

ACCREDITATION MANUAL

17th Edition

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

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by

the Commissioners of the

Accrediting Bureau of Health Education Schools

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TABLE OF CONTENTS

	<u>Page</u>
INTRODUCTION TO ACCREDITATION	9
CHAPTER I – GENERAL INFORMATION	
SECTION A – The Bureau	12
Subsection 1/Mission and objectives	12
Subsection 2/Recognition	12
Subsection 3/Board of Commissioners	12
Subsection 4/Conflicts of interest and recusal	12
Subsection 5/Confidentiality	12
SECTION B – Policies Affecting Institutions and Program	14
Subsection 1/Disclosure to governmental and recognition agencies	14
Subsection 2/Public participation	15
Subsection 3/Adequacy and relevance of standards	15
Subsection 4/Fees and assessments	16
Subsection 5/Complaints	16
Subsection 6/Third party contracts, transfer credits and articulation agreements	18
Subsection 7/Minimum completion requirement	19
CHAPTER II – INSTITUTIONAL ELIGIBILITY AND CLASSIFICATIONS	
SECTION A – Eligibility for Application	21
Subsection 1/Basic requirements	21
Subsection 2/Application process	23
SECTION B – Classifications of Facilities	23
Subsection 1/Main campus	24
Subsection 2/Non-main campus	24
Subsection 3/ Satellite campus	24
Subsection 4/ Separate classroom	24
CHAPTER III – GENERAL PROCEDURES	
SECTION A – Application, Evaluation, Approval Process and Recordkeeping	27
Subsection 1/Requests for information and preliminary visits	27
Subsection 2/Self-Evaluation Report and analysis	28
Subsection 3/Accreditation workshop attendance	29
Subsection 4/Visitation teams	29
Subsection 5/Post-visit procedures	30
Subsection 6/Commission review	30
Subsection 7/Teach-out requirements	30
Subsection 8/Interim reviews and visits	32
Subsection 9/Recordkeeping	32
Subsection 10/Maintaining accreditation	33
SECTION B – Institutional Changes	34
Subsection 1/Changes requiring approval	34
Subsection 2/Approval of substantive change	34
Subsection 3/Substantive changes that require a new comprehensive evaluation	35
Subsection 4/Additional requirements regarding specific changes	36
Subsection 5/Addition of non-main or satellite campus	38
Subsection 6/Separate classroom(s)	39
Subsection 7/Change from non-main to main campus	39

Subsection 8/Change of location	39
Subsection 9/Change in legal status, ownership, or form of control	39
Subsection 10/Change in method of academic measurement	40
Subsection 11/Change in name	40
SECTION C – Commission Actions	40
Subsection 1/Grants	41
Subsection 2/Deferrals	41
Subsection 3/Show causes	41
Subsection 4/Withdrawals	42
Subsection 5/Denials	42
Subsection 6/Relinquishments	43
SECTION D – Other Reviews, Notification, Publication and Reapplication	43
Subsection 1/Regard for decisions of states and other accrediting agencies	43
Subsection 2/Notification of actions	44
Subsection 3/Publication of accredited institutions and programs	45
Subsection 4/Reapplication	45
Subsection 5/Additional notices	45
SECTION E – Appearances, Hearings and Appeals	45
Subsection 1/Show cause orders	45
Subsection 2/Appeals to the appeals panel	46
Subsection 3/Review of financial information prior to final adverse action	50
CHAPTER IV – EVALUATION STANDARDS APPLICABLE TO INSTITUTIONALLY-ACCREDITED MEMBERS	
SECTION A – Mission and Objectives	52
SECTION B – Financial Capability	53
SECTION C – Administration (“Administrator”) and Management	53
SECTION D – Compliance with Government Requirements	54
SECTION E – Representations, Advertising and Recruitment	55
Subsection 1/Representations	55
Subsection 2/Advertising	55
Subsection 3/Recruiting	57
Subsection 4/Enrollment documents	57
Subsection 5/Catalog	58
Subsection 6/Disclosure	58
SECTION F – Student Finance	58
Subsection 1/Tuition and fees	58
Subsection 2/Collection practices and procedures	59
Subsection 3/Cancellation and refund policies	59
SECTION G – Programs	60
SECTION H – Satisfactory Academic Progress	61
SECTION I – Student Satisfaction	62

SECTION J – Physical Environment	62
CHAPTER V – EVALUATION STANDARDS APPLICABLE TO ALL EDUCATIONAL PROGRAMS	
SECTION A – Goals and Oversight	65
SECTION B – Curriculum, Competencies, Clinical Experiences	66
SECTION C – Instruction	67
Subsection 1/Syllabi	67
Subsection 2/Instructional resources and delivery	68
SECTION D – Student Assessment	69
Subsection 1/Admissions	69
Subsection 2/Scheduling and grading of examinations	70
Subsection 3/Student experience	70
Subsection 4/Advising	70
SECTION E – Program Management	70
Subsection 1/Program administration	70
Subsection 2/General faculty requirements	72
Subsection 3/Ratios and teaching load	73
Subsection 4/In-service training	73
Subsection 5/Professional development	73
SECTION F – Safety	74
SECTION G – Student Services	74
SECTION H – Disclosures	74
SECTION I – Program Effectiveness	75
Subsection 1/Student achievement indicators	75
Subsection 2/Program Effectiveness Plan (PEP) content	78
Subsection 3/Outcomes assessment	79
SECTION J – Student Record Management	80
CHAPTER VI – DEGREE PROGRAM STANDARDS	
SECTION A – Occupational and Applied Science Degrees	82
Subsection 1/Basic requirements	82
Subsection 2/Faculty	83
Subsection 3/Learning resources	83
Subsection 4/Curriculum	83
Subsection 5/Advertising	84
SECTION B – Academic Associate Degrees	85
Subsection 1/Basic requirements	85
Subsection 2/Faculty	85
Subsection 3/Learning resources	86
Subsection 4/Student services	86
Subsection 5/Advertising of degree programs	87
Subsection 6/Curriculum	87
Subsection 7/Admissions	87

SECTION C – Baccalaureate Degrees	88
Subsection 1/Basic requirements	88
Subsection 2/Program supervision and faculty	88
Subsection 3/Library and instructional resources	89
Subsection 4/Student services	90
Subsection 5/Advertising of degree programs	90
Subsection 6/Curriculum	90
Subsection 7/Admissions	91
CHAPTER VII – PROGRAMMATIC REQUIREMENTS	
CHAPTER VII – PROGRAMMATIC EVALUATION STANDARDS FOR MEDICAL ASSISTING	
Description of the Profession/Credentialing	93
SECTION A – Curriculum, Competencies and Externship	94
SECTION B – Program Supervision, Faculty and Consultation	100
Subsection 1/Supervision	100
Subsection 2/Faculty and consultation	100
SECTION C – Laboratory Facilities and Resources	100
CHAPTER VII – PROGRAMMATIC EVALUATION STANDARDS FOR MEDICAL LABORATORY TECHNOLOGY	
Description of the Profession/Credentialing	102
SECTION A – Curriculum, Competencies and Externship and/or Internal Clinical Experience	103
SECTION B – Program Supervision, Faculty and Consultation	107
Subsection 1/Supervision	107
Subsection 2/Faculty and consultation	107
SECTION C – Educational Facilities and Resources	108
CHAPTER VII – PROGRAMMATIC EVALUATION STANDARDS FOR SURGICAL TECHNOLOGY	
Description of the Profession/Credentialing	110
SECTION A – Curriculum, Competencies, Externship and/or Internal Clinical Experience	111
SECTION B – Program Supervision, Faculty and Consultation	112
Subsection 1/Supervision	112
Subsection 2/Faculty and consultation	113
SECTION C - Laboratory Facilities and Resources	113
CHAPTER VIII – PROGRAM SPECIFIC REQUIREMENTS	
Summary of Distinctions Between Dental Assisting I and Dental Assisting Programs	116

CHAPTER VIII – PROGRAM EVALUATION STANDARDS FOR DENTAL ASSISTING I	
Description of the Profession/Credentialing	120
SECTION A – Curriculum, Competencies, Externship and/or Internal Clinical Experience	121
SECTION B – Program Supervision, Faculty and Consultation	127
Subsection 1/Supervision	127
Subsection 2/Faculty and consultation	127
SECTION C – Educational Facilities and Resources	128
CHAPTER VIII – PROGRAM EVALUATION STANDARDS FOR DENTAL ASSISTING II	
Description of the Profession/Credentialing	131
SECTION A – Curriculum, Competencies, Externship and/or Internal Clinical Experience	132
SECTION B – Program Supervision, Faculty and Consultation	139
Subsection 1/Supervision	139
Subsection 2/Faculty and consultation	140
SECTION C – Educational Facilities and Resources	140
CHAPTER VIII – PROGRAM EVALUATION STANDARDS FOR DIAGNOSTIC MEDICAL SONOGRAPHY	
Description of the Profession/Credentialing	143
SECTION A – Curriculum, Competencies, and Clinical Experience	144
SECTION B – Program Supervision	158
SECTION C – Laboratory Facilities and Resources	159
CHAPTER VIII – PROGRAM EVALUATION STANDARDS FOR PHARMACY TECHNICIAN	
Description of the Profession/Credentialing	161
SECTION A – Curriculum, Competencies, Clinical Experience	163
SECTION B – Program Supervision, Faculty and Consultation	176
Subsection 1/Supervision	176
Subsection 2/Faculty and consultation	176
SECTION C – Laboratory Facilities and Resources	177
CHAPTER VIII – PROGRAM EVALUATION STANDARDS FOR RADIOLOGIC TECHNOLOGY/RADIOGRAPHY	
Description of the Profession/Credentialing	179
SECTION A – Curriculum, Competencies, and Clinical Experience	181
SECTION B – Program Supervision, Faculty and Consultation	183

Subsection 1/Program Supervision	183
Subsection 2/Faculty and Consultation	184
SECTION C – Educational Laboratory Facilities and Resources	185
SECTION D – Radiation Safety	186
CHAPTER IX – DISTANCE EDUCATION	
EVALUATION STANDARDS APPLICABLE TO ALL EDUCATIONAL PROGRAMS	
OFFERING DISTANCE EDUCATION	
SECTION A – Objectives and Oversight	188
SECTION B – Curriculum, Competencies, Clinical Experiences	188
SECTION C – Technology and Learning Resources	188
SECTION D – Student Assessment	189
SECTION E – Program Management	190
Subsection 1/Program administration	190
Subsection 2/Faculty requirements	190
Subsection 3/Ratios	191
Subsection 4/In-service training and professional development	191
SECTION F – Approvals and Agreements	191
SECTION G – Student Support Services	191
SECTION H – Disclosures	192
APPENDICES	
Appendix A/Enrollment of Ability-to-Benefit Students	194
Appendix B/Standards of Satisfactory Academic Progress	195
Appendix C/Catalogs	196
Appendix D/Enrollment Agreement	199
Appendix E/Records Maintenance	200
Appendix F/Course Syllabi Requirements	201
Appendix G/Vocational English as a Second Language	202
Appendix H/Fees	203
Appendix I/By-Laws	206
GLOSSARY OF DEFINITIONS	221

INTRODUCTION TO ACCREDITATION

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

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

There are two basic types of accreditation: **institutional**, and **specialized** or **programmatic**. Accrediting bodies that conduct accreditation are national or regional in scope and 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 in order to identify more properly its activities and expanded scope.

ABHES is recognized by the Secretary of Education as a specialized, national accrediting body determined to be a reliable authority as to the quality of training offered by the educational institutions and programs it accredits. Its' approved and recognized scope includes degree and non-degree granting private, postsecondary institutions offering educational programs predominantly in allied health; and the programmatic accreditation of public and private medical assistant, medical laboratory technician, and surgical technology programs.

Non-accredited institutions and programs may well have high quality and standards. They cannot, however, provide a reliable, third-party assurance that they meet or exceed standards. Accreditation provides that assurance. The process requires a rigorous self-evaluation by the institution or program, an appraisal by competent professionals who are respected peers, and a subsequent review and decision by the central governing group, the ABHES Commission. Periodic re-examinations are required in order 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.

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

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

procedures and standards described in this manual represent careful study, research, and continuous analysis of the best validated concepts currently in use for accreditation throughout the nation, with adaptations to institutions and programs specializing predominantly in the allied health education professions.

CHAPTER I

GENERAL INFORMATION

CHAPTER I – GENERAL INFORMATION

SECTION A – The Bureau

Subsection 1 – Mission and objectives

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

The objectives of ABHES are as follows:

- 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 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, or Baccalaureate degree, including those offered via distance education.

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 thirteen commissioners, including a blend of educators, both academics and administrators, practitioners, and public members. Seven of the commissioners are elected by institutional personnel representing institutions and programs accredited by the Commission and six of the commissioners are appointed by the Commission itself. At least two of the appointed commissioners are representatives of the public.

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

Subsection 4 - Conflicts of interest and recusal

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

Examples of possible conflicts of interest include:

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

Subsection 5 - Confidentiality

The information provided by institutions and programs subject to ABHES' accreditation will be maintained in strict confidence and be used solely for the purpose of evaluating the institution or program's compliance with ABHES requirements. The individuals involved in the review (e.g., commissioners, evaluators, staff), will not discuss the accreditation matters related to an institution or program outside normal Commission meetings, unless such discussion is necessary to conduct Commission business effectively. The Commission will, however, notify the Secretary of Education, state licensing agency, and other state regulatory agencies,

of an action to deny or to withdraw the accreditation of an institution or program simultaneously with the issuance of its notice of the action taken to the institution, even if the appeal process is not complete.

SECTION B – Policies Affecting Institutions and Programs

Subsection 1 – Disclosure to governmental and recognition agencies

The Commission submits to the Secretary 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 (IV.G.3.); 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 the institution or program but not later than thirty days after it reaches 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 all 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. ABHES also provides opportunity to comment on institutions or programs seeking new or renewal grants of accreditation. 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.

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 H, *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 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 Complaints Specialist, info@abhes.org, or mailed to Complaints Specialist, 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 business 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 facts as alleged do not constitute a violation of accreditation requirements, ABHES will inform the complainant and the file will be closed. The complainant may request in writing, directed as set forth in paragraph one above, 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 business 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 facts as alleged would constitute a violation of accreditation requirements if found to be true, 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 has a maximum of 30 business days from the date of the letter from ABHES to respond to the complaint. The response must provide documentation and/or evidence relevant to the complaint sufficient to permit a clear analysis to be made. The response may, (a) deny the allegations of the complaint and present evidence to the contrary, (b) admit the allegations of the complaint but seek to demonstrate the

notwithstanding the allegations there is no evidence of violation of an accreditation requirement, (c) whether admitting or denying the allegations of the complaint, document actions taken to assure that any potential violation has been corrected and to assure that violations do not occur in the future.

6. Within 15 business 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, 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.

If the Executive Committee dismisses the complaint notice of the decision of will be provided both the complainant and the respondent. In all other cases the complainant and the respondent will be notified of the disposition of the case once it becomes final.

8. Complaints referred to the Commission for action will be handled pursuant to Sections C and D of Chapter 3 of the *Accreditation Manual*.

9. ABHES's conflict of interest provisions apply to the investigation and resolution of complaints.

10. 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 facts if true as alleged indicate 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 complaint is a material fact necessary to permit the institution or program a full and fair opportunity to respond or the lack of identity of the complainant makes it impossible to determine with reasonable certainty that a violation of accreditation requirements may have occurred, then the anonymity of the complainant may be a basis for dismissing a complaint. Notifications to complainants and requests to complainants for additional information otherwise set forth in this section are not applicable to anonymous complaints.

11. 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.

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 process for complaints against ABHES is as follows:

1. All complaints must be submitted in writing. The written complaint and supporting documentation must be emailed to Complaints Specialist, info@abhes.org, or mailed to Complaints Specialist, 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 is in regards to the Complaints Specialist, the written complaint may be addressed to the Executive Director at either the email or direct mail address above.
2. ABHES's conflict of interest provisions apply to the investigation and resolution of complaints.
3. The complaint and its supporting documentation will be reviewed by the Executive Committee within 30 business days of receipt by ABHES. Thereafter, the Committee will act to gather any additional information it deems relevant to its disposition of the complaint.
4. The Executive Committee will issue a decision on the complaint. Notice of the decision will be provided the complainant. The Executive Committee will report its decision and any recommendations for follow-up action to the Executive Director.
5. Anonymous complaints: ABHES accepts anonymous complaints against itself and determines the facts alleged in an anonymous complaint to the extent possible in the absence of the complainant's identity. When the identity of the complaint 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 refers to situations in which an institution or program arranges to have some portion of its services delivered by another party. This is distinct from transfer of credit by which the institution or program recognizes coursework completed at another accredited institution. In the case of a third-party contract the services provide, including any coursework, is treated as if the services had been provided directly by the institution or program.

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

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

Transfer Credits

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 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 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 national 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). (Note: language from www.ed.gov/international/unsei/edlite-index.html)

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 as a means to promote academic mobility and to avoid requiring students to unnecessarily repeat equivalent, prior coursework.

Articulation Agreements

As an alternative 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. However, all transfer of credit provisions apply to credits received pursuant to articulation agreements.

Subsection 7 – Minimum completion requirement

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

CHAPTER II
ELIGIBILITY AND CLASSIFICATIONS

CHAPTER II

ELIGIBILITY AND CLASSIFICATIONS

SECTION A - Eligibility for Application

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

Subsection 1 – Basic requirements

a) Institutional Eligibility

In order for an 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 at the postsecondary level whose principal activity is education, (b) a hospital or laboratory-based training school, (c) a vocational institution, or (d) a Veteran Administration hospital, rehabilitation institution, or 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 full-time equivalent students are enrolled in health programs, or (b) 70 percent of its active programs are in the health education field, provided that a majority of an institution's full-time equivalent students are enrolled in those programs. A program is active if it has a current student enrollment and is seeking to enroll students.
- (3) All of its programs are vocational in nature and are designed to lead to employment.
- (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 or territories in which it is located.
- (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.
- (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

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:

- (1) It has a minimum enrollment of five (5) students in the program. (Does not apply to currently accredited programmatic schools or those institutionally-accredited members seeking initial programmatic accreditation).
- (2) It is (a) a public or private institution at the postsecondary level institutionally accredited by an agency recognized by the U.S. Department of Education or Council on Higher Education Accreditation (CHEA) whose principal activity is education, (b) a hospital or laboratory-based training school, or (c) a program in a Veteran's Administration (VA) hospital, a rehabilitation facility, or a federally-sponsored Armed Forces program.
- (3) Its program is vocational in nature and is designed to lead to employment.
- (4) It is located in the United States or its territories.
- (5) 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.)
- (6) 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) **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 principle 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.

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

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

SECTION B – Classifications of Facilities

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

Subsection 1 – Main campus

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

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

Subsection 2 – Non-main campus

A non-main campus meets the following requirements:

- a) It is within the same ownership as the accredited main campus.
- b) It offers at least one complete program leading to an occupational objective. It may offer programs not offered at the main campus.
- c) It has documented legal authorization to operate in the state where the non-main campus is located.
- d) It is described as a non-main campus in a common catalog.
- e) 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 falls within main or non-main campus authority.
- d) It is located at a different address of that of the main or non-main campus.
- e) It provides all services that are offered at the main or non-main campus.
- f) 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) Staff is limited primarily to instruction.
- b) Administration is from the main, non-main or satellite campus to which it is assigned.

