

**Medical Assisting Education Review Board
(MAERB)**

ACCREDITATION PACKET

Getting Started with CAAHEP Accreditation
of

a Medical Assisting Program

*2008 Standards and Guidelines for Medical Assisting
Educational Programs*

MAERB

July 2010

Accreditation Packet
2008 Standards and Guidelines for Medical Assisting Educational Programs

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The following items can be found at the identified respective websites:

Request for Accreditation Services (i.e. application)

<http://www.caahep.org/Accreditation-Services-Application/default.aspx>

Please use Option 1 in submitting your application.

Self Study Report Form (Excel Document): sample surveys for collecting required outcome data:

<http://www.maerb.org/LinkClick.aspx?fileticket=TqIEReB2zp4%3d&tabid=61>

Please remember that the self-study report must be submitted electronically on 4 thumb drives, including all electronic appendices. All documents must be in Word, Excel or PDF format.

Institutional accreditors recognized by the U.S. Department of Education:

<http://ope.ed.gov/accreditation/Search.aspx?6d6f64653d31267264743d392f332f3230303820333a35343a3533320504d>

Please feel free to contact the Accreditation Department if you have any questions regarding the self-study process and/or report.

MAERB Policy Manual:

maerb@maerb.org

or

800.228.2262

THE PROCESS OF ACCREDITATION

The purpose of accreditation is to ensure a basic level of educational quality for medical assisting programs established at the postsecondary level in community colleges, universities and vocational schools. When a school seeks accreditation for its medical assisting program, it is volunteering to have the quality of a program compared to national standards established by the profession.

A program must have had at least one class graduate prior to the onsite survey and have some basic outcome data on retention, placement, and graduate satisfaction.

If you are applying for CAAHEP accreditation for more than one program option (e.g. Diploma and Associate Degree), you will need to apply for accreditation of each program option. You will need to complete a self-study for each program option and all materials must be provided separately at the time of the on-site review.

The Medical Assisting Education Review Board (MAERB) assesses the quality of programs seeking accreditation through a peer review process, then recommends a status of public recognition to the Commission on Accreditation for Allied Health Education Programs (CAAHEP) for action.

If accreditation is awarded, the program is deemed "CAAHEP accredited."

DEFINITIONS OF KEY ELEMENTS IN THE ACCREDITATION PROCESS

Accreditation:	A peer review evaluation process whereby an institution or specialized program of study that fulfills established qualifications and educational standards is granted public recognition by a private, non-governmental accrediting agency.
Standards:	Minimum requirements to which an accredited program is to be held accountable.
Self-Study:	Formal process during which an educational institution or program critically examines its structure and substance, evaluates the program's overall effectiveness relative to its mission, identifies specific strengths and deficiencies, and indicates a plan for necessary modifications and improvements.
Self-Study Report:	Document summarizing the methods and findings of the Self-Study process. The self-study report is written using the outline given in the electronic <i>Self-Study Format for Medical Assisting Programs</i> . The development of the self-study report takes approximately six months to one year. The self-study report is submitted to the MAERB before the on-site survey.
On-Site Survey:	A on-site visit conducted by a survey team to verify the information in the <i>Self-Study Report</i> , to review the program's compliance with the <i>Standards</i> ; and to observe the program in operation.
On-Site Survey Report:	Written report prepared by the survey team and sent to the sponsor approximately eight to ten weeks after the visit with an opportunity to review and comment on the factual accuracy of the report before it is submitted to the Medical Assisting Education Review Board.

FACTS ON CAAHEP ACCREDITATION

Length of Process

The length of the accreditation process varies, depending on the program's response time at various stages, the availability of surveyors, and the meeting dates of the MAERB and CAAHEP.

Application Eligibility

The program must:

- a) be in a school that holds postsecondary "institutional accreditation from a USDE recognized agency," ([use link on Page 2 for current list](#))
- b) have already graduated its first class 6 months before the scheduled site visit date,
- c) have collected and compiled outcome assessment data for at least one class of graduates, and
- d) be competency-based.

Accreditation Length

CAAHEP accreditation is continuous, with a maximum of ten (10) years between regularly scheduled comprehensive program reviews (i.e. self-study report and on-site survey), except for initial accreditation, which expires at the end of five (5) years from the date granted, unless granted continuing accreditation by CAAHEP upon recommendation from the MAERB.

