarily initiated by the student. Courses are typically self-paced. Correspondence education is not distance education. ABHES does not currently accredit correspondence courses.

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

Curriculum – A program of courses fulfilling the requirements for a certificate, diploma, or degree in a particular field of study.

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

Deferral – An extension of time granted to an institution for consideration of its application for initial or renewed grant of accreditation, usually because of the Commission’s need for additional information.

Degree – Credential awarded for successful completion of an academic program, normally at least two academic years in length.

Diploma – Credential awarded for successful completion of/or graduation from an academic program, generally less than two years in length and not providing a degree.

Distance Education (Distance Learning) - A formal educational process that uses one or more of the following technologies listed below (1-4) to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between students and the instructor, either synchronously or asynchronously.

(1) the internet;

(2) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;

(3) audioconferencing; or

(4) video cassettes, DVDs, and CD-Roms used in a course in conjunction with any of the technologies listed in 1 through 3.

Distance Education (Blended) – 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 instruction within a program is provided through distance education.

Distance Education Delivery System – See Learning Management System (LMS)

Eligibility Requirements- Basic requirements that institutions/programs must meet for consideration by the Commission for accreditation (see Chapter II).

Enrollment Agreement- A contract between institution and student that sets forth the program in which a student is enrolled, fees, expenses, and payment plan for the program, and requirements of attendance at the institution (see Appendix D for requirements).

Enrollment- Official registration as a student in a program. For purposes of outcomes reporting, a student must start and complete at least 10 calendar days to be considered enrolled.

Externship- See Clinical Experiences.

Faculty- Qualified individuals who provide instruction.

Faculty Records- Required documentation for faculty members' files (see Appendix E, Section B for requirements).

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

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

Full-time Student - A student enrolled for 12 or more semester credits, 12 or more quarter credits or 24 or more contact hours a week each term.

General Education- Those areas of learning which are deemed to be the common experience of all “educated” persons, including subject matter from the humanities, mathematics, sciences, and the social sciences. Examples of general education include, but are not limited to:

Arts, Humanities & Communications- Art, music, history, philosophy, logic, foreign language, English, literature, communications, speech

Behavioral & Social Sciences- Anthropology, psychology, sociology, economics, political science, geography

Biological & Physical Sciences- Anatomy and physiology, biology, chemistry, physics, geology, astronomy

Mathematics- Algebra, trigonometry, geometry, statistics, calculus

No course may be designed as both general education and core in the curriculum.

General education courses directly applicable to the specific occupation are considered applied general education courses (e.g., medication math, psychology for health professionals, and business math). These applied courses satisfy the general education requirement for AOS degree programs.

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

Graduate Courses- Courses taught at the master's degree level and identified as such in the course numbering system.

Grant- The accreditation provided to an institution or program.

Grievance Procedure- A documented procedure for addressing any complaints by students, faculty, staff or the general public.

Hybrid Course or Program -- See Distance Education (Blended)

Internal Clinical Experiences - See Clinical Experiences.

Internship- See Clinical Experiences.

Laboratory- The facility/classrooms where students are actively instructed while practicing skills/procedures presented in theory. Depending upon the content, a hands-on laboratory class may be taught on or off campus, in a simulated laboratory, or by using technologies outlined under the distance education definition in the Glossary.

Learning Management System (LMS) - A platform or software application for the administration and management of online distance education courses, activities and resources. Also used in a general sense to refer to any system used to deliver distance education (Distance Education Delivery System).

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

Lower Level Course- Traditionally designated as freshman and sophomore level courses and identified as such in the course numbering system.

Market Survey – A study done of local business and industry to assess program need to include such things as employment opportunities, externship site availability, employee skill set requirements, equipment and credentialing preferences for graduates.

OSHA- Occupational Safety and Health Administration, which provides safety regulations for operation of laboratories and clinical settings.

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

Part-time student - A student enrolled for either 11 or fewer semester credits, 11 or fewer quarter credits, or fewer 24 contact hours a week each term.

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

Preceptor- An individual with professional expertise responsible for oversight of students on clinical sites. Preceptors hold current license, certification or other credential as required by local, state and/or federal laws to work in the field.

Practitioner – An individual who is currently or recently directly engaged in a significant manner as a health-care related specialist. Depending on the nature of the practice, this definition may encompass designations such as medical assistant, medical laboratory technician, and surgical technologist.

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

Program Effectiveness Plan- An internal quality assessment tool that is used for evaluating each program by designing strategies to improve performance within an institution.

Public Member – An individual who is not (1) An employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that is accredited by ABHES or has applied for accreditation, (2) a member of any trade association or membership organization related to, affiliated with, or associated with ABHES, or (3) a spouse, parent, child, or sibling of an individual identified in paragraphs (1) or (2) of this definition.

Refund- An amount of monies paid to the institution determined to be returned to appropriate agencies and/or students using institutionally or state defined policies.

Residential delivery – All coursework within a program is delivered at an approved on-ground location.

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

Simulation - A technique for practice and learning that imitates and replaces real experiences with guided ones that replicate aspects of the real world in a fully interactive fashion.

Staff- Non-instructional personnel employed by an institution.

Student Records- An accumulation of school related documentation that is maintained throughout a student's enrollment (see Appendix E, Section A for requirements).

Substantive Change- An alteration in a program's mission, status within the larger academic setting, coordination, curriculum or other areas, that is significant enough to alter compliance with standards or affect the ability of a program to maintain compliance (see Chapter III, Section B).

Sustaining Fee- Money required to be paid to an accrediting agency on an annual basis, generally based on the gross tuition collected by the institution.

Syllabi- See Appendix F for requirements.

Synchronous Instruction- Real-time instruction that allows for immediate response and interaction. Simultaneous participation of students and instructor, without constraints of location. ABHES does not require distance education students and instructors to interact in real-time.

Teach-out Agreement- A written agreement between institutions that provides for the equitable treatment of students and a reasonable opportunity for students to complete their program of study if an institution, or an institutional location that provides one hundred percent of at least one program offered, ceases to operate before all enrolled students have completed their program of study.

Teach-out Plan- A written plan developed by an institution that provides for the equitable treatment of students if an institution, or an institutional location that provides one hundred percent of at least one program, ceases to operate before all students have completed their program of study, and may include, if required by the institution's accrediting agency, a teach-out agreement between institutions.

Terminal Degree- The highest credential earned in an academic or professional discipline.

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

Transcript- The permanent educational record of a student's performance.

Upper Level Course – Traditionally designated as junior and senior level courses and identified as such in the course numbering system.

Withdrawal- (1) The termination of a student's attendance in class or in all classes before the end of a term.
(2) An action by the Commission terminating an institution's accreditation when warranted for non-compliance with requirements.