- c) A complete program of instruction is not provided to ensure students spend an adequate amount of time at the main, non-main or satellite campus to avail themselves to the administrative, student, and educational services offered by the institution.
- 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 or non-main 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 third parties the opportunity to comment on any institution's or program's application for a renewed grant of accreditation by publishing a list of institutions and programs scheduled for evaluation at least one year in advance of such evaluation.

Subsection 1 – Requests for information and preliminary visits

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

Institutions desiring accreditation should request information and necessary application instructions from ABHES. An interested institution communicates as necessary with ABHES staff to become sufficiently informed.

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

Upon acceptance of the application, an ABHES representative visits the applicant institution to discuss the accrediting philosophy, procedures, information/data requirements, and to evaluate the degree to which an institution currently complies with ABHES standards. A preliminary visit is mandatory for all new applicants for institutional accreditation.

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

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

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

Institutions seeking programmatic accreditation must follow the same application procedures as institutional applicants, with the following exception: programs offered at institutions holding institutional accreditation by an accrediting agency recognized by the U.S. Department of Education or the Council for Higher Education Accreditation will not be required to undergo a preliminary visit.

Subsection 2 – Self-Evaluation Report and analysis

The purpose of a Self-Evaluation Report is to:

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

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

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

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

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

Subsection 3 – Accreditation workshop attendance

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

Subsection 4 – Visitation teams

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

- a. Selects a visitation team, including a team leader. Institutions may challenge a prospective team member prior to the site evaluation visit, with cause.
- 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 other data required to ABHES and the visitation team.
- e. Assists in travel logistics and secures hotel accommodations for the visitation 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 Visitation Team Report(s).

Visitation team members have been deemed by ABHES to be competent and knowledgeable individuals, qualified by education and experience in their field of evaluation, and trained by ABHES in its policies, procedures, and standards to conduct on-site visitations.

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

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

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

Subsection 5 – Post-visit procedures

A copy of the Visitation Team Report is sent to an institution or program within three weeks of a visit. The institution or program is afforded, not less than three weeks from the date of the cover letter to the written report, an opportunity to comment and to submit any additional materials it wishes to place before the Commission in response to the report. The institution's response must be submitted electronically (e.g. stick drive, CD-Rom).

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

Subsection 6 – Commission review

The following are forwarded to the reviewing commissioners prior to a Commission meeting: an institution's Self-Evaluation Report; the Visitation Team Report; the response of the institution to the visiting team's report; Preliminary Review Committee's analysis and recommendation; and any other relevant information including that provided by the Secretary of Education, other agencies or third parties. In order for an institution's application to be considered, it must be complete and in full accordance with the established accrediting procedures and all fees and visit expenses must be paid in full.

Commissioners meet to review, discuss and act on each applicant, with a prime reviewer assigned to each institution's or program's application. The Commission may take any of the actions set forth under Section III.C. – Commission Actions. The Executive Director notifies an 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 reason for such finding.

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 institutions 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,
 - e. 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.

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.

(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.

ABHES requires an annual report from each main, non-main, and satellite campus. Institutional changes that must be reported to ABHES are outlined in Chapter III. Each annual report is reviewed, summarized, and considered by the Annual Report Committee, and, as 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 (see III.C), (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.

Announced, interim and unannounced visits are conducted regularly as a means of assisting institutions and programs in continued compliance with ABHES requirements.

Subsection 9 – Recordkeeping

ABHES uses an electronic receipt and storage system for much of its accreditation activities. It retains indefinitely all electronic records of institutions and programs that it accredits. Institutions and programs are required to submit 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. Its last two full accreditation reviews including all exhibits to self-evaluation reports, team visitation reports, institution or program responses to team visitation reports, periodic review reports, and any reports of special reviews conducted by ABHES between regular reviews, and
- 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 H - Fees) or visit expenses, and submission of documents, including the complete Annual Report, supporting documentation, and financial statements. Failure to respond to directives by deadline dates identified by the Commission will result in a show-cause directive or withdrawal of accreditation.

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

Note that the Commission may require the submission of other financial information to clarify the financial status of an institution (e.g. a financial plan, financial reporting, response to a show cause, teach-out plan or any combination of these reports).

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 IV.B of the *Accreditation Manual* will result, at a minimum, with the requirement 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 date certain.

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

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 or short-term programs not leading to an occupational objective. These courses or short-term program 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.
 - c. Vocational English-as-a-Second Language program (VESL), must also meet the requirements of Appendix G (Vocational English as a Second Language).
- v. *Change from non-main to main campus.
- vi. 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.
- vii. 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

(* denotes a site visit required)

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

No substantive change as defined by this section will be included within an existing grant of accreditation to an institution or program until the effective date of approval of that 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. As is set forth below, 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 that substantive change if the Commission action is made within 30 days of the change in ownership.

Approval will not be granted to any substantive change that adversely affects the capacity of the institution to continue to meet accreditation requirements. The ABHES Substantive Change Committee acts on applications for substantive change that occur within a grant of accreditation and grants approval for inclusion of the change into an existing grant of accreditation when it determines that the institution or program continues to meet all 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, including a Self-Evaluation Report and Team Visit Report, and accreditation decision by the Commission based upon the nature of the changes, their potential impact on the operation, and the extent to which accumulated changes have so 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

Whether or not they constitute a Substantial Change and are also subject to the provisions set forth above in Sections III.B.2 or III.B.3, the following modifications in an institution's or program's academic offerings require observing the following procedures for reporting to the Commission:

A. Revised Program Application

The following modifications to a program require submission of an application for approval to ABHES. 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.

- a. A revision of up to 25 percent of program content (total hours or courses) requires submission of an Application for Minor Program Revision.
- b. A modification to 26 to 50 percent of program content (total hours or courses) requires submission of an Application for Substantive Program Revision.

B. New Program Application

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

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

An institution or program seeking approval for the first time to add a program resulting in a higher level credential than that approved must undergo a verification visit within six (6) months of program approval.

C. Notification

- 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(s) (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. Such notification must be submitted on the ABHES Discontinued Program Form found at www.abhes.org. The Annual Report is not sufficient to address discontinued programs. Institutions or programs must also notify the Commission regarding the discontinuation of a previously approved delivery method (e.g., residential, blended, or full distance education).
- c. Hiring of a new On-site Administrator (e.g., Campus President, Director).

D. Addition or Expansion of Distance Education

ABHES defines distance education as a formal educational process using technologies (as listed in the Glossary) to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between students and the instructor. Correspondence education, which is typically self-paced with limited interaction between the students and instructor, is not within ABHES' scope of recognition and is therefore not eligible for accreditation by ABHES.

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

1. Application for Distance Education Delivery

- a. The initial (first-time) addition of distance education to a currently accredited institution or an institution holding a grant of programmatic accreditation; and,
- b. A significant change to or departure from the format, method, or third-party curriculum provider of distance education delivery previously approved by ABHES and utilized by the institution. (Note: 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. Any expansion of the previously approved **type** of distance education courses offered (i.e. general education, required didactic or, core courses to laboratory-based courses or remote clinical/externship);
- b. The expansion of an approved blended program to one that is fully delivered via distance education (i.e. partially delivered via distance education to fully delivered via distance education); and,
- c. The expansion of distance education delivery courses to an existing program not currently approved for distance education.

3. Application for Approval of Shared or Common Distance Education Courses

The expansion of distance education delivery to an existing program, utilizing shared courses from a program currently approved for distance education (i.e. shared or common general education courses).

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 includes a remote laboratory/externship 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 approval. 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 make appropriate notification of program modifications to local, state, and federal entities. If a program must be approved by a state before it can be offered, an institution or program obtains state authorization to offer the method of delivery 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, action is taken to approve, defer or deny inclusion of the campus in an institution's current grant of accreditation. If inclusion is granted, the campus is required to undergo a staff verification visit within six (6) months of the date students begin instruction. 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 after 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.

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

Subsection 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, action is taken to 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 advise ABHES of any change in its organizational oversight or legal structure as it may constitute a change in legal status, ownership or form of control, herein referred to as a change in control. Based upon this notification, ABHES will determine whether the change constitutes a change in control and is subject to further reporting.

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

- a. Sale of an institution or the majority of its assets.
- b. Transfer of controlling interest of stock of an institution or its parent corporation.
- c. Merger of two or more eligible institutions.
- d. Division of one or more institutions into two or more institutions.
- e. Transfer of controlling interest to a parent corporation.
- f. Transfer of liabilities of an institution to its parent corporation.
- g. Change of 50 percent or more in Board members within a 12-month period.
- h. 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 approval of the change in ownership/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 or program seeking to change its method of academic measurement must submit the appropriate application prior to a change taking place. The institution or program must adhere to the conversion methodology described in Chapter IV.G.2.

Subsection 11– Change of name

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

SECTION C - Commission Actions

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

- a. Self-Evaluation Report;

- b. Team Visitation Report(s);
- c. Institution's Response to Team Visitation 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 program specialist will be included in the 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– Deferrals

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

Subsection 3– Show causes

The Commission may require an institution or program to show cause why accreditation should not be withdrawn for failure to meet eligibility criteria, comply with procedures or comply with accreditation standards. A show-cause directive constitutes notification to an institution or program that absent corrective

action and information by and from the institution or program, its accreditation status will be in jeopardy. Such show-cause orders may be issued by the Executive Committee between Commission meetings and must specify the reasons for the action, the responsive information that is required from an institution or program and the deadlines for response. An institution or program directed to show cause is provided an opportunity to be present at the next meeting of the Commission.

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 programs operation.

Subsection 4– Withdrawals

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

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

An institution or program that has had its accreditation withdrawn may not 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 from the ABHES Executive Committee for the acceptance of any substantive change application (see III.B.A., *Reporting Substantive Change*) from an institution or program under appeal is required. An institution's or program's request for acceptance of the application must include justification for the change and its effect on the institution's or program's operation.

Subsection 5- Denials

An institution's or program's application for an initial or renewal grant of accreditation will be denied if the Commission believes that the institution or program has had the opportunity to demonstrate compliance with the eligibility criteria, procedural requirements, or accreditation standards but has failed in that task. Any reapplication is subject to the provisions of III.B.10., *Reapplication*.

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.

Prior approval from the ABHES Executive Committee for the acceptance of any substantive change application (see III.B.A., *Reporting Substantive Change*) from an institution or program under appeal is

required. An institution's or program's request for acceptance of the application must include justification for the change and its effect on the institution's or program's operation.

Subsection 6- 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 chief executive officer 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.

Except as provide below, ABHES will not grant initial accreditation or a renewed grant of accreditation to an institution or program if ABHES has a reasonable basis to believe that the institution or the institution sponsoring a program is the subject of:

1. 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;
2. A decision by a recognized accrediting agency to deny accreditation;
3. A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation,
4. Probation or an equivalent status imposed by a recognized accrediting agency.

ABHES will grant accreditation to an institution or program described in the paragraph above only if upon complete review of all relevant evidence ABHES 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 ABHES 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 ABHES grant accreditation to an institution or program subject to an adverse action by another body, ABHES 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 ABHES 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 approval 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 wish to 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) Lets 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 fact of the contact should be made known to the institution or program in question. ABHES will comply with a specific request by the Secretary that the fact a contact and/or its content be held in confidence.

SECTION E – Appearances, Hearings and Appeals

Subsection 1 – Show cause orders

If the Commission issues an order requiring an institution or program to show cause under III.C., Commission Actions, the institution or programs has the opportunity to respond to the show-cause order in writing or in person at the next meeting of the Commission, which may be conducted by

teleconference. The Commission describes in writing to an institution or program, the terms and conditions of the submission of the response to the show-cause order.

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

Subsection 2 – Appeals to the appeals panel

If an institution or program appeals a final decision by the Commission not to grant or continue accreditation in accordance with the procedures outlined, the institution's file becomes the responsibility of an Appeals Panel. An institution or program remains in an accredited status while its appeal is pending. An institution or program has the burden of demonstrating on appeal that the decision of the Commission was erroneous.

The Appeals Panel is separate and independent from the Commission and serves as an additional level of due process for the institution. The Appeals Panel has no authority concerning the reasonableness of eligibility criteria, policies, procedures, or accreditation standards. It can 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, 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 H, *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 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 it finds that the Commission's decision was not supported by the facts before it at the time of the decision, that additional facts admissible in accordance with section "f" above make the Commission's decision erroneous, or that the Commission's decision was clearly erroneous. In determining whether the Commission committed error in applying the facts to the accreditation requirements, the Appeals Panel will interpret the requirements stated in the manual according to their plain meaning and consistent with the usual and common practices of the ABHES as evidenced by the manual taken as a whole and past practices. A decision to amend an adverse action 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 with 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 3 – 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 a visitation team and the Commission to evaluate an institution as part of the accrediting process.

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

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

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

SECTION A – Mission and Objectives

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

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

SECTION B – Financial Capability

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

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

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

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

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

SECTION C – Administration (“Administrator”) and Management

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

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

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

The Administrator is:

- a. Responsible for the daily operation of an institution.
- b. Qualified to perform the duties of the position.
- c. Engaged in professional development activities 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.

On-site administrators or designated representative responsible for the daily operation of an institution are required to attend an ABHES Accreditation Workshop in compliance with Chapter III. Section A. Subsection 3.

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

Minimally, each campus evidences the following:

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

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

Management personnel:

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

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

SECTION D - Compliance with Government Requirements

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

IV.D.2. *An institution that participates in a Federal student aid program is required to:*

- a. Inform ABHES of its status as a participant in the Federal program and immediately informs ABHES of any change in that status.
- b. Report to ABHES annually its Federal student loan default rates as defined by the United States Department of Education, identifies to ABHES any rates that are defined by the Department as too high, and develops and submits a corrective action plan to address such rates.
- c. Inform ABHES promptly of 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.
- d. Inform ABHES promptly of 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 the noncompliance 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. All programs are approved by the Commission.

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

*IV.G.2. 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.

IV.G.3. An institution that participates in Federal Financial Aid programs complies with Federal requirements for clock-to-credit hour conversions.

ABHES will affirmatively 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-lighted, safe, suitably furnished, and large enough to meet the purpose of the area.

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

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

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

Programs offering complete or partial content by distance education have a minimum of one 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.

Prepared minutes of meetings are maintained, distributed and used to improve curricula. Meeting minutes include member participation, topics discussed, summary of significant outcomes and activities, areas of unfinished business with projection for completion, 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 and that the high school or program was approved by the applicable governing or state authority. The institution has the responsibility of having a policy to verify the high school or program was approved by the applicable governing or state authority. The information relative to ATB student admission is submitted prior to enrollment.

Important Note: Students who do not have a high school diploma or a recognized equivalent or have not completed a secondary school education in a home school setting that is treated as a home school or private school under State law will no longer be eligible for Title IV federal student assistance if enrolled

in a program of study on or after July 1, 2012. Students will qualify for Title IV under one of the ability-to-benefit alternatives if the student was enrolled in an eligible program prior to July 1, 2012.

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) (Note: language from www.ed.gov/international/unsei/edlite-index.html). 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. An annual program of training for program supervisors, either institution-wide or by program, is provided for the improvement of education-related management skills.

Documentation of training and evidence of attendance 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) (Note: language from www.ed.gov/international/unsei/edlite-index.html). 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 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.2. *All representations regarding the program are accurate, complete and not misleading.*

All statements made by personnel are based on accurate, verified facts and are provided in a manner and 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 (as of June 30)

G= Graduates

BE= Beginning Enrollment (as of 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.I.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:

Examination Pass Rate = GP/GT

GP = Graduates passing examination (any attempt)

GT = Total graduates taking examination

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

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 graduate's job functions are related to the skills and knowledge acquired through successful completion of the training program.

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

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 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 survey current students (classroom and clinical experience), 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.

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.I.f. *A program demonstrates that it has developed survey satisfaction benchmarks based on required constituency surveys.*

A program must establish satisfaction benchmarks for current students (classroom and clinical experiences), clinical extern affiliates, graduates, and employers. The purpose of the benchmarks is to collect data regarding satisfaction with the program's stated objectives and goals.

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

Benchmark Satisfaction Rate = SL/SP

SL = Satisfaction level

SP = Survey Participation

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

Accordingly, a program must document that at a minimum the survey data included in its effectiveness assessment include the following:

Student (classroom and clinical experience):

Student surveys provide insight regarding student satisfaction relative to all aspects of the program such as instruction, educational resources, and student services, as well as their clinical experience. The surveys identify strengths and weaknesses from a student's perspective.

Clinical extern affiliate:

Externship site surveys include 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. They include an assessment of the strengths and weaknesses, and proposed changes, in the instructional activities for currently enrolled students. The sites also evaluate the responsiveness and support provided by the

designated school representative, who visited the site and remained in contact with the site throughout the duration of the students' externship.

Graduate:

A program has a systematic plan for regularly surveying graduates, which determines if: (i) graduates have been informed of applicable credentialing requirements (ii) the classroom, laboratory, and clinical experiences prepared students for employment and (iii) graduates are satisfied with their educational training.

Employer:

A program has a systematic plan for regularly surveying employers, which determines if: (i) information on whether the skill level of the employee is adequate, and (ii) if the employer would hire another graduate from the program.

Subsection 2 – Program Effectiveness Plan (PEP) content

V.I.2. A program has an established documented plan for assessing its effectiveness 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.

The Program Effectiveness Plan clearly describes the following elements:

a. student population

A description of the characteristics of the student population is included in the Plan.

b. program objectives

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

c. 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 then 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.

d. 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 then 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.

e. 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 then 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.

f. 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 then 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.

g. satisfaction surveys of students (classroom and clinical experience), 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).

The institution establishes: 1) a goal for the percent of surveys returned and 2) benchmarks for the level of satisfaction desired.

h. 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.

Subsection 3 - Outcomes assessment

V.I.3. A program has a process for assessing effectiveness annually.

The Program Effectiveness Plan specifies a process and a timetable for the annual assessment of program effectiveness.

The plan must:

- i. Identify the process for how data were collected, timetable for data collection, and parties responsible for data collection.
- ii. Include an assessment of the curriculum that uses 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 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:

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

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

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:

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

Associate of Applied Science requires:

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

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

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

Subsection 1 – Basic requirements

VI.B.1. Courses and experiences are clearly postsecondary 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.

All instructors hold, at a minimum, a baccalaureate degree with academic preparation in the specific courses being taught. Instructors of general education must have at least 15 semester credit hours or equivalent in the subject area or demonstrates equivalent, relevant training or experience in the subject matter (applicable to new faculty hires or instructors teaching new general education subjects after January 1, 2012).

Additionally, instructors of occupational courses possess the following:

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

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

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

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:*

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

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

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

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

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

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

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 continuous communication with and guidance of the Advisory Board. At a minimum, this individual possesses the following:

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

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

The institution has a competent faculty in numbers to support the enrollment. In judging competence, consideration must be given to the academic preparation and experience of each instructor.

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

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

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

During any academic term, a faculty member must not be assigned to teach in more than three 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:*

- a. 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.
- b. 60 semester hours, 90 quarter hours, or their equivalent in the area of concentration for which the degree is awarded, not to include subject matter considered general education courses; and
- c. 36 semester hours, 54 quarter hours, or its recognized clock hour equivalent in general education courses.