Members of the MAERB

The MAERB is comprised of 11-13 members representing the communities of interest: practicing Certified Medical Assistants®, CMA (AAMA), CAAHEP accredited medical assisting program faculty, administrator(s), the American Medical Association (AMA), and the public.

On-Site Surveyor Eligibility

All on-site surveyors must successfully complete a Surveyor Training workshop before conducting any surveys, and they must be able to conduct at least one survey per year. Interested individuals should submit a *curriculum vitae* and an application. (Available at www.maerb.org when surveys are scheduled.) Surveyors are selected from among the following:

- a) Educators from CAAHEP accredited programs;
- b) Currently practicing medical assistants who are Certified Medical Assistants;
- c) Administrators from accredited medical assisting program sponsors; and
- d) Currently licensed physicians

Individuals interested in serving as surveyors should contact the Accreditation Department of the Medical Assisting Education Review Board (MAERB).

STEPS OF THE MAERB ACCREDITATION PROCESS

Sponsoring Institution

- For initial accreditation the sponsor contacts the MAERB Accreditation Department for information on the process.
- Upon review of the Accreditation Packet, available on-line, sponsor submits a completed CAAHEP "Request for Accreditation Services" form, found on the CAAHEP website, www.caahep.org (full link on Page 2 of this document) and completes the form and submits using **Option 1**.
- For Continuing Accreditation, the program is sent notification of an upcoming continuing accreditation comprehensive review by the Accreditation Department approximately sixteen (16) months in advance of the anticipated date for the on-site survey.
- The sponsor completes the application process on the CAAHEP website, using **Option 1**.

MAERB Accreditation Department

- Sends notice of how to access accreditation documents, instructions and the self-study, including proposed on-site survey dates to the program director.
- Places the program in the on-site survey schedule and confirms the dates reserved for on-site survey with the program.

NOTE: On-site surveys for initial accreditation survey dates are somewhat flexible, based on completion of the self study report and availability of a survey team.

Sponsoring Institution

- Conducts the self-study process.
- Prepares the electronic Self-Study Report (SSR) workbook with appendices.
- Mails the required number of copies of the electronic self-study report on thumb drives to MAERB Accreditation Department at least four (4) months before scheduled on-site survey, due date provided by Accreditation Department.

MAERB Accreditation Department

- Selects the on-site survey team.
- Sends copies of self-study report to MAERB liaison and surveyors.
- Provides the program director with names and contact information for surveyors assigned for the on-site survey and any other information pertinent to preparing for the survey.

On-Site Survey Team Coordinator

- Communicates with the program director and the team member regarding travel/hotel arrangements and schedule for the on-site survey.

On-Site Survey Team

- Makes travel and hotel arrangements.
- Reviews the self-study report and any other material relevant to the program's on-site survey.
- Conducts on-site survey.
- Prepares the On-Site Survey Report (OSSR).

Team Coordinator

- Submits the OSSR to the MAERB Accreditation Department within 5 days after the survey.

MAERB

- Reviews the OSSR and discusses with MAERB Director of Accreditation and surveyors, as necessary.

MAERB Accreditation Department

- Sends the OSSR to the program director for review of factual accuracy.

Sponsor

- Returns a response regarding factual accuracy of survey report to the MAERB Accreditation Department within fourteen (14) days.

MAERB Accreditation Department

- Places the program on the next MAERB agenda.

MAERB

- Reviews relevant documentation and determines a CAAHEP status of public recognition recommendation, including outstanding citations, if any, and recommends a follow-up progress report, if applicable. (If an adverse recommendation is made, informs institution of opportunity to request reconsideration.)
- Forwards the status of public recognition recommendation to CAAHEP.

CAAHEP

- Reviews recommendation of the MAERB.
- Makes final determination of the status of public recognition.
- Mails letter of notification to school regarding CAAHEP action, including progress report due date, if applicable.

Sponsoring Institution

- Submits progress report, if required, by due date stated in CAAHEP letter of notification. The progress report documents evidence of progress toward compliance with the *Standards* by specifically addressing the outstanding citations.

BUILDING AND MAINTAINING A QUALITY PROGRAM

Some of the key factors in building and maintaining a quality medical assisting program are:

1. Qualified program director, practicum coordinator and faculty dedicated to providing the student with an education that ensures achievement of the entry-level knowledge, skills, and behaviors for medical assistants.
2. Adequate budget to supply sufficient resources for students and faculty, such as equipment and supplies.
3. On-going Resource Assessment (at least annually) to assess the appropriateness and effectiveness of the required resources with an appropriate action plan to correct deficiencies.
4. Well-balanced and structured course offerings that include cognitive, psychomotor, and affective domains and the required objectives for the entire medical assisting curriculum, presented in a logical sequence.
5. Clearly written course syllabi describing the didactic, competency practice and evaluation and supervised practicum education components. Syllabi should include learning goals, course objectives, and competencies required for graduation.
6. Methods of evaluation that document achievement of all objectives in all domains by all graduates, per Policy 2.7 ([link to MAERB Policy Manual on Page 2](#)):
 - a. Cognitive Domain (Content):
 - 1) Grading Policy
 - 2) Grading Scale
 - 3) Pass Score
 - 4) Official roster of students most recently assessed cohort/class that has completed each of the cognitive domain areas
 - 5) A copy of blank exam(s) and/or other required assessments covering **each** objective in eleven (11) cognitive domain areas
 - 6) Gradebook or transcripts covering all students in the covered cohorts, documenting satisfactory completion of each objective
 - b. Psychomotor and affective domains (competencies):
 - 1) Grading policy documenting inclusion of the requirement for successful completion of all psychomotor and affective domains objectives (competencies)
 - 2) Official roster of the students in the most recently assessed cohort/class that has completed each of the psychomotor and affective domain areas
 - 3) Copy of a blank skills assessment tool or a blank work product, if applicable, used to assess student competence on each objective (competency) in each of the eleven (11) psychomotor and affective domains
 - 4) A master competency check sheet, gradebook or transcripts covering all students in the most recently assessed cohort, documenting successful completion of each objective

The eleven (11) domain areas are:

1. Anatomy & Physiology
2. Applied Mathematics
3. Applied Microbiology/Infection Control
4. Applied Communications

5. Administrative Functions
 6. Basic Practice Finances
 7. Managed Care/Insurance
 8. Procedural and Diagnostic Coding
 9. Legal Implications
 10. Ethical Considerations
 11. Safety and Emergency Practices
-
7. Practicum experiences that enable students to apply the cognitive (knowledge) base and the psychomotor and affective objectives (competencies) they have learned, develop clinical proficiency, and assume responsibility for unpaid performance of clinical and administrative procedures in an ambulatory health care setting under the supervision of qualified personnel.
 8. Ongoing evaluation of program effectiveness through implementation of outcomes assessment and submission of the annual report with the results of the evaluation reflected in the review and timely revision of the program.



Commission on Accreditation of Allied Health Education Programs

Standards and Guidelines *for the Accreditation of Educational Programs in Medical Assisting*

*Essentials/Standards initially adopted in 1969;
revised in 1971, 1977, 1984, 1991, 1999, 2003, 2008*

**Adopted by the
American Association of Medical Assistants
American Medical Association
and
Commission on Accreditation of Allied Health Education Programs**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Medical Assisting Education Review Board (MAERB).

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the medical assisting profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the American Association of Medical Assistants and American Medical Association cooperate to establish, maintain and promote appropriate standards of quality for educational programs in medical assisting and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of medical assisting programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation Standards.

Description of the Profession: Medical assistants are multiskilled health professionals specifically educated to work in ambulatory settings performing administrative and clinical duties. The practice of medical assisting directly influences the public's health and well-being, and requires mastery of a complex body of knowledge and specialized skills requiring both formal education and practical experience that serve as standards for entry into the profession.

I. Sponsorship

A. Sponsoring Educational Institution

A sponsoring institution must be one of the following:

1. A sponsoring institution must be a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program.
2. A foreign post-secondary academic institution acceptable to CAAHEP, and authorized under applicable law or other acceptable authority to provide a post-secondary education program, which awards a minimum of a diploma/certificate in medical assisting upon completion of the program.

B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.
2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

C. Responsibilities of Sponsor

The Sponsor must ensure that the provisions of these **Standards and Guidelines** are met.

II. Program Goals

A. Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, and the public.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

B. Appropriateness of Goals and Learning Domains

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of at least each of the communities of interest named in these **Standards**, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

C. Minimum Expectations

The program must have the following goal defining minimum expectations: "To prepare competent entry-level medical assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory, and, ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

1. Program Director

- a. Responsibilities: The program director must be responsible for program effectiveness, including outcomes, organization, administration, continuous review, planning and development.
- b. Qualifications: The program director must have a minimum of an associate degree and instruction in educational theory and techniques.