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

General education and academic subject offerings are distinguished from the professional or vocational offerings and place emphasis on principles and theory and not on practical applications associated with a

particular occupation or profession. General education courses give balance to the total program. Expectations for general education are outlined in the Glossary section.

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, GED or the equivalent recognized by the state where the institution is authorized. Proof of the high school diploma or its equivalent is received prior to the end of the first semester or quarter of attendance.*

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

CHAPTER VII
PROGRAMMATIC REQUIREMENTS

CHAPTER VII
MEDICAL ASSISTING
PROGRAM

CHAPTER VII – MA PROGRAMMATIC EVALUATION STANDARDS FOR MEDICAL ASSISTING

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

For purposes of this chapter, a Medical Assisting program includes any program using the words “medical assisting” or “medical assistant” 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 in the title. 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. Duties may vary, depending upon location and size of the practice and the physician’s specialty, but medical assistants typically answer telephones, prepare patients under the supervision of a licensed medical professional, such as a physician, nurse practitioner, or physician assistant for examination, update and file patient medical records, fill out insurance forms, handle patient billing and bookkeeping tasks, telephone prescriptions to a pharmacy, schedule appointments, arrange hospital admissions, and purchase supplies and equipment.

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

Medical assistants are primarily employed in health care delivery settings such as: physician’s practice, but may also be employed by medical centers, patient centered medical homes, medical specialty clinics, insurance billing agencies, laboratories, and emergency rooms.

CREDENTIALING

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

SECTION A –Curriculum, Competencies and Externship

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

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

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

1. General Orientation

An introduction and review of the program curricular component includes:

- a. Employment conditions
- b. The allied health professions
- c. Credentialing of the medical assistant
- d. General responsibilities of the medical assistant

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 medical assistant credentialing requirements and the process to obtain the credential and comprehend the importance of credentialing
- d. List the general responsibilities & skills of the medical assistant

2. Anatomy and Physiology

- a. Structure and function
- b. Body systems
- c. Common diseases, diagnoses, and treatments
- d. Diet and nutrition

Graduates will be able to:

- a. List all body systems, their structure 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

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

Graduates will be able to:

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

4. Medical Law and Ethics

- a. Documentation
- b. Federal and state guidelines
- c. Established policies
- d. Liability coverage
- e. Risk management
- f. Health laws and regulations
 - 1) The scope of practice within the state of employment
 - 2) Delegation
- g. Ethics

Graduates will be able to:

- a. Follow documentation guidelines
- b. Institute federal and state guidelines when releasing medical records or information
- c. Follow established policies when initiating or terminating medical treatment
- d. Understand the importance of maintaining liability coverage once employed in the industry
- e. Perform risk management procedures
- f. Comply with federal, state, and local health laws and regulations as they relate to healthcare settings
 - 1) Define scope of practice for the medical assistant within the state that the medical assistant is employed
 - 2) Describe what procedures can and cannot be delegated to the medical assistant and by whom within various employment settings
- g. Display compliance with Code of Ethics of the profession

5. Psychology of Human Relations

- a. Abnormal behavior patterns
- b. Terminally ill patients
- c. Patient advocacy
- d. Developmental stages of life
- e. Working with diverse populations

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/support groups that can assist patients and family members of patients experiencing terminal illnesses
- c. Intervene on behalf of the patient regarding issues/ concerns that may arise, i.e. insurance policy information, medical bills, physician/provider orders, etc.
- d. Discuss developmental stages of life
- e. Analyze the effect of hereditary, cultural, and environmental influences on behavior

6. Pharmacology

- a. Commonly prescribed drugs
- b. Math and metric conversions
- c. Prescriptions
- d. Use of drug references
- e. Laws and regulations

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 Physician's Desk Reference (PDR), drug handbook and other drug references to identify a drug's classification, usual dosage, usual side effects, and contraindications
- e. Comply with federal, state, and local health laws and regulations

7. Records Management

- a. Data entry skills
- b. Office systems and software including Electronic Medical Records
- c. Laws and regulations

Graduates will be able to:

- a. Perform basic keyboarding skills (i.e. Microsoft Word, etc.)
- b. Utilize Electronic Medical Records (EMR) and Practice Management Systems
- c. Comply with federal, state, and local laws relating to exchange of information and describe elements of meaningful use and reports generated

8. Administrative Procedures

- a. Records management
- b. Financial Practices
- c. Insurance and Coding
- d. Scheduling
- e. Office environment
- f. Communication

Graduates will be able to:

- a. Gather and process documents
- b. Perform billing and collection procedures
 - 1) Accounts payable and accounts receivable
 - 2) Post adjustments
 - 3) Payment procedures; i.e. credit balance, non-sufficient funds, refunds
- c. Process insurance claims
 - 1) Differentiate between procedures of private, federal, and state payers
 - 2) Differentiate managed care; i.e. HMO, PPO, IPA including referrals and pre-certification
 - 3) Perform diagnostic and procedural coding
- d. Apply scheduling principles
 - 1) Schedule of in- and out-patient procedures
 - 2) Admission or hospital procedures

- e. Maintain inventory of equipment and supplies
 - 1) Perform routine maintenance of administrative equipment
- f. Display professionalism through written and verbal communications

9. Clinical Procedures

- a. Infection control
- b. Patient screening
- c. General/Physical examination
- d. Specialty examination
- e. Procedure/Minor surgery
- f. Medication administration
- g. Office emergencies
- h. Patient education
- i. Alternative healthcare/Community resources
- j. Adaptations

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, gastroenterology procedures
- e. Perform specialty procedures including but not limited to minor surgery, cardiac, respiratory, OB-GYN, neurological, 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 with patients with special needs

10. Medical Laboratory Procedures

- a. Quality control
- b. CLIA-waived tests
- c. Biohazards
- d. Specimens
- e. Patient instructions

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
 - (a) Pregnancy
 - (b) Quick strep
 - (c) Dip sticks
- c. Dispose of biohazardous materials

- d. Collect, label, and process specimens
 - 1) Perform venipuncture
 - 2) Perform capillary puncture
 - 3) Perform wound collection procedures
 - 4) Obtain throat specimens for microbiologic testing
- e. Instruct patients in the collection of
 - 1) Clean-catch mid-stream urine specimen (CCMS, 24-hour, etc.)
 - 2) Collection of fecal specimen
 - 3) Collection of sputum specimens

11. Career Development

- a. Essentials for employment
- b. Professionalism

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:

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 various types of activities that will expose the student to the necessary skills required of the profession and includes a minimum of 160 clock hours.

(b) Activities

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

(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:

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

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 graduates
- ii. employers
- iii. licensed (in a jurisdiction within the United States) physician, physician assistant or nurse practitioner and is associated with the staff and faculty in a consulting capacity

SECTION C – Laboratory Facilities and Resources

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

- a. Student stations to accommodate the number of students enrolled
- b. Lighting, electrical outlets, ventilation and storage space
- c. A physical environment conducive to instruction and learning including all relevant and current supplies necessary to support the program
- d. Laboratory areas are sufficient in size and safely accommodate students, faculty and equipment during instruction
- e. Demonstrate compliance with all state, federal, and local laws

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

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

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

CHAPTER VII
MEDICAL LABORATORY
TECHNOLOGY PROGRAM

CHAPTER VII-MLT PROGRAMMATIC EVALUATION STANDARDS FOR MEDICAL LABORATORY TECHNOLOGY

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

DESCRIPTION OF THE PROFESSION

Medical Laboratory Technicians (MLT), sometimes called Clinical Laboratory Technicians (CLT), 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 prevention. Medical Laboratory Technicians are educated in the various disciplines included, but not limited to hematology, microbiology, clinical chemistry, immunology, and immunohematology.

MLT/CLT's are thoroughly trained in the use of sophisticated equipment and instruments.

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

CREDENTIALING

Credentialing in medical laboratory technology is encouraged for graduates of ABHES-accredited programs. Programs are expected to prepare students in necessary aspects of the curriculum included in the national credentialing examinations available in this field of study.

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

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 may dictate differently;
2. requisites (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. Focus is placed on attitudes, values and beliefs that lead to sound ethical behavior. Student competencies are developed for effective interpersonal relationships with other health care professionals, problem solving, work management, and quality patient care. Program content is designed to prepare the student to develop critical listening skills, body language, and verbal skills for better overall communication in the allied health setting. 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.

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 an understanding of HIPAA compliance rules and regulations
- b. Complete chain of custody form
- c. Be cognizant of ethical boundaries in the field of medical laboratory technology
- d. Demonstrate an understanding of OSHA compliance rules and regulations

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 - Body Fluids

Graduates will be able to:

- a. Perform urinalysis procedures
- b. Perform procedures for analysis of synovial, pleural, and spinal fluids
- c. Perform procedures for analysis of other relevant body 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. Demonstrate an understanding of bone marrow slide evaluation and LAP scores
- c. Perform coagulation procedures to include:
 - 1) Prothrombin time (PT)/INR
 - 2) Fibrinogen
 - 3) Activated partial thromboplastin time (PTT)
 - 4) Factor assays
 - 5) D-Dimer assays

7. Immunohematology

Graduates will be able to:

- a. Perform procedures for immunohematology including:
 - 1) ABO & Rh blood group systems

- 2) Antibody screening
 - 3) Compatibility testing
 - 4) Prenatal and new born 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 staining techniques
 - 1) Gram
 - 2) Acid fast
- 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. Isolation of microbes from blood cultures.
- g. Demonstrate an understanding of:
 - 1) Antibigrams
 - 2) Phage typing
 - 3) Parasitology
 - 4) Mycology
 - 5. Virology

9. 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 creatininne

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

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 with an approved laboratory, and the students' progress is evaluated through a formal procedure. Clinical externship sites include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession.

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

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

(b) Activities

1. Students are oriented to the facility and the daily routine of the facility.
2. Students initially observe activities and procedures and then begin perform tasks and procedures.
3. The externship experience covers the major sections of clinical laboratory testing including; chemistry, hematology/coagulation, urinalysis, serology, immunohematology, and microbiology.
4. An externship includes assisting clinical staff members with daily tasks, while under the supervision of staff.
5. As their externship experience progresses, they move into more advanced tasks and procedures. Record of student competencies are maintained to ensure a variety of tasks performed.

(c) Supervision

(no additional requirements beyond Chapter V.B.4.c. & MLT.B.2.a.)

(d) Requirements for completion

(no additional requirements beyond CH 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 experience in the field or a closely related field.

Subsection 2 – Faculty and consultation

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

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

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

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

Faculty/student ratio does not exceed program specific requirements. Student to instructor ratio in the laboratory does not exceed 10:1.

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

The program's advisory board must include a graduate and current practitioner.

SECTION C – Educational Facilities and Resources

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

1. Laboratory areas are of a size to accommodate students, faculty and equipment during instruction.
2. Equipment and instruments are available in quantity and quality to accommodate student during instruction.

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

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

CHAPTER VII
SURGICAL TECHNOLOGY
PROGRAM

CHAPTER VII – ST PROGRAMMATIC EVALUATION STANDARDS FOR SURGICAL TECHNOLOGY

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

DESCRIPTION OF THE PROFESSION

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

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

Surgical technologists' 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 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 available in this field of study.

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

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

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, and
- iii. adhering to the current Core Curriculum for Surgical Technology, produced by the Association of Surgical Technologists (www.ast.org).

Normally a minimum of 1,100 clock hours, including a 500 clock-hour clinical experience, is required for program completion. While each program will be assessed for its effectiveness in achieving program objectives and competencies, justification for deviations from the lengths identified above may require addressing such issues as student outcomes and employer satisfaction.

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 externship site affiliations:

(i) 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 to substitution.

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

(ii) Activities

(no additional requirements beyond Chapter V.B.4.b.)

(iii) 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.

(iv) Requirements for Completion

Clinical assignments must allow the student to fulfill all of the requirements set forth in the current Core Curriculum for Surgical Technologists (herein referred to as the Core Curriculum), produced by the Association of Surgical Technologists (www.ast.org), including typical length as described in ST.A.1.

ST.A.3. *The program administers to each cohort of students an 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 is:

- i. developed through an accredited testing agency in the field of surgical technology; and,
- ii. 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 (3) years teaching in the field of surgical technology prior to employment,
- iii. evidence continued education and training intended to maintain and enhance their professional knowledge of surgical technology instruction and administrative requirements as well as to promote–necessary education, standards, and credentialing required in the surgical technology field (e.g., pursuit of advanced academic degrees and active participation in related state and national membership associations) ,and
- iv. may also serve as clinical coordinators but must be free of additional educational and administrative responsibilities that may impede them in effectively fulfilling their supervisory role.

Subsection 2 – Faculty 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 12:1.

ST.B.2.c. A clinical coordinator is responsible for supervision of clinical faculty and students and is employed by the program.

Clinical coordinators meet the qualifications of faculty (see ST.B.2.a).

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 physician with recent operating room experience, and
- 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 as qualified.

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 in the scrub capacity and that meets the requirements of the current Core Curriculum.

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
PROGRAM 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 assess and 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. (b).

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

CHAPTER VIII– DA I PROGRAM EVALUATION STANDARDS FOR DENTAL ASSISTING

ABHES does not programmatically accredit any dental assisting program, whether at a basic level or at a more advanced level of practice. However, 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, including the specific evaluation standards of Chapter V. Accordingly, every Self-Evaluation Report (SER), institutional site visit, and Site Visitation Report evaluates each program individually against all ABHES accreditation standards. A program specialist is used to evaluate each individual program offered by an institution. Individual programs that do not demonstrate compliance with the standards, policies, and procedures set forth in the *Accreditation Manual* may be excluded from the institution’s grant of accreditation or may cause the institution’s accreditation to face adverse action.

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”).

An institution offering a dental assisting program demonstrates compliance with the evaluation standards contained in Chapters IV and V of the *Accreditation Manual*. If an institution seeks inclusion of a Dental Assisting II program within its grant of accreditation, then the institution in its request specifically identifies the program as such and demonstrates that the program complies with the standards of this Chapter VIII in addition to compliance with the evaluation standards of Chapters IV and V. 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.

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.

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 as dentists examine and treat patients. Some duties may be performed under either 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 develop 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 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 with laboratory duties make casts of the teeth and mouth from impressions, clean and polish removable appliances, and make temporary crowns. Dental assistants with office duties schedule and confirm appointments, receive patients, keep treatment records, send bills, receive payments, and order dental supplies and materials. 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.

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

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

1. Clinical Sciences

Clinical science courses prepare the student for preclinical and clinical experiences. Students demonstrate competence in performance of the procedures that they will perform in the clinical setting. Competencies in the clinical skills listed below each subject area are attained by graduates for entry-level practice. Course development requires that learning strategies for these graduate competencies be imbedded throughout the curriculum to achieve maximum effectiveness.

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 the term "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 communication levels, lengths, and depths for specific audiences.
- i. Assess the listener's comprehension of the message conveyed.
- j. Formulate written communications that utilize proper grammar, punctuation, and spelling.
- k. Utilize listening skills and behavioral observation during the performance of the job.
- l. Demonstrate verbal techniques that influence perception and enhance listening.
- m. Describe and employ methods for bridging communication gaps for non-English speakers or those whose listening abilities are impaired.
- n. Practice knowledge of interpersonal skills to enhance working relationships.
- o. Exhibit an understanding of diversity (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.

2. Business Office Procedures

Course content prepares the graduate to manage telephone queries, appointments, supply inventory, insurance reimbursement, and office finances. In addition, the graduate operates computers and other office equipment, accesses the Internet, and constructs emails for transmission of radiographic studies.

Graduates will be able to:

- a. Handle office appointments in a professional manner.
- b. Handle telephone queries in a professional manner.
- c. Perform word processing on a computer.
- d. Operate copiers, printers, and fax machines.
- e. Access the Internet to assemble information.
- f. Construct, send, and receive emails.
- g. Identify and analyze patient confidentiality issues involving the collection and transmission of data.
- h. Maintain inventory supply levels.

3. Infection and hazard control

Course content prepares the graduate to manage infection and hazard control procedures according to published OSHA-mandated professional guidelines.

Graduates will be able to:

- a. Comprehend and perform all relevant hand washing techniques.
- b. Recognize the need for personal protective barriers, and perform their placement.
- c. Recognize the need for surface barriers, and perform their placement.
- 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. Handle all sharps (needles and blades) according to established procedures.

4. Clinical equipment function and maintenance

Course content prepares the graduate to operate and maintain dental equipment utilized in the clinical setting.

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 team

Course content prepares the graduate to understand ergonomic positioning of the dental team, and to prevent injury caused by repetitive motions. In addition, procedures for patient seating and dismissal, including those with special needs, are emphasized.

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. Appreciate the needs of patients with disabilities (and other special needs), and seat and dismiss them accordingly.

6. Medical/dental histories and vital signs

Course content prepares the graduate to assemble and record medical and dental histories, and understand their relevance to treatment and overall health care. Graduates are also prepared to obtain vital signs and understand differences between normal and abnormal readings.

Graduates will be able to:

- a. Assemble and record the medical and dental history of the patient.
- b. Comprehend the relevance of medical and dental histories to treatment.
- c. Obtain readings for body temperature, pulse rate, respiration rate, and blood pressure.
- d. Assess and document the patient's level of pain.
- e. Compare and contrast the normal readings of each of the vital signs, and understand deviations from the norm.
- f. Notify the dentist of any deviation from the normal readings of any of the vital signs.

7. Instruments, tray set-ups, transfer methods

Course content prepares the graduate to handle dental instruments, and to understand their functions and parts. In addition, graduates are prepared to transfer mixed materials, select instruments for tray set-ups, and to utilize the various grasps for each instrument.

Graduates will be able to:

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

8. Oral illumination

Course content prepares the graduate to comprehend the functions and operation of dental lights, and to position them for optimal illumination of the oral cavity during all chairside procedures.

Graduates will be able to:

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

9. Tissue retraction and oral evacuation (as permissible by state law)

Course content prepares the graduate to retract tissue utilizing a high velocity suction, and to place the saliva ejector for maintenance of a dry field. In addition, graduates are prepared to protect patient's oral tissues and prevent aspiration of unwanted objects.

Graduates will be able to:

- a. Understand and apply methods of tissue retraction, including retraction with a high velocity suction.
- b. Place the saliva ejector for maintenance of a dry field.
- c. Recognize and assess the need for protection of the patient's oral tissues, and apply methods to prevent damage.
- d. Identify the dangers of aspiration during dental procedures, and apply methods to prevent aspiration of unwanted objects.

10. Isolation methods

Course content prepares the graduate to place and remove dental dams and cotton rolls, and to assemble the armamentarium for dental dam placement. An understanding of the functions, uses, and necessities for dental dams and cotton rolls is emphasized.

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.
- c. Define the term "armamentarium" as it applies to the practice of dentistry.

11. Chairside instrumentation for restorative procedures

Course content prepares the graduate to understand the functions and parts of restorative instruments, hand cutting instruments, burs, abrasion rotary instruments, and preset trays and tubs. In addition, the

graduate is prepared to understand cavity nomenclature, and to prepare and remove caries prior to placing a restoration.

Graduates will be able to:

- a. List and describe the functions of various restorative instruments and their parts.
- b. Describe and understand the function of all types of hand cutting instruments.
- c. List and describe the names, numbers, and functions of burs.
- d. Know and comprehend the function of abrasion rotary instruments.
- e. Know and comprehend the function of preset trays and tubs.
- f. Describe and understand cavity nomenclature.
- g. Describe the steps necessary for removal of caries prior to placing a restoration

12. Dental charting

Course content prepares the graduate to understand cavity classifications and oral conditions using Universal, Federation Dentaire Internationale, and Palmer numbering systems. The graduate is able to use common abbreviations for cavities, dental charting terminology, and color indicators and charting symbols.

Graduates will be able to:

- a. Compare and contrast cavity classifications.
- b. List and describe oral conditions using Universal, Federation Dentaire Internationale, and Palmer numbering systems and their charting
- c. List and describe common abbreviations for simple, compound, and complex cavities
- d. Employ appropriate terminology for basic dental charting.
- e. List and describe color indicators and charting symbols.

13. Pain management

Course content prepares the graduate to recognize the patient's symptoms of pain and anxiety, and assist the dentist in their management. Injection sites, syringes, trays, and types of local anesthetics are covered, as are the various complications that can arise during anesthesia.

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.

14. Patient management and care procedures

Course content prepares the graduate to prepare the patient for seating and dismissal, and present the patient with oral health and postoperative instructions. The graduate is also prepared to maintain accurate patient treatment records and perform their duties for emergencies.

Graduates will be able to:

- a. Prepare the patient for dental operatory seating and dismissal.
- b. Assess and recognize the indications for oral health instruction in accordance with state law, and instruct the patient when necessary.
- c. Assess and recognize the indications for postoperative instructions, and administer to the patient when necessary.
- d. Recognize the importance of accurate patient treatment record maintenance.
- e. Explain the dental assistant's role for medical and dental emergencies.

15. Dentistry Ethics

Course content prepares the graduate to comprehend the legal and ethical aspects of dentistry practice, and to apply the professional responsibilities prescribed by the *American Dental Assistants' Association Principles and Ethics*.

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.

16. Pre-Clinical Dental Assisting

Preclinical dental assisting is a fundamental course in dental assisting education, designed to provide a foundation for skills application. These curricular elements now focus on the practical application of specific skills necessary to perform as a professional dental assistant. Additional course content for pre-clinical dental assisting include ergonomics, illumination, armamentarium, and tissue retraction, which are covered in previous courses, but may be applied to this section.

Graduates will be able to:

- a. Understand and apply the techniques for four-handed or six-handed dentistry.
- b. Explain the methods for oral evacuation and apply them.
- c. Define the term "operator maintenance" as it applies to dentistry, and apply the methods necessary for achievement.

17. Dental Sciences

Knowledge of dental sciences is integrated with dental materials, oral anatomy, infection control, and medical/dental emergencies. It is preferable that dental assisting students be concurrently enrolled in oral anatomy and introduction to dentistry during the presentation of the preclinical skills application.

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 emphasize drugs relevant to the practice of dentistry.

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.

f. Pathology of the Oral Cavity

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: etiology, pathogenesis, identification, and management of diseases which affect the oral and maxillofacial regions. Basic knowledge in the above.
- 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

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:

- 1) 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.
- 2) Has experience in the field
- 3) 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.

- (a) Preclinical faculty members 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.
- (b) The institution ensures faculty is experienced in educational methods, testing, and evaluation.
- (c) 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.

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

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:*

- a. Student stations suitable to number of students
- b. Lighting, electrical outlets, ventilation and storage space
- c. Adequate lighting, electrical outlets, and storage space
- d. Adjustable chair
- e. Sinks and plaster control devices
- f. Adequate ventilation
- g. Sufficient number of lathes, model trimmers, and vibrators for proper instruction
- h. Sufficient variety of quality dental materials
- i. Power operated chairs
- j. Air and water syringes
- k. Dental units and mobile stools
- l. Adjustable dental light
- m. High and low speed handpieces
- n. Oral evacuating equipment
- o. Work surface for the assistant
- p. Sterilizing equipment and area for preparing, sterilizing, and storing instruments
- q. Dental radiography units that meet applicable regulations
- r. Teaching mannequins
- s. Sufficient number of view boxes and film-holding devices to accommodate several students
- t. Film developing devices or darkroom

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:*

- a. Diagnostic
- b. Surgical
- c. Operative
- d. Periodontal
- e. Orthodontic
- f. Endodontic
- g. Pediatric
- h. Prosthodontics (removable and fixed)

Supplies, equipment, and instrumentation for laboratory instruction reflects actual clinical experiences

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.

DAI.C.1.f. Adequate lecture classrooms exist with a chair and desk for each student.

CHAPTER VIII– DA II PROGRAM EVALUATION STANDARDS FOR DENTAL ASSISTING

ABHES does not programmatically accredit any dental assisting program, whether at a basic level or at a more advanced level of practice. However, 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, including the specific evaluation standards of Chapter V. Accordingly, every Self-Evaluation Report (SER), institutional site visit, and Site Visitation Report evaluates each program individually against all ABHES accreditation standards. A program specialist is used to evaluate each individual program offered by an institution. Individual programs that do not demonstrate compliance with the standards, policies, and procedures set forth in the *Accreditation Manual* may be excluded from the institution’s grant of accreditation or may cause the institution’s accreditation to face adverse action.

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”).

An institution offering a dental assisting program demonstrates compliance with the evaluation standards contained in Chapters IV and V of the *Accreditation Manual*. If an institution seeks inclusion of a Dental Assisting II program within its grant of accreditation, then the institution in its request specifically identifies the program as such and demonstrates that the program complies with the standards of this Chapter VIII in addition to compliance with the evaluation standards of Chapters IV and V. 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

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.

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 as dentists examine and treat patients. Some duties may be performed under either 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 develop 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 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 with laboratory duties make casts of the teeth and mouth from impressions, clean and polish removable appliances, and make temporary crowns. Dental assistants with office duties schedule and confirm appointments, receive patients, keep treatment records, send bills, receive payments, and order dental supplies and materials. 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.

SECTION A - Curriculum, Competencies, 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

Courses prepare the graduate to communicate with patients and other health care professionals. Content is designed to prepare the student to perform crucial listening techniques, body language, and verbal skills for better overall communication. Course content also prepares the graduate to express logical ideas in writing, and understand how diversity influences communication.

Graduates will be able to:

- a. Assess communication levels, lengths, and depths for specific audiences.
- b. Assess the listener's comprehension of the message conveyed.
- c. Formulate written communications that utilize proper grammar, punctuation, and spelling.
- d. Utilize listening skills and behavioral observation during the performance of the job.
- e. Demonstrate verbal techniques that influence perception and enhance listening.
- f. Describe and employ methods for bridging communication gaps for non-English speakers or those whose listening abilities are impaired.
- 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

Course content prepares the graduate to deal workplace issues in a professional manner. Focus is placed on attitudes, values and beliefs that lead to sound ethical behaviors. Graduates are prepared to take personal responsibility for quality patient care, and to project a professional image to the public. Skills are developed for effective interpersonal relationships with other health care professionals, as well as for problem solving and work management.

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

Clinical science courses prepare the student for preclinical and clinical experiences. Students demonstrate competence in performance of the procedures that will perform in the clinical setting. Competencies in the clinical skills listed below each subject area are attained by graduates for entry-level practice. Course development requires that learning strategies for these graduate competencies be imbedded throughout the curriculum to achieve maximum effectiveness.

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.

4. Business Office Procedures

Course content prepares the graduate to manage telephone queries, appointments, supply inventory, insurance reimbursement, and office finances. In addition, the graduate operates computers and other office equipment, accesses the Internet, and constructs emails for transmission of radiographic studies.

Graduates will be able to:

- a. Handle office appointments in a professional manner.
- b. Handle telephone queries in a professional manner.
- c. Perform word processing on a computer.
- d. Operate copiers, printers, and fax machines.
- e. Access the Internet to assemble information.
- f. Construct, send, and receive emails.
- g. Identify and analyze patient confidentiality issues involving the collection and transmission of data.
- h. Maintain inventory supply levels.

5. Infection and hazard control

Course content prepares the graduate to manage infection and hazard control procedures according to published OSHA-mandated professional guidelines. Course content includes concepts of hand washing, personal protective barrier placement, surface barriers, disinfection, ultrasonic cleaning, hazardous waste management, gloving techniques, sterilizing equipment, sterilization of instruments, biological monitoring, and sharps and handling.

Graduates will be able to:

- a. Comprehend and perform all relevant hand washing techniques.
- b. Recognize the need for personal protective barriers, and perform their placement.
- c. Recognize the need for surface barriers, and perform their placement.
- 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. Handle all sharps (needles and blades) according to established procedures.

6. Clinical equipment function and maintenance

Course content prepares the graduate to operate and maintain dental equipment utilized in the clinical setting.

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 team

Course content prepares the graduate to comprehend ergonomic positioning of the dental team, and to prevent injury caused by repetitive motions. In addition, procedures for patient seating and dismissal, including those with special needs, are emphasized.

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. Assess the needs of patients with disabilities (and other special needs), and seat and dismiss them accordingly.

8. Medical/dental histories and vital signs

Course content prepares the graduate to assemble and record medical and dental histories, and understand their relevance to treatment and overall health care. Graduates are also prepared to obtain vital signs and understand differences between normal and abnormal readings.

Graduates will be able to:

- a. Assemble and record the medical and dental history of the patient.
- b. Comprehend the relevance of medical and dental histories to treatment.
- c. Obtain readings for body temperature, pulse rate, respiration rate, and blood pressure.
- d. Assess and document the patient's level of pain.
- e. Compare and contrast the normal readings of each of the vital signs, and understand deviations from the norm.
- f. Notify the dentist of any deviation from the normal readings of any of the vital signs.

9. Instruments, tray set-ups, transfer methods

Course content prepares the graduate to handle dental instruments, and to understand their functions and parts. In addition, graduates are prepared to transfer mixed materials, select instruments for tray set-ups, and utilize the various grasps for each instrument.

Graduates will be able to:

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

10. Oral illumination

Course content prepares the graduate to understand the functions and operation of dental lights, and to position them for optimal illumination of the oral cavity during all chairside procedures.

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 (as permissible by state law)

Course content prepares the graduate to retract tissue utilizing a high velocity suction, and to place the saliva ejector for maintenance of a dry field. In addition, graduates are prepared to protect patient's oral tissues and prevent aspiration of unwanted objects.

Graduates will be able to:

- a. Understand and apply methods of tissue retraction, including retraction with a high velocity suction.
- b. Place the saliva ejector for maintenance of a dry field.
- 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 unwanted objects.

12. Isolation methods

Course content prepares the graduate to place and remove dental dams and cotton rolls, and to assemble the armamentarium for dental dam placement. An understanding of the functions, uses, and necessities for dental dams and cotton rolls is emphasized.

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.
- c. Place and remove dental dams.
- d. Place and remove cotton rolls.
- e. Define the term "armamentarium as it applies to the practice of dentistry."
- f. Assemble an armamentarium for placement of a dental dam.

13. Chairside instrumentation for restorative procedures

Course content prepares the graduate to understand the functions and parts of restorative instruments, hand cutting instruments, burs, abrasion rotary instruments, and preset trays and tubs. In addition, the graduate is prepared to understand cavity nomenclature, and to prepare and remove caries prior to placing a restoration.

Graduates will be able to:

- a. List and describe the functions of various restorative instruments and their parts.

- b. Describe and comprehend the function of all types of hand cutting instruments.
- c. List and describe the names, numbers, and functions of burs.
- d. Know and comprehend the function of abrasion rotary instruments.
- e. Know and comprehend the function of preset trays and tubs.
- f. Describe and understand cavity nomenclature.
- g. Describe the steps necessary for removal of caries prior to placing a restoration

14. Dental charting

Course content prepares the graduate to understand cavity classifications and oral conditions using Universal, Federation Dentaire Internationale, and Palmer numbering systems. The graduate is able to use common abbreviations for cavities, dental charting terminology, and color indicators and charting symbols.

Graduates will be able to:

- a. Compare and contrast cavity classifications.
- b. List and describe oral conditions using Universal, Federation Dentaire Internationale, and Palmer numbering systems and their charting
- c. List and describe common abbreviations for simple, compound, and complex cavities
- d. Employ appropriate terminology for basic dental charting.
- e. List and describe color indicators and charting symbols.

15. Pain management

Course content prepares the graduate to recognize the patient's symptoms of pain and anxiety, and assist the dentist in their management. Injection sites, syringes, trays, and types of local anesthetics are covered, as are the various complications that can arise during anesthesia.

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 and comprehend 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.

16. Patient management and care procedures

Course content prepares the graduate to prepare the patient for seating and dismissal, and present the patient with oral health and postoperative instructions. The graduate is also prepared to maintain accurate patient treatment records and perform their duties for emergencies.

Graduates will be able to:

- a. Prepare the patient for dental operatory seating and dismissal.
- b. Assess and recognize the indications for oral health instruction in accordance with state law, and instruct the patient when necessary.
- c. Assess and recognize the indications for postoperative instructions, and administer to the patient

- when necessary.
- d. Assess and recognize the indications for fluoride use and proper placement in accordance with state law, and administer to the patient when necessary.
 - e. Assess the importance of accurate patient treatment record maintenance.
 - f. Explain the dental assistant's role for medical and dental emergencies.

17. Dentistry Ethics

Course content prepares the graduate to understand the legal and ethical aspects of dentistry practice, and to apply the professional responsibilities prescribed by the *American Dental Assistants' Association Principles and Ethics*.

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.

18. Pre-Clinical Dental Assisting

Preclinical dental assisting is a fundamental course in dental assisting education, designed to provide a foundation for skills application. These curricular elements now focus on the practical application of specific skills necessary to perform as a professional dental assistant. Additional course content for pre-clinical dental assisting include ergonomics, illumination, armamentarium, and tissue retraction, which are covered in previous courses, but may be applied to this section.

Graduates will be able to:

- a. Understand and apply the techniques for four-handed or six-handed dentistry.
- b. Explain the methods for oral evacuation and apply them.
- c. Define the term "operator maintenance" as it applies to dentistry, and apply the methods necessary for achievement.

19. Dental Sciences

Knowledge of dental sciences is integrated with dental materials, oral anatomy, infection control, and medical/dental emergencies. It is preferable that dental assisting students be concurrently enrolled in oral anatomy and introduction to dentistry during the presentation of the preclinical skills application.

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 emphasize drugs relevant to the practice of dentistry. 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 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, and patient management for developing a comprehensive disease program to treat individual patients.

f. **Pathology of the Oral Cavity**

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:** etiology, pathogenesis, identification, and management of diseases which affect the oral and maxillofacial regions. Basic knowledge in the above.

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

DAII.A.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 300 clock hours. In all cases, the externship site used is properly approved and regulated.

(b) Activities

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

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

If the program does not employ a supervisor on site, a qualified preceptor employed by the clinical externship 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.

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. 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:

- (a) 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.
- (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).
- (c) Has a background in educational methods, testing and evaluation.
- (d) Has experience in the field and as an educator, including administrative functions, of a dental assisting program.
- (e) 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. Faculty formal education/training and experience support the goals of the program.

- (a) Preclinical and clinical faculty members 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.
- (b) Faculty have an earned baccalaureate degree or be working toward completing a baccalaureate degree program in a timely manner.
- (c) The institution ensures faculty is experienced in educational methods, testing, and evaluation.
- (d) 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.

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

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:

- a. Student stations suitable to number of students
- b. Lighting, electrical outlets, ventilation and storage space
- c. Adequate lighting, electrical outlets, and storage space
- d. Adjustable chair
- e. Sinks and plaster control devices
- f. Adequate ventilation
- g. Sufficient number of lathes, model trimmers, and vibrators for proper instruction
- h. Sufficient variety of quality dental materials

- i. Power operated chairs
- j. Air and water syringes
- k. Dental units and mobile stools
- l. Adjustable dental light
- m. High and low speed handpieces
- n. Oral evacuating equipment
- o. Work surface for the assistant
- p. Sterilizing equipment and area for preparing, sterilizing, and storing instruments
- q. Dental radiography units that meet applicable regulations
- r. Teaching mannequins
- s. Sufficient number of view boxes and film-holding devices to accommodate several students
- t. Film developing devices or darkroom

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:

- a. Diagnostic
- b. Surgical
- c. Operative
- d. Periodontal
- e. Orthodontic
- f. Endodontic
- g. Pediatric
- h. Prosthodontics (removable and fixed)

Supplies, equipment, and instrumentation for laboratory instruction reflects actual clinical experiences

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.

DAII.C.1.f. Adequate lecture classrooms exist with a chair and desk for each student.

CHAPTER VIII
PROGRAM EVALUATION STANDARDS
FOR DIAGNOSTIC MEDICAL SONOGRAPHY

CHAPTER VIII– DMS PROGRAM EVALUATION STANDARDS FOR DIAGNOSTIC MEDICAL SONOGRAPHY

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

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

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

DESCRIPTION OF THE PROFESSION

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

CREDENTIALING

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

SECTION A – Curriculum, Competencies, and Clinical Experience

DMS.A.1. *The depth and breadth of the program’s curriculum enables graduates to acquire t competencies in cognitive, psychomotor, and affective domains and to perform ultrasound procedures as an entry-level professional 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 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 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 educational 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.

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

Courses include the following components:

1. General Education

A. Communication Skills

Graduates demonstrate knowledge and understanding of:

- a. Patient interaction and education, including history taking, pre- and post-procedure information, principles and practices of good health , and diagnostic testing protocols
- b. Technical writing
- c. Preparation and presentation of technical reports
- d. Physician interaction for communication (oral and written) of clinical findings
- e. Basic computer usage
- f. Workplace communication
- g. Proper telephone etiquette in a medical environment

B. Mathematics

Graduates demonstrate knowledge and understanding of :

- a. Arithmetic and Algebraic functions and processes

- b. Conversion through the use of dimensional analysis
- c. Fractions, decimals, percentages, and interconversions
- d. Logarithms and exponents
- e. Manipulation of data and information to achieve desired results
- f. Statistical research studies and publications

C. Physics

Graduates demonstrate knowledge and understanding of:

- a. General and acoustic physics
- b. Principles of general physics (e.g., motion, work, and heat)
- c. Principles of acoustic and light waves
- d. Sound production and propagation
- e. Interactions of sound with matter
- f. Principles of Doppler applications in diagnostic medical sonography
- g. Application of physics principles to professional practice
- h. Ultrasound transducers
- i. Instruments of ultrasound
- j. Components of the ultrasound system
- k. Hemodynamics
- l. Doppler instruments, components, and technologies utilized in sonography
- m. Bio effects of ultrasound
- n. Quality assurance and clinical safety
- o. Technologies in diagnostic ultrasound

D. Anatomy and Physiology

Graduates demonstrate knowledge and understanding of:

- a. **The anatomy, physiology and pathophysiology components of the following major body systems:**
 - 1) Respiratory
 - 2) Cardiovascular system
 - 3) Nervous system
 - 4) Digestive system
 - 5) Muscular Skeletal system
 - 6) Reproductive systems
 - 7) Urinary system
 - 8) Endocrine system
 - 9) Reticuloendothelial system
 - 10) Skin and Integumentary system
- b. **The primary physiological function of the human body through practical and didactic assessment.**

2. Curricular Requisites

A. Medical Terminology

Graduates demonstrate knowledge and understanding of:

- a. Structure of medical terms (roots, prefixes, and suffixes)
- b. Abbreviations and symbols used in health care
- c. Procedural terminology

B. Career and Professional Development

Graduates demonstrate knowledge and understanding of:

- a. Credentialing and licensure
- b. Careers in sonography
- c. Employment process: Essentials for employment
- d. Resume writing, interviewing, employment search
- e. Professionalism
- f. Professional certifications and credentialing
- g. Continuing Education
- h. Professional organizations and memberships

C. Medical Law and Ethics

Graduates demonstrate knowledge and understanding of:

- a. Ethical decision-making
- b. Pertinent legal principles and terminology applicable to the profession
- c. Patient confidentiality
- d. HIPAA
- e. Patient Bill of Rights
- f. Advanced directives
- g. Professional codes of conduct
- h. Professional scope of practice

D. Basic Patient Care

Graduates demonstrate knowledge and understanding of:

- a. Sonographer – Patient interaction
- b. Patient safety practices
- c. Strategies for dealing with difficult patients
- d. Infection control and universal precautions
- e. Principles of emotional and psychological support
- f. Emergency situations and procedures
- g. CPR
- h. Patient transfer and transportation
- i. Diagnostic testing protocols
- j. Application of critical thinking skills
- k. Patient positioning
- l. Legal/ethical issues of patient care
- m. Interaction with other health care providers

E. Sonographer Safety

Graduates demonstrate knowledge and understanding of:

- a. Ergonomics
- b. Physical stress factors
- c. Repetitive stress injuries
- d. Emotional and psychological safety
- e. Workplace stress
- f. Environmental concerns
- g. Equipment safety

F. Pathology

Graduates demonstrate knowledge and understanding of:

- a. Cell injury and death

- 1) Pathogenesis of cell injury
 - 2) Etiology of cell injury
 - 3) Types of cell injury or types of necrosis
- b. Cell and tissue protection, repair, and healing
- 1) Healing process
 - 2) Complications of healing
- c. Trimester Gravid Pelvis: Maternal and fetal assessment
- 1) Uterus: location, size, and vascular changes
 - 2) Ovaries: locations, size, and associated changes of early pregnancy
 - 3) Fluid collections associate with early pregnancy
 - 4) Amniotic fluid

3. Applied Ultrasound Sciences

Applied ultrasound science courses prepare the student for sonographic clinical experiences. Students demonstrate competence in performance of the procedures that will be performed in a clinical setting, including ultrasound equipment function and maintenance.

Graduates demonstrate knowledge and understanding of:

- a. Ultrasound equipment and function
- b. Transducer applications and selection
- c. Scanner controls and adjustment mechanisms
- d. Receiver functions
- e. Imaging modes
- f. Image optimization techniques: 2D; 3D; 4D; color flow and spectral Doppler; and Harmonic imaging
- g. Acoustical artifacts
- h. Quality assurance
 - 1) Bio-effects and safety, ALARA principle
 - 2) Resolution
 - 3) Displays
 - 4) Storage and communication
- i. Scanning Techniques:
 - 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
- j. Examination Procedures
 - 1) Patient name and information
 - 2) Type of examination (pre-sets)
 - 3) Transducer selection
- k. Adjustments to 2-D gray scale controls:
 - 1) Power
 - 2) Overall Gain
 - 3) TGC
 - 4) Depth
 - 5) Focus
 - 6) Frequency
 - 7) Dynamic range
 - 8) Reject

1. Adjustments to M-mode, color flow Doppler, and spectral 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

- m. Ultrasound calculations:
 - 1) Distance
 - 2) Area
 - 3) Circumference
 - 4) Volume
 - 5) Spectral measurements
 - 6) Specific protocol and examination measurements and calculations

- n. Examination Documentation:
 - 1) Photograph
 - 2) Radiographic film
 - 3) Video
 - 4) Digital archiving

- o. Limitations to Imaging
 - 1) Equipment related limitations: artifacts
 - 2) Patient-related limitations: size, position, accessibility
 - 3) Operator related limitations: experience, training
 - 4) Imaging artifacts
 - 5) Biological effects

4. Learning Concentrations

A. General Concentration

- a. Graduates from the general concentration must demonstrate the ability to perform ultrasound examinations of the abdomen, gravid and non-gravid pelvis, superficial structures and non-cardiac chest in accordance with protocol guidelines established by national professional and regulatory organizations using real-time equipment and applying concepts of ultrasound physics, including Doppler technology to produce optimal images.
- b. Graduates must recognize and identify the normal sonographic appearance, including variants and normal Doppler findings in the following structures:
 - 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
 - 15) Prostate
 - 16) Seminal vesicles
 - 17) Abdominal wall
 - 18) Breast
 - 19) Extremity soft tissue
 - 20) Superficial and subcutaneous tissue
 - 21) Musculoskeletal structures
- c. Graduates must recognize and identify the abnormal sonographic appearance and Doppler patterns of diseases related to structures listed in b (above).
- 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) Recognize sonographic appearance and Doppler 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
- d. Graduates must recognize and identify the normal sonographic appearance, including anatomical variants and normal Doppler findings of the structures in the female pelvis.
- 1) Areas for evaluation:
 - a) Reproductive System
 - i. Uterus
 - ii. Vagina
 - iii. Ovaries
 - iv. Adnexa
 - b) Pelvic musculature
 - c) Peritoneal spaces
 - d) Pelvic vasculature

- 2) 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

- 3) Recognize sonographic appearance and Doppler patterns of pathologies in the following categories:
 - a) Iatrogenic
 - b) Degenerative
 - c) Inflammatory
 - d) Neoplastic
 - e) Infectious
 - f) Obstructive
 - g) Congenital
 - h) Hereditary
 - i) Metabolic
 - j) Immunologic

- e. Graduates must recognize and identify the sonographic appearance and Doppler findings of normal maternal and fetal structures during the first, second, and third trimesters of gestation, including:
 - 1) Gravid uterus, cervix, vagina, ovaries and cul-de- sac, maternal kidneys and bladder
 - 2) Embryological structures, including the gestational sac, yolk sac, embryo
 - 3) Fetal head and face, brain, heart, lungs abdomen, stomach, diaphragm, spine, kidneys, bladder, reproductive organs and extremities.
 - 4) Umbilical cord
 - 5) Fetal abdominal wall
 - 6) Pertinent assessment and measurement of fetal structures, including gestational sac, yolk sac, fetal heart rate, placental grading, biophysical profile scoring
 - 7) Biometric measurements, including biparietal diameter, head circumference, cephalic index, orbital, lateral ventricles, cisterna magna, nuchal fold, cerebellar diameter thoracic circumference, abdominal circumference, femur length, and humerus length.
 - a) Apply the appropriate scanning protocol, techniques, and measurements in correlation with the following clinical information:
 - 1) History and physical examination
 - 2) Other imaging and laboratory findings
 - 3) Primary Diagnosis
 - 4) Differential Diagnosis

 - b) Graduates must recognize and identify the sonographic appearance and Doppler findings of pathologies in the following areas and conditions:
 - 5) Placenta
 - 6) Umbilical cord
 - 7) Amniotic fluid
 - 8) Fetal organs to include:
 - (a) Fetal head and face
 - (b) Spine
 - (c) Heart

- (d) Lungs
- (e) Diaphragm
- (f) Abdominal wall and skin lines
- (g) Digestive system, including the gastrointestinal tract
- (h) Kidneys and bladder
- (i) Reproductive organs
- (j) Skeletal system
- 9) Multiple pregnancies
- 10) Growth patterns
- 11) Congenital and hereditary pathologies
- 12) Fetal monitoring
- 13) Pregnancy complications, including
 - (a) Ectopic pregnancy
 - (b) Blighted ovum
 - (c) Abortion
 - (d) Trophoblastic diseases
 - (e) Corpus Luteum cyst
 - (f) Placenta Previa
 - (g) Abruption placenta
- 14) Maternal diseases, including
 - (a) Diabetes
 - (b) Hypertension
 - (c) Myoma
 - (d) Hydronephrosis
 - (e) Cervical incompetence
 - (f) Hyperemesis
 - (g) Maternal infections
- 15) Fetal diseases, including
 - (a) Intrauterine growth restriction
 - (b) Macrosomia
 - (c) Hydrops fetalis
 - (d) Bradycardia
 - (e) Fetal death
- 16) Post-partum complications
- 17) Therapeutic procedures

- f. Graduates must demonstrate knowledge and understanding of the role of sonographers in performing invasive, interventional, and therapeutic procedures, including:
 - 1) Breast biopsy
 - 2) Thyroid biopsy
 - 3) Soft tissue biopsy
 - 4) Thoracentesis
 - 5) Paracentesis
 - 6) Chorionic villus sampling
 - 7) Amniocentesis
 - 8) Fine need aspiration
 - 9) Umbilical cord sampling
 - 10) Umbilical cord transfusion
 - 11) In-vitro fertilization

B. Cardiac Learning Concentration

- a. Sonographic appearance of normal anatomic structures, including anatomic variants and normal Doppler patterns, of the following:
 - 1) Embryology and fetal cardiac development
 - 2) Location of the heart in the chest cavity
 - 3) Chambers and septations of the heart
 - 4) Valves and valve dynamics
 - 5) Right and left coronary arteries
 - 6) Great vessels

- b. Pathological conditions, clinical indications, imaging techniques, and reporting procedures for the Cardiac Learning Concentration.

- c. Principles of Electrocardiology
 - 1) ECG measurements and waveform recognition
 - 2) Identification of arrhythmia
 - 3) Identification of conduction defects
 - 4) Determination of axis
 - 5) Recognition of patterns of ischemia, injury, and infarction
 - 6) Recognition of hypertrophy
 - 7) Identification of electrolyte imbalance changes
 - 8) Identification of valve abnormalities
 - 9) Identification of pacemaker rhythms and ICDs
 - 10) Artifacts
 - 11) Practice of basic life support principles
 - 12) Completion of 12 Lead EKGs of high technical quality

- d. Knowledge of the basic principles of pharmacology specific to cardiology:
 - 1) ADME of cardiac specific drugs
 - 2) Use of drugs used for cardiac emergency
 - 3) Recitation of medical/legal requirements and classifications
 - 4) Listing of pharmacodynamics and pharmacokinetics:
 - 5) Adrenergic
 - 6) Cholinergic
 - 7) Vasopressors and vasodilators
 - 8) ACE inhibitors
 - 9) Anticoagulants/thrombolytic
 - 10) Nitrates
 - 11) Antiarrhythmic
 - 12) Diuretics and antihypertensive
 - 13) Cardiac glycosides
 - 14) Calcium channel drugs/beta blockers
 - 15) Oxygen
 - 16) Contrast agents
 - 17) Analgesics
 - 18) Antibiotics

- e. Pathological mechanisms, clinical manifestations and appropriate therapeutic measures, of diseases and congenital anomalies that affect the heart and vascular systems:
 - 1) Acquired cardiovascular diseases
 - a) Atherosclerosis
 - b) Coronary artery disease (CAD)
 - c) Valvular heart disease
 - d) Cardiomyopathy
 - e) Pericardial myocardial and endocardia disease
 - f) Hypertension/stroke
 - g) Infections
 - h) Tumors
 - i) Heart failure
 - j) Aneurysms
 - 2) Congenital cardiovascular diseases
 - a) Acyanotic
 - b) Cyanotic
 - c) Obstructive

- f. Correlation of diagnostic data obtained during various non-invasive tests/ procedures:
 - 1) Holter monitoring and scanning
 - 2) Phonocardiography, as it relates to the cardiac cycle
 - 3) Graded Exercise Stress Test (GEST)
 - 4) Pacemaker function, cardioversion, and defibrillation
 - 5) Telemetry
 - 6) Radionuclide tests
 - 7) Utilization of hemodynamic principles by:
 - a) Definition of laws of flow
 - b) Identification of types of flow
 - c) Recitation of principles of flow
 - d) Listing of measurements and normal values

- g. Principles of cardiovascular technology involved with the collection, application, and interpretation of basic ultrasound imaging using 2-D gray-scale imaging, M-mode, spectral color flow and tissue Doppler imaging, and strain imaging

- h. Proficiency with M-mode, two-dimensional echocardiography, and Doppler imaging, in addition to the recognition of sonographic changes related to pathologic conditions:
 - 1) Utilization of advanced techniques of scanning and proficiency with the continuous wave (CW) non-imaging (blind) transducer (aka Pedoff or pencil transducer)
 - 2) Recitation and measuring of cardiac structures and ventricular function
 - 3) Completion of qualitative evaluation of cardiac chambers and wall segments, and valve motion
 - 4) Utilization of acceptable protocols in a timely manner for documentation of sonographic findings

- i. Identification of disease states with the use of M-mode, two-dimensional, and Doppler studies:
 - 1) Coronary artery disease and ischemic heart diseases

- 2) Cardiomyopathies
 - 3) Valvular diseases
 - 4) Pericardial, myocardial and endocardia diseases
 - 5) Aneurysms
 - 6) Congenital defects and diseases
 - 7) Tumors
 - 8) Pulmonic and systemic hypertension
 - 9) Prosthetics – mechanical and bio prosthetics
 - 10) Thrombi
 - 11) Cardiac Trauma
- j. Understanding of the indications, contraindications, limitations and procedures for related sonographic tests:
- 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
- k. Assessment techniques for the cardiac patient:
- 1) Basic assessment techniques
 - 2) History and physical
 - 3) Vital signs assessment
 - 4) Cardiac assessment
 - 5) Rhythm
 - 6) Heart sounds/auscultation
 - 7) Murmurs
 - 8) Percussion
 - 9) Respirations
 - 10) Cyanosis/ diaphoresis
 - 11) Edema/dependent/pitting
 - 12) Pulse oximetry
 - 13) Lab results – cardiac enzymes
 - 14) Level of consciousness

C. Vascular Learning Concentration

- a. Sonographic appearance of normal anatomic structures, including anatomic variants and normal Doppler patterns, of the following:
- 1) Cerebrovascular
 - a) Extra cranial cerebrovascular system
 - b) Trans cranial/intracranial cerebrovascular system
 - 2) Aortic arch branches
 - 3) Upper extremity venous
 - 4) Abdominal vasculature
 - 5) Lower extremity arterial
 - 6) Lower extremity venous

b. Pathological mechanisms, clinical manifestations and appropriate therapeutic measures, of diseases and congenital anomalies that affect the peripheral vascular system

c. Imaging techniques and reporting procedures for the Vascular Learning Concentration.

d. Physical principles of vascular ultrasound and demonstration of knowledge of basic hemodynamics

e. Patient history and recognize signs and symptoms of vascular disease, including review of patient's chart and comparison with previous medical testing

f. Noninvasive vascular equipment controls (e.g., scale, gain, size, filter, angle correction, electronic steering, invert, sample volume size, power output, color amplitude, b-flow, flow measurement, etc.) in instruments and techniques including:

- 1) Duplex ultrasound
- 2) Color flow Doppler
- 3) Continuous wave (CW) Doppler and zero-crossing detector
- 4) Pulsed wave Doppler and spectral analysis
- 5) Arterial plethysmography
- 6) Segmental blood pressures
- 7) Photoplethysmography

g. Noninvasive vascular testing; perform extra cranial carotid and vertebral artery exams using:

- 1) Duplex imaging
- 2) Duplex PW Doppler with spectral analysis
- 3) Duplex color Doppler
- 4) Calculation Measurements
- 5) Peak systolic/end diastolic velocities
- 6) ICA/CCA ratio

h. Trans cranial Doppler and/or imaging

- 1) MCA, ACA, PCA, basilar artery

i. Arterial exams of the lower and upper extremities including:

- 1) Continuous Wave (CW) Doppler waveforms
- 2) Segmental Pressures (SBP's, ABI's)
- 3) Segmental Plethysmography (PVR's)
- 4) Digital pressures using photoplethysmography (PPG)
- 5) Exercise testing
- 6) Duplex scanning of native arteries of the upper and lower extremities
- 7) Duplex scanning of bypass grafts
- 8) Thoracic outlet testing
- 9) Palmar arch testing
- 10) Pseudo aneurysm identification and compression
- 11) Arteriovenous fistula identification
- 12) Penile artery testing

j. Venous exams of the lower and upper extremities using duplex ultrasound by:

- 1) Duplex imaging
- 2) Color Doppler
- 3) Pulsed Doppler spectral analysis

- 4) PPG venous reflux exam
- k. Abdominal and visceral duplex exams of the:
 - 1) Aorta and iliac arteries
 - 2) Celiac axis
 - 3) Renal arteries and kidneys
 - 4) Superior mesenteric arteries
 - 5) Inferior vena cava
 - 6) Hepato-portal system
 - l. Data assessment from vascular exams and to create a preliminary interpretation/summary of findings
 - m. Accuracy and limitations of noninvasive vascular exams
 - n. Data collection and statistical validation
 - o. Understand quality assurance testing and statistical analysis of ultrasound lab test results
 - p. Other diagnostic tests used to assess vascular disease such as:
 - 1) Angiography
 - 2) Venography
 - q. Magnetic resonance angiogram and flow meters
 - r. Computed tomography
 - s. Treatment options for patients with various levels of vascular disease including:
 - 1) Conservative
 - 2) Medical/pharmacology
 - t. Vascular surgery and interventional vascular procedures
 - 1) Intravascular ultrasound
 - 2) Angioscopy
 - 3) Percutaneous transluminal angioplasty (with and without stenting)
 - 4) Endarterectomy (with and without patch grafting)
 - 5) Vascular bypass (venous and synthetic grafting)
 - 6) Embolectomy
 - 7) Thrombectomy
 - 8) Atherectomy

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

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

The following is considered for 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 used is properly licensed and regulated.

For the program's **general sonography concentration**, the majority of the students' clinical experiences are performed at sites that perform a proportionate number of completed patient examinations per year to support the clinical experience. At least two thirds of a student's experience with clinical procedures is balanced between abdominal and obstetrical-gynecological procedures. If multiple sites are used, the volume and variety of procedures interrelate or combine to meet this volume and variety. The program must identify a list of the necessary competencies which complement the program objectives.

For the program's **cardiac concentration**, the majority of the students' cardiac 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.

For the program's **vascular concentration**, the majority of the students' vascular clinical experiences are spent at sites that perform at proportionate number of exams per year, with an appropriately balanced mix of procedures to achieve the objectives of the curriculum. If multiple sites are used, the volume and variety of procedures interrelate/combine to meet this volume and variety.

(b.) Activities

(no additional requirements beyond CH V)

(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 at the clinical experience site; by whom and frequency of the evaluation. There is clear and documented communication between the program and the clinical site. The supervising sonographer (i) is a registered sonographer credentialed by a nationally recognized accrediting agency, and (ii) demonstrates either completion of a formal educational program in the field in which they are instructing and a minimum of two years of occupational experience in the specific field (or closely-related field), or demonstrate a minimum of four years of job-related training and experience in the subject field, and (iii) understands the program expectations.

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.

Program staff visits clinical sites on a regular basis to ensure validity of the clinical experience. Program staff may monitor the clinical training of students through telephone contact, written reports and any other methods deemed necessary to ensure the validity of the clinical experience. Evidence of such validation

is maintained for each student. There is regularly scheduled documentation of student attendance and progress by assigned clinical preceptors. Preceptors are registered sonographers.

The ratio of students to preceptors must not exceed one-to-one.

If an institution utilizes eight or more active clinical sites for its program, it should have an additional faculty member designated as a full-time Clinical Coordinator.

(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 distributions for general and specialty areas and level of complexity.

SECTION B – Program Supervision

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

The program supervisor demonstrates academic and experiential background in the Diagnostic Medical Sonography profession, and possesses an active registration/credential from a nationally recognized sonography credentialing agency. The program supervisor: (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) in the specialty field or subject area in which they supervise, and (ii) possesses two years of teaching or occupational experience in the field.

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

DMS.B.2.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 CH 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 (e.g., radiologist (ACR), OB-GYN (AIUM), Vascular (FACS), and is experienced in the use of medical ultrasound.

SECTION C – Laboratory Facilities and Resources

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

(no additional requirements beyond CH V)

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

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

CHAPTER VIII
PROGRAM EVALUATION STANDARDS
FOR PHARMACY TECHNICIAN

CHAPTER VIII – PHT PROGRAM EVALUATION STANDARDS FOR PHARMACY TECHNICIAN

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), degree standards (Chapter VI), as applicable, and appendices. This chapter contains additional specific accreditation requirements for a pharmacy technician program.

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

For purposes of this chapter, a 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

Pharmacy technicians are expected to identify those who may require counseling and refer them to the licensed pharmacist for the necessary assistance related medication management.

Certification for pharmacy technicians is required for employment in a majority of states, and many require a pharmacy technician to register with their respective state board of pharmacy.

Credentialing as a pharmacy technician is encouraged for graduates of programs within institutions accredited by ABHES. Programs are expected to prepare students in necessary aspects of the curriculum included in the national credentialing examinations available in this field of study.

SECTION A – Curriculum, Competencies, 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. 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 competencies, the program curriculum includes, but not necessarily be limited to, the following:

A. Orientation to Pharmacy Technology

Course content prepares the graduate to understand the role of the pharmacy technician in the delivery of patient care. Knowledge of automated medication delivery systems is emphasized.

Graduates will be able to:

1. Understand the prescription filling process
 - a. Prepare medications for distribution
 - b. Optimizing the use of medications, equipment, and devices
2. Describe the ways that medications are dispensed by a pharmacy.
3. Define the term “quality assurance,” and explain its importance for the pharmacy team.
4. List and describe methods for achieving and maintaining quality assurance, and the duties and tasks of the pharmacy technician that require quality assurance procedures.

B. Orientation to Pharmacy Technical Skills

Course content prepares the graduate to understand the role of the pharmacy technician in the delivery of patient care. Knowledge of processing prescription/medication orders and available resources to reduce medication errors in the health delivery process.

Graduates will be able to:

1. Review and process orders
2. Define the term “direct patient care,” and discuss the role of the pharmacy technician in its delivery.
3. Define “STAT” and “PRN” and explain the difference for priority.
4. Explain the methods utilized for the direction and prevention of medication errors in the pharmacy and the role of the pharmacy technician.
5. Understand how to report a medication error to ISMP, MERP, or FDA MedWatch.

C. Professional Behavior and Soft Skills

Course content prepares the graduate to deal with human behaviors in the workplace in a professional manner. Focus is placed on attitudes, values and beliefs that lead to sound ethical behaviors. Graduates are prepared to take personal responsibility for quality patient care, and to project a professional image to the public. Skills are developed for effective interpersonal relationships with other health care professionals, as well as for problem solving and work management.

Graduates will be able to:

1. Define “professional behavior,” and explain its importance for pharmacy technician practice.
2. Define the term “ethics,” and explain its importance for pharmacy technician practice.
3. List and describe potential ethical scenarios that may arise during pharmacy technician practice.
4. Describe appropriate attire and personal hygiene practices for the pharmacy technician.
5. Use self-control and negotiation skills to resolve conflicts.
6. List and describe the various print and electronic resources that the pharmacy technician can utilize to stay current for practice.
7. Utilize sound problem-solving skills for work related problems.
8. Explain the importance of teamwork and consensus-building for successful pharmacy practice.
9. Practice knowledge of interpersonal skills to enhance working relationships.
10. Describe interdepartmental relationships and techniques to enhance communication and collaboration.
11. Understand small-group dynamics and how they affect pharmacy practice.
12. Use stress-relief strategies to enhance pharmacy practice.
13. Use techniques for quality assurance to enhance patient care.
14. Safeguard patient confidentiality through ethical and legal practices, and understand and apply all federal guidelines for pharmacy practice.
15. Practice a caring attitude and express compassion in all patient interactions.
16. Understand workflow management and apply this knowledge for responsible job performance.

D. Credentialing and Professional Organizations

Course content prepares the graduate to understand the importance of active involvement in local, state, and national pharmacy technician organizations, as well as other pharmacy organizations. Graduates learn the importance of credentialing for professional practice, as well as the difference between certification, licensure, and registration.

Graduates will be able to:

1. Understand the necessity for certification as a pharmacy technician, and its importance to professionalism.
2. Differentiate between certification, licensure, and registration.
3. Describe the process for obtaining national certification as a pharmacy technician.
4. Describe the process to renew and become recertified as a pharmacy technician.
5. List and describe the various local, state, and national pharmacy organizations available for membership for the pharmacy technician.
6. List and describe the value and the benefits of membership in local, state, and national pharmacy organizations.
7. Understand the importance of Continuing Education for the field of pharmacy.

E. Human Anatomy and Physiology

Course content prepares the graduate with a basic knowledge of word building, use, pronunciations, and spelling of medical terms as well as the application of the terms to the function and structure of body systems and specific disease conditions.

Graduates will be able to:

1. List the systems of the body and identify the organs in each system.
2. Describe the fundamental elements that are used to build medical words.
3. Identify and define abbreviations pertinent to anatomy and pharmacy practice.

4. Understand medications used to treat body systems.
5. Define the terms that describe the body and its structural units.

F. Pharmacology for Pharmacy Technicians

Course content prepares the graduate to understand the therapeutic use of prescription and nonprescription medications for prevention, diagnosis, and treatment of diseases affecting each of the following physiologic systems of the human body:

Nervous
Endocrine
Skeletal
Muscular
Cardiovascular
Respiratory
Gastrointestinal
Genitourinary
Reproductive
Immune
Special Senses
Dermatologic
Hematologic
Specialized areas, as applicable

Graduates will be able to:

1. Define the medical terms and accepted abbreviations commonly associated with each physiologic system.
2. Describe and understand the basic anatomy and physiology of each system.
3. 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.
4. 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.
5. 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.
6. Understand the adverse effects of each medication class.
7. Describe and understand the role of the Federal Drug Administration in the regulation of herbal products and dietary supplements.

G. Communication and Leadership

Course content prepares the graduate to communicate with a variety of patients and other health care professionals. Content is designed to prepare the student to perform crucial listening techniques, body language, and verbal skills for better overall communication. Course content also prepares the graduate to express logical ideas in writing.

Graduates will be able to:

1. Organize and sequentially formulate logical ideas verbally and in writing.
2. Assess appropriate communication levels, lengths, and depths for specific audiences.
3. Assess the listener's comprehension of the message conveyed.
4. Formulate written professional or workplace communications that utilize proper grammar,

- punctuation, and spelling.
5. Exhibit effective listening skills and body language during the performance of the job.
 6. Exhibit verbal techniques that influence perception and enhance listening.
 7. 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.
 8. Describe methods for bridging communication gaps for non-English speakers or those whose listening abilities are impaired.
 9. Utilize effective listening skills in performing job functions.

H. Information Systems

Course content prepares the graduate to gather patient information to assist the pharmacist Drug Utilization Review and Medication Therapy Management. Course content also prepares the graduate to utilize effective communication skills for patient and patient representative interviews, as well as interaction with other health care professionals. Confidentiality issues regarding patient-specific information are emphasized throughout the course.

Graduates will be able to:

1. Gather pertinent patient information for use by the pharmacist from the patient and other medical professionals.
2. Describe and understand the purposes for the collection of patient-specific information.
3. Describe the categories of patient-specific information used for health care decisions.
4. List and understand the various medical terms and abbreviations associated with patient-specific information.
5. Understand the type of information within each section of the patient's profile.
6. Utilize patient interviewing techniques and effectively query other health care professionals to collect pertinent patient information
7. Identify situations when reviewing patient-specific information that require the attention of the pharmacist.
8. Explain the purpose and structure of a Drug Utilization Evaluation (formerly DUR) and collect pertinent information for use by the pharmacist.
9. Compare and contrast the several currently used pharmacy productivity measurement systems, and explain the roles of the pharmacy technician for their establishment and maintenance.
10. Recognize and analyze patient confidentiality situations in pharmacy practice.
11. Explain how to update and maintain information systems for price updates and report generation.

I. Computer Systems

The course content provides the pharmacy technician student the opportunity to learn how to use various forms of technology used in the practice of pharmacy today for storing, accessing and recording pharmacy data.

Graduates will be able to:

1. Demonstrate knowledge of electronic drug information sources.
2. Create a new patient profile or modify an existing profile according to established procedures.
3. Describe the type of information that is contained in each section of a patient medical chart or record.
4. Use knowledge of the organization of patient profiles to locate a specific piece of information.
5. Follow an established system for organizing collected patient-specific information in a useful electronic format.
6. Explain how medical information systems are used in pharmacy practice activities.

7. Explain the type of data collected, transmitted and stored by pharmacy information systems.
8. Explain the impact on the quality of decision making facilitated by medical information systems by the validity, reliability, and consistency of data put into the system.
9. Demonstrate proficiency with word processing, spread sheet, and database software.
10. Demonstrate a usage of computer-based systems for storing; retrieving and using pharmacy-related pharmacy information (for example, drug interactions, profiles, generating labels).
11. 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).
12. Demonstrate the usage of pharmacy-related software for dispensing prescriptions and medication orders.
13. Explain the characteristics of a typical database used to support the pharmacy functions of the acute care practice environment.
14. Explain the characteristics of a typical database used to support the pharmacy functions of the non acute care practice environment.
15. Describe the importance of health information systems for pharmacy practice activities, and how they facilitate effective decision making for patient care.
16. Demonstrate skill in the use of the internet, e-mail services, and computerized medication information databases.
17. Explain currently emerging technologies that may impact the practice of pharmacy.
18. Explain patient confidentiality issues related to data collection, transmission, and storage by pharmacy information systems and by electronic medical records.
19. Explain the concept of "proprietary business information" and its importance in the conduct of business activities.
20. Collect, store and organize patient-specific information electronically.
21. Describe the typical pharmacy database and its primary functions.

J. Computer Informatics

Course content prepares the graduate to gather patient information to assist the pharmacist in conducting Drug Utilization Evaluation and Medication Therapy Management. Course content also prepares the graduate to utilize effective communication skills for patient and patient representative interviews, as well as interaction with other health care professionals. Confidentiality issues regarding patient-specific information are emphasized throughout the course.

Graduates will be able to:

1. Gather pertinent patient information for use by the pharmacist from the patient, other medical professionals.
2. Describe and understand the purposes for the collection of patient-specific information.
3. Describe the categories of patient-specific information used for health care decisions.
4. List and understand the various medical terms and abbreviations associated with patient-specific information.
5. Create a new patient profile or modify an existing profile according to established procedures.
6. Understand the type of information within each section of the patient's profile.
7. Locate specific information within a patient's profile.
8. Utilize patient interviewing techniques and effectively query other health care professionals to collect pertinent patient information.
9. Collect, store and organize patient-specific information electronically.
10. Identify situations when reviewing patient-specific information that require the attention of the pharmacist.

11. Explain the purpose and structure of a Drug Utilization Evaluation and collect pertinent information for use by the pharmacist.
12. Define productivity data and describe its use for pharmacy practice.
13. Compare and contrast the several currently used pharmacy productivity measurement systems, and explain the roles of the pharmacy technician for their establishment and maintenance.
14. Describe the importance of health information systems for pharmacy practice activities, and how they facilitate effective decision making for patient care.
15. Describe the typical pharmacy database and its primary functions.
16. Demonstrate the ability to use word processing techniques, construct spreadsheets, and input and manipulate data in a database.
17. Demonstrate ability to use the Internet to assemble information and construct emails.
18. Utilize computerized medication information databases.
19. Recognize and analyze patient confidentiality situations in pharmacy practice.
20. Identify and analyze patient confidentiality issues involving the collection and transmission of data.

K. Pharmaceutical Inventory: Purchase and Control

Course content prepares the graduate to follow established procedures for the purchase of pharmaceuticals, equipment, and supplies, and to control inventory according to an established plan that details the handling of their receipt, storage, removal, and documentation. Graduates will know the legal requirements to secure inventory. Drug diversion topics will be reviewed.

Graduates will be able to:

1. List and describe purchasing procedures, including those required for atypical products and emergency orders.
2. Purchase pharmaceuticals, devices, and supplies according to established protocols.
3. List and describe methods of inventory control, and follow established policies and procedures for receiving goods.
4. List and describe each method necessary for handling back ordered medications.
5. Store pharmaceuticals, equipment, devices, and supplies in inventory according to established policies and procedures.
6. Describe common reasons for discontinuing or recalling items, and differentiate between the different classes of drug recalls (Class I, Class II, and Class III).
7. Describe the established procedure for inspecting automated machines for expired, discontinued, or recalled medications.
8. Remove expired, recalled, or discontinued inventory according to established policies and procedures.
9. Explain the importance of inventory documentation, as well as the maintenance of an adequate supply of pharmaceuticals.
10. Define the “want book,” and how inventory to be ordered is identified.
11. Describe how an item that is unavailable through traditional routes can be secured.
12. Explain methods for communicating product availability changes to the stakeholders.
13. Explain the various methods for deterrence of theft or diversion of medication, and describe how it should be reported.
14. Compare and contrast “tolerance” and “physical dependence.”
15. Explore the relationship between chemical dependency and medication diversion.
16. Maintain records for receipt, storage, and removal of controlled substances, and describe legal requirements.
17. Describe procedures for destruction of controlled substances.

L. Screening of Medication Orders

Course content prepares the graduate to receive and screen prescriptions or medication orders, and understand the legal implications and requirements for completeness, authenticity, demonstrate the skills to carry out tasks delegated to pharmacy technicians by pharmacists.

Graduates will be able to:

1. Describe and understand the federal and state laws and regulations associated with the receipt, screening, transcribing or interpreting, and delegation of prescription/medication orders.
2. Receive telephone, electronic, and faxed prescriptions from prescribers.
3. Assess prescription/medication orders for completeness.
4. List and describe the components of a complete prescription/medication order.
5. Translate abbreviated instructions for medication use into full wording.
6. Explain the methods for retrieving missing pieces of information in a prescription/medication order.
7. Screen prescription/medication orders for authenticity.
8. Identify the schedule for controlled substance.
9. Know who has prescribing authority as well as the medications within that prescriber's discipline.
10. Verify a prescriber's DEA number according to established procedures via the Drug Enforcement Administration
11. Detect forged or altered prescriptions according to established procedures.
12. Alert the pharmacist to potential illegitimate or inappropriate prescription/medication orders or refills.
13. Identify situations when screening prescription refills and renewals when the pharmacy technician should notify the pharmacist
14. Identify prescription orders where the medication being prescribed is beyond the realm of the prescriber's practice.
15. Become familiar with common pharmacy abbreviations as well as error-prone abbreviations that should be avoided.

M. Noncompounded Products

Course content prepares the graduate to prepare noncompounded products for distribution, and understand the legal implications and requirements for delegation of specific duties by a pharmacist to a pharmacy technician. In addition to preparation, the graduate will safely retrieve from inventory, profile, calculate, and measure.

Graduates will be able to:

1. Utilize the metric system for input of orders, as well as counting and measuring.
2. Select appropriate products according to established protocols.
3. Describe and understand federal and state laws controlling the substitution of pharmaceuticals.
4. Define "NDC number" and explain its function.
5. Secure inventory from a site's storage system.
6. Understand design and function of pharmacy storage equipment, and describe how medications and devices are typically stored.
7. Use prescription/medication order specifications to count or measure finished dosage forms.
8. Operate common pharmaceutical measurement and weighing devices.
9. Perform accurate conversions among measurement systems.
10. Prepare medications utilizing established policies and procedures for safety.
11. Dispose of nonhazardous wastes following established safety protocols.
12. Manually package products using the correct type and size of container.

13. 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).
14. List the required elements for a prescription product label, and explain the importance of accuracy for label generation.
15. Delineate between categories of medications that require auxiliary labels.
16. Assemble patient information materials following established procedures, and describe how they contribute to better patient care.
17. Identify the types of written information that would be placed into product packages.
18. Describe the portions in OBRA '90 that dictate the pharmacist's obligations for counseling patients.
19. Record bulk, unit dose, and special dose medication preparation according to established procedures, and explain why accurate documentation is so important.
20. Define "controlled substance."
21. Record the preparation of controlled substances according to established policies and procedures.
22. Understand federal and state laws and regulations that prescribe the recording of the preparation of controlled substances.
23. Describe the differences between laws, regulations, and professional standards, and explain the importance of the pharmacy's compliance with each.
24. Understand the laws, regulations and professional standards that govern pharmacy practice within your state.
25. Input prescription/medication order information into the designated system using metric measures.
26. Explain federal and state laws governing substitution of medication products
27. Explain the purpose and use of a formulary
28. Follow safety policies and procedures in the preparation of all medications
29. Follow safety policies in the disposal of all hazardous and non-hazardous wastes generated during medication preparation
30. Follow the manufacturer's recommendations and/or the pharmacy's guidelines for the storage of all medications prior to distribution

N. Nonsterile Compounding

Course content prepares the graduate to compound nonsterile products, and to accurately calculate ingredient amounts utilizing accepted compounding techniques. Quality assurance is emphasized, as are federal and state laws and regulations controlling the preparation of nonsterile products.

Graduates will be able to:

1. Define "nonsterile" or extemporaneous compounding," and explain why certain medications require compounding.
2. Accurately assemble the correct ingredients and determine the correct amounts for nonsterile products that require compounding.
3. Perform the necessary steps to solve mathematical problems involving the following:
 - a. Roman numerals, Arabic numerals, fractions, apothecary symbols, and decimals
 - b. Weights and measures and direct ratio and proportion
 - c. Reducing and enlarging formulas
 - d. Percent strength, weight-in-volume, weight-in-weight, and volume-in-volume
 - e. Ratio strength calculations for pharmaceutical preparations
 - f. Dilution and concentration
 - g. The alligation method
 - h. Milliequivalents

- i. Compounded products that require an overfill (solve for a correct answer for volume to be added).
4. Compound nonsterile dosage forms and explain the reason for each step.
5. List and describe federal and state regulations governing the technician's role in compounding of nonsterile products.
6. Define "incompatible," and explain it can be prevented when compounding nonsterile products.
7. Practice principles and procedures for safety when preparing all medications.
8. Practice principles and procedures for quality assurance.
9. Describe storage requirements for nonsterile medication products.
10. Discuss household, apothecary, and avoirdupois systems for input of orders, as well as counting and measuring.
11. Good Manufacturing Practices
12. United States Pharmacopoeia (USP 795)
13. State technician tasks that require quality assurance and quality control
14. Understand the triangular relationship necessary for non-sterile compounding and the difference between commercial procurement and non-sterile compounding within the pharmacy.

O. Aseptic Techniques/Sterile Compounding Products

Course content prepares the graduate to compound sterile products. Sterility procedures are emphasized, as are incompatibilities and how to handle them. Quality assurance standards are applied to pharmacy practices, and the graduate is prepared to practice in accordance with the federal and state laws and regulations that govern sterile product preparation.

Graduates will be able to:

1. Assemble the medications and supplies necessary for sterile or compounding.
2. Delineate between "sterile" and "nonsterile" compounding, and explain the necessity for sterile medications.
3. Practice procedures for maintenance of sterility for compounding materials.
4. Use equipment and devices necessary for compounding sterile products.
5. Compound sterile products and explain the reason for each step.
6. List and describe federal and state laws and regulations governing the technician's role in compounding of sterile products.
7. Describe storage requirements for compounded sterile products.
8. Define "incompatible," and explain how it can be prevented when compounding sterile products.
9. Explain the necessity and understand the functions for horizontal and vertical laminar flow hoods.
10. USP Chapter <797> guidelines.
11. State technician tasks that require quality assurance and quality control

P. Preparation and Handling of Hazardous Drugs

Course content prepares the graduate to compound hazardous drugs according to federal state laws and regulations. Quality assurance and safety standards and practices are applied to their preparation.

Graduates will be able to:

1. Compound cytotoxic and other hazardous medication products and explain the reasons for each step.
2. List and describe federal and state laws and regulations governing the technician's role in compounding of cytotoxic and other hazardous medication products.
3. Describe storage requirements for cytotoxic and other hazardous medication products.
4. Clean up a cytotoxic medication product spill utilizing established safety protocols.

5. Understand safety procedures, and practice them when disposing of hazardous wastes generated during medication preparation.
6. Follow safety precautions when preparing medications
7. Apply quality assurance to all technician activities involved in preparing cytotoxic and hazardous medication products

Q. Distribution of Medications

Course content prepares the graduate to distribute medications according to federal and state laws and regulations, utilizing current methods in various practice settings.

Graduates will be able to:

1. Compare and contrast the types of systems for medication distribution.
2. List and explain the policies and procedures for recording the distribution of controlled substances.
3. Record medication distributions (including controlled substances) according to established policies and procedures.
4. Use established medication monitoring techniques to assure an accurate match with the prescription/medication order.
5. Demonstrate skill in the use of the internet, e-mail services and computerized medication information services
6. Exercise skill in the administration of selected immunizations

R. Patient Counseling

Graduates learn specific interviewing techniques that help to identify a patient's need for counseling by the pharmacist.

Graduates will be able to:

1. Explain why patient counseling is necessary, and why it is important for patient safety.
2. Understand the legal aspects for patient counseling as specified in OBRA 90 and in federal and state laws and regulations.
3. Communicate to patients that they will receive counsel by the pharmacist for new prescriptions, and if the patient declines counseling inform them that the pharmacist must receive that information directly from the patient.
4. Use effective strategies for communication with patients who are non-English speakers or who are impaired

S. Medication Safety

Course content prepares the graduate to apply methods to assure that the medication-use system utilized by the pharmacy is safe. Emphasized are various technologies that have been proven effective for medication safety assurance. Graduates are also prepared to identify and report errors.

Graduates will be able to:

1. Describe the daily practices of a pharmacy department that contribute to prevention of medication errors, and explain how the pharmacy technician contributes to these practices.
2. List and describe the daily tasks that require special attention to accuracy for prevention of medication errors.

3. Describe and understand 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.
4. List and describe the global and local procedures for reporting medication errors.
5. Determine the presence of a clinically significant adverse drug event (ADE) and contribute to formulation of a strategy for preventing a recurrence.
6. Practice principles and procedures for safety when preparing all medications.

T. Billing for Services

Course content prepares the graduate to bill and collect payments for pharmacy goods and services. Emphasized are methods of payment, verification of third-party coverage, delineation between taxable and nontaxable items.

Graduates will be able to:

1. List and describe the various forms of payment for a prescription/medication order.
2. Use interview strategies to secure incomplete patient-specific information from new patients.
3. Define “formulary” and describe its purpose.
4. Notify the pharmacist when screening of an order reveals that a non-formulary medication has for third party coverage:
 - a. Operate electronic systems for input and coverage verification.
 - b. Verify by phone (from a physician if permitted by state law or from the patient for drug refill orders).
 - c. Identify the reason for a rejected claim and convey the reason to the pharmacist and patient.
 - d. Explain responses that may cause distress to the patient and utilize techniques to diffuse emotional reactions.
5. Record receipt of payment.
6. Verify that third-party insurance covers specific medication orders.
7. Operate and maintain a cash register and describe how different forms of payment are entered into it.
8. Understand the use of departmental codes.
9. Make change for cash payments.
10. Compare and contrast pricing and billing systems for medication payments.
11. Describe how billing systems are used to track payments, and determine payment due for medication orders.
12. Understand the impact of co-insurance, co-pays, and deductibles, including as it applies to Medicare and Medicaid on billing for prescriptions.
13. Collect outstanding 3rd Party Payments and resubmit claim if needed.
14. Adjudicate billing claims.
15. Identify those products that are taxable and nontaxable.

U. Monitoring of Medication Therapy

Course content prepares the graduate to monitor medication therapy and understand its importance for effective patient care and safety. Emphasized are the federal and state laws and regulations that control specific monitoring activities that can be delegated by the pharmacist to the pharmacy technician. Graduates learn to operate database systems for maintaining information, and to collect information for evaluation.

Graduates will be able to:

1. Describe the importance of monitoring for medication therapy.
2. Understand selected monitoring procedures, such as for blood pressure, radial pulse, glucose and cholesterol levels.
3. List and describe all necessary equipment and supplies for performance of selected procedures.
4. Understand the federal and state laws and regulations that control specific monitoring activities.
5. Operate database systems for maintaining information, and to collect information for evaluation.

V. Equipment and Facility Maintenance

Course content prepares the graduate to practice procedures for maintaining pharmacy equipment and facilities. Emphasized are methods for proper handling of hazardous wastes and sharps, and the application of concepts for effective infection control. Graduates are also prepared to calibrate and troubleshoot commonly used pharmacy equipment and devices.

Graduates will be able to:

1. Define "hazardous waste" and "infection control."
2. List and describe each policy and procedures for:
 - a. Sanitation management
 - b. Hazardous waste handling
 - c. Infection control
3. Describe the necessity for sanitation management in the pharmacy setting.
4. List and describe the regulations specific to pharmacy practice.
5. List and describe federal and state regulations and institutional policies and procedures that control the handling of hazardous waste, sharps containers and infection control.
6. Clean laminar flow and biological safety cabinets according to established protocols and explain the reason for each step.
7. Maintain a clean work environment.
8. Describe and operate the equipment and pharmacy devices common to pharmacy practice.
9. Define "calibration," and calibrate the following if available:
 - a. A weighing device
 - b. Counting device
 - c. Automated Compounding Device
 - d. IV Administration Pump
10. Explain the importance of electronic devices and information systems for proper delivery of direct patient care.

W. Investigational Medication

Course content prepares the graduate to assist the pharmacist in preparing, storing and distributing investigational drug products. Graduates are prepared to follow established protocols for recording the preparation and distribution of these products, as well as protocols for investigational drug product storage.

Graduates will be able to:

1. Explore and explain the term "investigational drug product," and what it means to a pharmacy technician.
2. Describe in detail the ways that the practice setting contributes to the development of new drug products, and the role that is played by the pharmacy technician.

X. Pharmacy Technician Certification Examination Review

Course content prepares the graduate to take the Pharmacy Technician certification examination or the examination for the certification of pharmacy technicians, as required by state law.

Graduates will be able to:

1. Understand the certification examination requirements
2. Experience the certification examination preparation process.
3. Understand the certification examination application process.
4. Understand applicable state law requirements regarding employment and licensure

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 the following, but is not limited to: the following practice environments:

Acute Care
Long Term Care
Home Infusion
Ambulatory Community or Outpatient Pharmacy
Mail Order
Nuclear Pharmacy
PBM Pharmacy Benefits Management

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 comprised of 20% of the program length or no less than 160 hours. Students may only engage in clinical experiences following the completion of the prescribed core curriculum.

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

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

(b) Activities

An externship 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 externship 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 an externship. Programs clarify their role in how their students will be supervised, by whom and visited how often while at their externship site. There is clear and documented communication between the program and the externship site. If the program does not employ a supervisor onsite, a qualified preceptor employed by the externship 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 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 externship 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 currently certified pharmacy technician by a nationally recognized and accredited credentialing agency and in good standing with the respective state board.

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 faculty-to-student ratios are consistent with other programs unless state boards of pharmacy provide stricter requirements or it can be demonstrated that student success outcomes require a smaller ratio.

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

SECTION C – Laboratory Facilities and Resources

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

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

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

Equipment minimally includes:

- Amber bottles (liquid)
- Amber bottles (pills and tablets)
- Ampules
- Cylindrical graduate
- Depth filter
- Disinfecting clean solution
- Electronic scale or torsion balance
- Eyewash station (OSHA requirement)
- Filter needle
- Filter paper
- Forceps (if school is using a torsion balance with metric weights)
- Glass funnel
- Glass mortar and pestle
- Glycine paper
- Large volume parenterals
- Membrane filter
- Metric weights (if Torsion Balance is used)
- Multiple dose vial
- Non-latex gloves (various sizes)
- Ointment jars
- Ointment slab
- Personal Protective Equipment
- Pill counting trays
- Porcelain mortar and pestle
- Reconstitution tube (optional)
- Rubber spatula
- Sharps container
- Single-dose vial
- Sink with running hot and cold water (OSHA requirement)
- Small volume parenteral
- Stainless steel spatula
- Sterile gauze
- Syringes

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

CHAPTER VIII
PROGRAM EVALUATION STANDARDS
FOR RADIOLOGIC TECHNOLOGY/RADIOGRAPHY

CHAPTER VIII

PROGRAM 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.

¹ JRCERT Standards for an Accredited Educational Program in Radiography, Copyright 2010.

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 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:

(e) 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 *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.

(f) 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.

(g) 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.

(h) 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, 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, 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.

1. Laboratory areas are of a size to accommodate students, faculty and equipment during instruction.
2. Equipment and instruments are available in quantity and quality to accommodate student during instruction.
3. Energized laboratories are in compliance with applicable federal and/or state radiation safety regulations.
4. 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:

- Radiographic table energized or non-energized x-ray tube, collimator and control panel
- Image receptors (digital and/or analog based)
- Image receptor holders (Bucky tray or other)

- Image processing equipment (digital scanners and/or darkroom with chemical processor)
- Image display device (computer monitor and/or viewbox)
- Various foam positioning sponges
- Various radiographic lead markers
- Lead aprons and shields
- 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.

1. Radiation safety policies and practices promote the application of ALARA (as low as reasonably achievable) principles.
2. 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.

1. The program requires students to wear assigned radiation monitor in all potential exposure situations to include laboratory, clinical, or other observational experiences.
2. The program has an established process for timely review of student dosimetry reports by a qualified radiation safety officer (RSO) or other qualified individual.
3. The program documents timely (e.g., 30 calendar days of receipt of report) communication of dosimetry report results to students.
4. 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

1. The program's pregnancy policy allows for voluntary disclosure of pregnancy, including a voluntary withdrawal of this disclosure.
2. The program's pregnancy policy provides enrollment choices for disclosed pregnant students including remaining actively enrolled in the program.
3. The program's pregnancy policy allows disclosed pregnant students to seek counseling from a radiation safety officer (RSO) or other qualified individual.
4. 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 using technologies (as listed in the glossary) to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between students and the instructor. Correspondence education, which is typically self-paced with limited interaction between the students and instructor, is not within ABHES' scope of recognition and is therefore 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 - Objectives 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, 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 takes place within the distance education delivery system 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.

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.a.iii.).

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.

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 they are 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.

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.

Note: Students who do not have a high school diploma or a recognized equivalent or have not completed a secondary school education in a home school setting that is treated as a home school or private school under State law will no longer be eligible for Title IV federal student assistance if enrolled in a program of study on or after July 1, 2012. Students will qualify for Title IV under one of the ability-to-benefit alternatives if the student was enrolled in an eligible program prior to July 1, 2012.

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 from other institutions accredited by an agency recognized by the United States Department of Education (USDE) or the Council for Higher Education Accreditation (CHEA.) If 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 or months 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. Employment application
2. Signed job description appropriate to position and level of responsibility.
3. Resume or curriculum vitae
4. Evidence of all degrees (official or unofficial transcripts), other education, and/or certifications
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

VOCATIONAL ENGLISH AS A SECOND LANGUAGE

The following requirements are for institutions offering stand-alone Vocational English-as-a-Second Language (VESL) programs. A stand-alone VESL program is considered outside of health education; thus, the institution must ensure continued adherence to the predominance requirement described in II.A.1.a.2. of the *Accreditation Manual*.

Stand-Alone VESL Programs

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

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

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

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

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

APPENDIX H FEES

APPLICATIONS

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

Accreditation (Initial and Renewal)

Initial Institutional or Programmatic Accreditation

Initial (first location and all programs for institutional applicants; per program for programmatic applicants)	\$4,000
Initial (each non-main and satellite campus, includes all programs for institutional applicants)	\$4,000

Renewal Institutional or Programmatic Accreditation

Renewal (each main and non-main campus) <i>(includes change in status from programmatic to institutional)</i>	\$2,500
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Other

Approval to Conduct Other Business on School Premises	\$150
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Approval of Shared or Common Distance Education Courses	\$750
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Change in Academic Measurement (clock-to-credit hour or credit-to-clock hour)	\$750
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Change in Location	\$500
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Change in Name	\$300
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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
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Distance Education	\$1200
(Each additional location, identical program, submitted at the same time)	\$500

Expansion of Distance Education	\$500
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Excluded Continuing Education Courses/Program	\$500
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Minor Program Revision (under 25%)	\$500
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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
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Non-main Campus to Main Campus Reclassification	\$3,000
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Satellite Campus Inclusion \$3,000

Separate Classroom Space Inclusion \$1,000

Substantive Program Revision (change of 25% - 49%) \$1,000

(Each additional location, identical program, submitted at same time) \$400

VISITS

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

On-Site Evaluation Visit Expenses

Per team member for the first day \$1,500

Per team member for each additional day \$500

Visit Cancellation Fee (effective date of visit confirmation letter) \$500

(plus incurred costs of team member expenses)

SHOW-CAUSE

Show-Cause Appearance Fee \$3,000

Expense deposit (commissioners) \$3,000

Show-Cause Teleconference Meeting \$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 \$2,500

(if received after published due date)

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

**APPENDIX I
BY-LAWS**

TABLE OF CONTENTS

ARTICLE I. GENERAL PROVISIONS 208

 Section 1.1. Name 208

 Section 1.2. Principal and Other Offices..... 208

 Section 1.3. Registered Office and Agent..... 208

 Section 1.4. Employed Personnel 208

 Section 1.5. Organization..... 208

 Section 1.6. Purposes... 208

 Section 1.7. Mission..... 208

 Section 1.8. Nondiscrimination Policy..... 208

ARTICLE II. MEMBERSHIP..... 208

 Section 2.1. Members..... 208

 Section 2.2. Transfer of Membership..... 208

ARTICLE III. MEETINGS OF MEMBERS 209

 Section 3.1. Annual Meetings 209

 Section 3.2. Special Meetings 209

 Section 3.3. Quorum..... 209

 Section 3.4. Place and Time of Meeting 209

 Section 3.5. Notice of Meeting 209

 Section 3.6. Waivers of Notice 209

ARTICLE IV. BOARD OF TRUSTEES 209

 Section 4.1. General Powers 209

 Section 4.2. Chair of the Commission 210

 Section 4.3. Vice Chair of the Commission..... 210

 Section 4.3.1. Past Chair of the Commission..... 210

 Section 4.4. Composition..... 210

 Section 4.5. Elected Commissioners..... 210

 Section 4.5.1. Categories and Qualifications of Elected Commissioners 210

 Section 4.5.2. Eligibility to Vote 211

 Section 4.5.3. Procedures for Election by the Members 211

 Section 4.6. Appointed Commissioners 211

 Section 4.6.1. Categories and Qualifications of Appointed Commissioners 211

 Section 4.6.2. Procedures for Appointment by the Commission 212

 Section 4.7. Term of Office 213

 Section 4.8. Resignation 213

 Section 4.9. Removal..... 213

 Section 4.10. Vacancies 213

 Section 4.11. Regular Meetings 213

 Section 4.12. Special Meetings..... 214

 Section 4.13. Remote Participation in Meetings..... 214

 Section 4.14. Notice of Commission Meetings..... 214

 Section 4.15. Quorum..... 214

 Section 4.16. Manner of Acting..... 214

Section 4.17. Written Consent	205
ARTICLE V. OFFICERS	214
Section 5.1. Officers	214
Section 5.2. Election of Officers	214
Section 5.3. Term of Office	215
Section 5.4. Resignation	215
Section 5.5. Removal	215
Section 5.6. Vacancies	215
Section 5.7. President	215
Section 5.8. Secretary	215
Section 5.9. Treasurer	215
Section 5.10. Executive Director	215
ARTICLE VI. COMMITTEES	216
Section 6.1. Committees of Commissioners	216
Section 6.2. Standing Committees	216
Section 6.2.1. Executive Committee	216
Section 6.2.2. Governing Committee	216
Section 6.2.3. Commissioner Nominating Committee	217
Section 6.2.4. Officer Nominating Committee	217
Section 6.2.5. Substantive Change Committee	217
Section 6.3. Other Committees	217
Section 6.4. Limitation on Committees	217
ARTICLE VII. EXPENSES REIMBURSEMENT	217
ARTICLE VIII. PROHIBITION AGAINST SHARING IN CORPORATE EARNINGS	218
ARTICLE IX. NOTICE	218
ARTICLE X. AMENDMENTS	218
ARTICLE XI. LEGAL RIGHTS AND RESPONSIBILITIES	218
Section 11.1. Indemnification and Insurance	218
Section 11.2. Suits Against ABHES, Jurisdiction, Venue, and Choice of Law	219
Section 11.3. Reimbursement Legal Costs & Fees of ABHES's Litigation Expenses	219
Section 11.4. Other Expenses	220
Section 11.5. Binding Effect	220
ARTICLE XII. MISCELLANEOUS PROVISIONS	220
Section 12.1. Operational and Fiscal Year	220
Section 12.2. Books and Records	220
Section 12.3. Corporate Seal	220
Section 12.4. Contracts	220
Section 12.5. Checks, Drafts, etc	220
Section 12.6. Deposits	220
Section 12.7. Gifts	220

BYLAWS OF THE ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS, INC.

ARTICLE I. GENERAL PROVISIONS

Section 1.1. Name. The name of the corporation is the Accrediting Bureau of Health Education Schools, Inc. (hereinafter referred to as "ABHES" or the "Corporation"), a nonprofit corporation incorporated under the Virginia Non-stock Corporation Act.

Section 1.2. Principal and Other Offices. The principal office of ABHES shall be located in Virginia. ABHES may have such other office or offices, at such suitable place or places within or outside of Virginia as the ABHES Board of Trustees (hereinafter referred to as the "Commission") may from time to time determine as necessary or desirable.

Section 1.3. Registered Office and Agent. ABHES shall have and continuously maintain a registered office in Virginia (which may be synonymous with the principal office), and a registered agent whose office is synonymous with the registered office.

Section 1.4. Employed Personnel. The Commission shall designate an Executive Director who shall be the chief executive officer of ABHES. The Executive Director may employ such other personnel as may be necessary to carry out the work of the Commission.

Section 1.5. Organization. ABHES is organized exclusively for charitable, religious, educational, and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as now in effect or as may hereafter be amended.

Section 1.6. Purposes. The specific purposes for which ABHES is formed are those set forth in the Articles of Incorporation

Section 1.7. Mission The mission of the Accrediting Bureau of Health Education Schools (ABHES) is to serve as a nationally recognized accrediting agency of institutions predominantly providing health education and programmatic accreditation in specific health and/or allied health education disciplines.

Section 1.8. Nondiscrimination Policy ABHES shall not discriminate on the basis of race, religion, national origin, gender, age, color, pregnancy, childbirth or related medical conditions, disability or sexual orientation in the hiring and/or other employment practices of the corporation. The Corporation shall conduct all of its activities in accordance with all applicable local, state and federal anti-discrimination laws, as well as in accordance with all other laws and regulations applicable to the operation of Virginia non-stock corporations.

ARTICLE II. MEMBERSHIP

Section 2.1. Members. Every institution or program accredited by ABHES shall be a member of ABHES. Membership is conditioned upon maintenance of accreditation and compliance with these Bylaws and with the requirements stated in the *ABHES Accreditation Manual*:-

Section 2.2. Transfer of Membership. Membership in ABHES is not transferable or assignable.

ARTICLE III. MEETINGS OF MEMBERS

Section 3.1. Annual Meetings. The Commission shall designate a time and place to hold the annual membership meeting for the members for the transaction of such business as may properly come before the members.

Section 3.2. Special Meetings. The Chair of the Commission, the Commission, or no fewer than one-fourth of the members may call a special meeting of the members.

Section 3.3. Quorum. At any regular or special meeting of the members, one-fourth of the members shall constitute a quorum. Members may be represented in person, by proxy, electronically or by mail.

Section 3.4. Place and Time of Meeting. Meetings of members may be held at such place, either within or without the Commonwealth of Virginia, and at such hour as may be fixed in the meeting notice.

Section 3.5. Notice of Meeting. Written or printed notice stating the date, time, and place of the meeting, and, in the case of a special meeting, the purpose or purposes for which the meeting is called, shall be delivered not less than ten (10) nor more than sixty (60) days before the date of the meeting. Notice of any membership meeting may be given in accordance with Article IX of these Bylaws.

Section 3.6. Waivers of Notice. Whenever any notice is required to be given to any member under any provision of law, the Articles of Incorporation, or these Bylaws, a waiver thereof in writing, signed by the member entitled to such notice and delivered to ABHES, whether before or after the time stated therein, shall be the equivalent to the giving of such notice. The presence of any member at a meeting without objection to the lack of notice of such meeting also shall constitute a waiver of notice by such member, unless he or she is present for the purpose of objecting to holding the meeting or to transacting business at the meeting.

ARTICLE IV. BOARD OF TRUSTEES

Section 4.1. General Powers. ABHES shall have a Board of Trustees, referred to herein as the Commission, which shall have the following responsibilities:

- (a) hire, evaluate, compensate and dismiss a chief executive officer to manage the operation of ABHES, whose title shall be Executive Director;
- (b) oversee revenues, expenditures, investments, budget development, and internal financial controls;
- (c) promulgate, after notice to and comment from the members of the Corporation, standards of accreditation;
- (d) adopt and apply standards, policies, and procedures for accreditation;
- (e) consider and act on applications for accreditation;
- (f) publish a list of accredited institutions and programs;
- (g) monitor compliance with the standards of accreditation of institutions and programs;
- (h) conduct an annual meeting of the membership of ABHES;
- (i) support communication and coordination among the commissioners;
- (j) assure canons of ethical business operations and personal conduct;
- (k) assess the effectiveness of ABHES in fulfilling its mission and meeting its goals and objectives;
- (l) amend the Bylaws.

Section 4.2. Chair of the Commission. The Chair of the Commission shall preside at all Commission meetings and at all meetings of the membership; serve as Chair of the Executive Committee; call special meetings of the Commission; and call meetings of the Executive Committee. In addition, the Chair shall communicate to the Commission, whenever he or she deems proper, such matters and suggestions as may promote the Commission's welfare and, in general, perform all duties incident to the office of the Chair. The Chair serves by virtue of election as President of ABHES in accordance with Section 5.2 of these Bylaws.

Section 4.3. Vice Chair of the Commission. In the Chair's absence, or in the event the Chair cannot act, the Vice Chair shall perform the Chair's duties and, when so acting, have all the power of and be subject to all the restrictions upon the Chair.

Section 4.3.1. Past Chair of the Commission. A Chair whose term on the Commission continues after his or her term as Chair expires assumes the position of "Past Chair." Only the most recent former Chair still serving as a commissioner shall be designated "Past Chair." In absence of both the Chair and Vice Chair, or in the event that both the Chair and Vice Chair cannot act, the Past Chair shall perform the Chair's duties and, when so acting, have all the power of and be subject to all the restrictions upon the Chair.

Section 4.4. Composition. The Commission shall be composed of a minimum of nine (9) and a maximum of fifteen (15) commissioners. The majority of commissioners shall be nominated and elected by the members in accordance with Section 4.5.3 of these bylaws. The remaining commissioners shall be appointed by the Commission in accordance with Sections 4.6.2 of these bylaws.

In order to assure that the Commission is well-qualified to effectively carry out the mission of ABHES, the Commission may expand the number of commissioners representing a specific category provided that the majority of commissioners is elected, the total number of commissioners does not exceed 15, at least two (2) commissioners are owner representatives, and at least one-seventh (1/7) of the commissioners represent the public. A decrease in the number of commissioners shall not have the effect of shortening the term of any incumbent commissioner.

No more than one sitting commissioner may be employed by or otherwise closely connected to any institution, or group of institutions commonly owned. Such relationship with a sitting commissioner shall disqualify an individual for nomination for an elected or appointed position on the Commission. The Commissioner Nominating Committee shall not nominate two individuals having such relationship for consideration at the same election.

Section 4.5. Elected Commissioners.

Section 4.5.1. Categories and Qualifications of Elected Commissioners. Unless stated otherwise within these bylaws, there must be at least one representative for each of the following:

(a) **Academician 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 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 and who, therefore, has a direct and abiding interest in its performance and the quality of education it offers; OR (iv) an officer of a publicly held corporation that owns a member institution 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.

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) **Baccalaureate Degree Representative.** Must have at least seven (7) years employment by an institution of higher education that awards the baccalaureate degree and is 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 shall constitute a quorum for the transaction of business at any meeting of the Commission. If less than a quorum of commissioners is present at such meeting, those present may adjourn the meeting from time to time without further notice, other than announcement at the meeting, until a quorum is present. Further, if a quorum is not present, discussion may occur on any agenda item, but no action may be taken.

Section 4.16. Manner of Acting. Except as otherwise expressly required by law, the Articles of Incorporation, or these Bylaws, the affirmative vote of a majority of the commissioners present at any Commission meeting at which a quorum is present, in accordance with Section 4.15 of these bylaws, shall be the act of the Commission.

Section 4.17. Written Consent. Action taken by the Commission without a meeting is, nevertheless, Commission action if written consent to the action in question is signed by all of the Commissioners and filed with the minutes of the proceedings of the Commission, whether done before or after the action so taken.

ARTICLE V. OFFICERS

Section 5.1. Officers. The officers of ABHES shall be a President (referred to throughout these bylaws as the "Chair"), Vice President (referred to throughout these bylaws as the "Vice Chair"), Secretary, and Treasurer, along with any other officers and assistant officers as the Commission may from time to time deem necessary. Such officers shall have the authority to perform the duties prescribed by the Commission.

Section 5.2. Election of Officers. Each year prior to the summer meeting but after the conclusion of any elections and appointments of new commissioners who will begin service on July 1, officers shall be elected by the Commission 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 not time is specified upon acceptance thereof by the majority of the Commission.

Section 5.5. Removal. Any officer may be removed by the Commission, at any meeting, provided that a quorum is present. For purposes of voting on the removal of an officer, seven (7) commissioners shall constitute a quorum.

Section 5.6. Vacancies. If a vacancy in the position of Chair occurs, then the Vice Chair shall succeed to the position of Chair as of the date and time that the Chair becomes vacant and shall hold the office of Chair for the remainder of the term of the previous Chair. If a vacancy in the position of Chair occurs and there is no Vice Chair at the time the vacancy occurs, the Commission shall fill that office for the length of the unexpired term in accordance with the procedures set forth in Section 5.2 of these bylaws. If a vacancy in any other office occurs, the Commission shall fill that office for the length of the unexpired term, utilizing the Officer Nominating Committee to make a recommendation to the Chair, who will then appoint a person from a list of one or more presented by the Committee.

Section 5.7. President. The President shall be the Chair of the Commission. The President shall perform all duties incident to the office of Chair and such other duties as may be prescribed by the Commission from time to time. The President is ex-officio member of all standing and other committees, with voice but no vote.

Section 5.8. Secretary. The Secretary shall maintain custody of the minutes of the Commission and Executive Committee meetings, and perform such other duties as from time to time may be assigned by the Chair or by the Commission.

Section 5.9. Treasurer. The Treasurer shall work with staff to advise the Commission relative to the budget and finances of ABHES, provide a fiscal report at the Annual Membership Meeting and, in general, perform all the duties as from time to time may be assigned by the Chair or the Commission (e.g., provide guidance regarding accounting services, insurance, Commission investments, employee benefits) to safeguard the financial interests of ABHES.

If requested by the Commission, the Treasurer shall furnish a surety bond procured at the Commission's expense, in such sum as to be fixed by the Commission, as security for faithful discharge of his or her duties.

Section 5.10 Executive Director. The Commission shall employ an Executive Director who shall be the Commission's Chief Executive Officer. The Executive Director is responsible for the administration of the Commission's affairs and for management of the staff of the Commission. The Executive Director may represent the Commission in its dealings with governmental bodies, the press and

the public, and may sign or approve correspondence and other instruments on behalf of the Commission. The Executive Director is accountable to the Commission, but the Chair acting on behalf of the Commission shall oversee the Executive Director's performance of his or her duties. Except when the Commission is in executive session to discuss and review the Executive Director's compensation or the performance of his or her duties, the Executive Director shall attend all meetings of the Commission and the Executive Committee, as Assistant Secretary, and may participate in their deliberations in a non-voting capacity.

ARTICLE VI. COMMITTEES

Section 6.1. Committees of Commissioners. The Commission may designate and appoint one or more committees, each consisting of two or more commissioners. No committee shall exercise the authority of the Commission in the management of ABHES, absent an express grant of authority to do so in these bylaws or in a written resolution of the Commission. The designation and appointment of any such committee and the delegation thereto of authority shall not operate to relieve the Commission, or any individual commissioner, of any responsibility imposed upon the Commission or the commissioner by law. Unless otherwise provided in Article VI, committee appointments expire at the start of the summer meeting.

Section 6.2. Standing Committees. The Commission shall have standing committees comprised of commissioners, outside members, or a combination of both whose duties are summarized in the Commission's Policy and Procedures Manual. The Commission's standing committees include, but are not limited to, those described in Section 6.2 of these bylaws. Subject to the approval of the Executive Committee, the Chair shall appoint the members of the Standing Committees in accordance with the provisions of this section. 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.

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 published for comment to all ABHES members and 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. Jurisdiction and venue of any suit, claim, or proceeding relating to membership, accreditation, or accredited status, whether a claim for damages or for injunctive or declaratory relief, brought by an accredited member, former member, or applicant for membership and accredited status against ABHES or a commissioner, officer, committee member, the Commission, the Appeals Body, or a member or staff member acting in his or her official capacity shall only be in the U.S. District Court for the Eastern District of Virginia, Alexandria Division, or the Circuit Court for the City of Alexandria, Virginia. 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. Accredited members, former members and applicants must exhaust all administrative remedies provided for in the ABHES bylaws and Accreditation Manual before initiating any suit, claim, or proceeding in a court of law.

Section 11.3. Reimbursement for Legal Costs and Fees of ABHES'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 OF DEFINITIONS

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

Academic – An individual whose current responsibilities focus primarily on the curricular aspects of an educational institution or program. Depending on the nature of the institution, this definition may encompass designations such as dean, department head, instructor, lecturer, mentor, professor, teacher, and trainer, etc. (Note: for Commission and Visitation Team composition, ABHES interprets the broad term “educator” as encompassing both academics and administrators.)

Administrator – An individual whose current responsibilities focus primarily on the managerial aspects of an educational institution or program. Depending on the nature of the institution, this definition may encompass designations such as president, provost, chancellor, treasurer, registrar, and financial aid officers, etc. (Note: for Commission and Visitation Team composition, ABHES interprets the broad term “educator” as encompassing both academics and administrators.)

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

Ambulatory - Any medical care delivered on an outpatient basis.

Annual Report- Submitted by every member institution and program in October. The ABHES Annual Report covers the period of July 1st through June 30th of the given reporting year. The report contains questions pertaining to items such as program offerings, retention, placement, credentialing and enrollment.

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.

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- A document issued to evidence 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 that involves planned activities promoting the acquisition and demonstration of knowledge and skills by providing opportunities for the application of theory through assignments in a health care setting.

i.)**External Clinical Experiences** – A field-based, externship or clinical experience accomplished through assignments in a health care setting such as a hospital, long-term care facility, clinic, community health agency, or other approved health care provider. A written agreement between the

institution and the externship or clinical site includes specific learning objectives and evaluation criteria.

ii.)**Internal Clinical Experiences** – A campus-delivered clinical experience incorporating actual or simulated patient care.

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

Competencies- Specialized knowledge, skills, and attitudes required for successful performance in a specific occupation.

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

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.

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

Curriculum- A program of courses fulfilling the requirements for a certificate, diploma, or degree in a particular field of study.

Default Management- A plan of action followed by an institution to decrease student defaults pertaining to Title IV student financial aid programs.

Deferral- An extension of time granted to an institution for consideration of its application for initial or renewed grant of accreditation, usually

because of the Commission's need for additional information.

Degree- Credential awarded for the successful completion of an academic program, normally at least two academic years in length.

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

Directed Study - Directed study is limited to didactic courses within a currently approved program and involves a high level of self-directed learning. Directed study must be under the supervision of a faculty member and a learning contract, signed by the faculty member and the student, must be developed to ensure the course objectives are met. Directed study is the exception and not the rule. The number of courses that a student is allowed to take independently is limited.

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

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)- Incorporation of both traditional on-campus and distance learning within a course (sometimes called hybrid course) or program of study (sometimes called hybrid program).

Distance Education - (Full)- All coursework within a program is delivered via distance education. Even if a program has an on-ground laboratory, clinical or externship experience for its students at remote locations, the program is defined by ABHES as a complete distance education program. If any portion of the program is delivered on the institution's campus, the program would be defined as "blended." (Students, please note that a distance education program may require an on-ground component at an off-campus facility, such as an externship at a hospital.)

Distance Education Delivery System – See Learning Management System (LMS)

Eligibility Requirements- Basic requirements that institutions/programs must meet before consideration is given by the Commission to an application for accreditation (See Chapter II).

Enrollment Agreement- A contract between institution and student that sets forth the program in which a student is enrolled, fees, expenses, and payment plan for the program, and requirements of attendance at the institution (See Appendix D for requirements).

Externship- see Clinical Experiences.

Faculty- 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).

Full-time Student - A student enrolled for 12 or more semester credits, 12 or more quarter credits or 24 or more contact hours a week each term.

General Education- Those areas of learning which are deemed to be the common experience of all "educated" persons, including subject matter from the humanities, mathematics, sciences, and the social sciences. Examples of General Education include:

Humanities- Literature, philosophy, logic, foreign language, art, music appreciation, communications, including composition and speech.

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

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

General education courses directly applicable to the specific occupation are considered applied general education courses (e.g., medication math, psychology for health professionals, and business math). These applied courses satisfy the general education requirement for AOS degree programs.

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

Grant- 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)

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

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

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

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

Internal Clinical Experiences - see Clinical Experiences.

Internship- see Clinical Experiences.

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

Laboratory for Distance Education Programs- Depending upon the content, a hands-on laboratory class may be taught in a simulated laboratory on the campus; online or using technologies outlined under the distance education definition in the Glossary; or, via a remote or off-campus facility where the student is instructed by a designated preceptor. This differs from an externship or clinical training in that the student is actively instructed and is learning the procedures, not just supervised while working or performing tasks.

Last day of attendance- Projects, clinical experience, lecture, or examination completed by a student.

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- Freshman and Sophomore level courses (100 or 200 level) found in degree programs.

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

Market Survey – A study done of local business and industry to assess program need to include such things as employment opportunities, externship site availability, employee skill set requirements, equipment and credentialing preferences for graduates.

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

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

OSHA- Occupational Safety and Health Administration, which provides safety regulations for operation of laboratories and clinical settings.

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.

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

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

Practicum- see Clinical Experiences.

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

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.

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

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

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

Public Member – An individual 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.

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

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

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

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

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

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

Syllabus- A description of how a course will be taught with a planned sequence of content, materials and activities. A course syllabus must reflect the most recent trends, developments, and instructional materials for the specific subject areas. (See Appendix 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 legal contract between an ABHES-accredited institution or program and another institution that will provide the remainder of students' instruction in the event of a voluntary closing or withdrawal of accreditation (see III.A.7.i-ii and the Teach-out Approval Form posted at www.abhes.org/forms for required components). Teach-out agreements submitted to ABHES for approval are unsigned draft agreements. Once the agreement has been approved, an executed draft must be submitted.

Teach-out Plan- A proposed plan to matriculate students in the event the institution or program ceases operation or accreditation is withdrawn (see II.A.7.i and the Teach-out Approval Form posted at www.abhes.org/forms for required components). A school or program may propose a self teach-out plan.

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

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

Terminal Degree- The highest credential generally available in a discipline (e.g. advanced degrees such as an earned doctorate or a master's degree in some disciplines; a baccalaureate degree in some fields; a 2-year degree in occupational areas).

Third-Party Contract- A contract between two parties in which the institution/program relinquishes, or shares, part of the management, delivery of education, administration, or any other major institutional function.

Transcript- The permanent academic (educational) record of a student's achievement.

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

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

Withdrawal- (1) The termination of a student's attendance in class or in all classes before the end of a term. (2) An action by the Commission terminating an institution's accreditation when warranted for non-compliance with requirements (See Chapter III, Section C, Subsection 4).