The program director must be credentialed in medical assisting by a credentialing organization accredited by the National Commission for Certifying Agencies (NCCA) unless a full-time medical assisting faculty member is so credentialed.

The program director must have a minimum of three (3) years experience in healthcare, including a minimum of 40 hours of experience in an ambulatory healthcare setting performing or observing administrative and clinical procedures performed by medical assistants.

The program director must have teaching experience in postsecondary and/or vocational/technical education.

Program directors approved under previous CAAHEP *Standards* will continue to be approved only as long as they remain continuously employed in that position in the same program.

Instruction in educational theory and techniques may include college courses, seminars or in service sessions on topics such as learning theory, curriculum design, test construction, teaching methodology, or assessment techniques.

2. Faculty and/or Instructional Staff

- a. Responsibilities: Faculty must utilize instructional plans, direct and assess student progress in achieving theory and performance requirements of the program.
- b. Qualifications: Faculty must be knowledgeable in course content, as evidenced by education and/or experience, effective in directing and evaluating student learning and laboratory performance, and be prepared in educational theory and techniques.

3. **Practicum Coordinator**

- a. Responsibilities: The Practicum Coordinator must select and approve appropriate Practicum sites; provide orientation for the on-site supervisors; and provide oversight of the Practicum experience, including on-site assessment of student experiences and the quality of learning opportunities at least once during each term students are assigned to the Practicum site.
- b. Qualifications: The Practicum Coordinator must be knowledgeable in program curriculum, as evidenced by education and/or experience, and effective in evaluating student learning and performance.

The responsibilities of the Practicum Coordinator may be fulfilled by the Program Director, faculty member(s), or other qualified designee.

C. **Curriculum**

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation, which must be provided prior to implementation of each segment of the curriculum.

1. **Content and Competencies**

The program must demonstrate that the content and competencies included in the program's curriculum meet or exceed those stated in the latest edition of the *MAERB Core Curriculum* (Appendix B).

Program length should be sufficient to ensure student achievement of the MAERB Core Curriculum.

Appropriate course sequencing is defined as a logical progression of learning.

2. **Practicum**

An unpaid, supervised practicum of at least 160 contact hours in an ambulatory healthcare setting, performing psychomotor and affective competencies, must be completed prior to graduation. On-site supervision of the student must be provided by an individual who has knowledge of the medical assisting profession.

The program should ensure that the practicum experience and instruction of students are meaningful and parallel in content and concept with the material presented in lecture and laboratory sessions. Sites should afford each student a variety of experiences.

D. **Resource Assessment**

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

The format for resource assessments should be: Purpose statement, Measurement Systems, Dates of Measurement, Results, Analyses, Action Plans, and Follow-up.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

“Validity” means that the evaluation methods chosen are consistent with the learning and performance objectives being tested. Methods of assessment are carefully designed and constructed to measure stated learning and performance objectives at the appropriate level of difficulty. Methods used to evaluate skills and behaviors are consistent with stated practicum performance expectations and designed to assess competency attainment.

2. Documentation

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

Documentation should include, but is not limited to, appropriate written, practical and/or oral evaluations of student achievement that are based on all components of the Core Curriculum for Medical Assistants.

B. Outcomes

1. Outcomes Assessment

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessment must include, but are not limited to: national credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, programmatic summative measures. The program must meet the outcomes assessment thresholds established by the Medical Assisting Education Review Board.

“Positive placement” means that the graduate is employed full or part-time in a related field; and/or continuing his/her education; and/ or serving in the military.

“National credentialing examinations” are those accredited by the National Commission for Certifying Agencies (NCCA). Participation and pass rates on national credentialing examination(s) performance may be considered in determining whether or not a program meets the designated threshold, provided the credentialing examination(s) is/are available to be administered prior to graduation from the program.

2. Outcomes Reporting

The program must periodically submit to the MAERB the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.

Programs not meeting the established thresholds must begin a dialogue with the MAERB to develop an appropriate plan of action to respond to the identified shortcomings.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.

Catalogs and/or web sites should include the current curriculum and award granted by the medical assisting program.

2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, mailing address, web site address and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.

The required language for publicizing the CAAHEP status of accreditation for medical assisting program can be found MAERB web site.

3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and for graduation, and policies and processes by which students may perform clinical work while enrolled in the program and that students must be supervised and not receive compensation for practicum.
4. The sponsor must maintain, and provide upon request, current and consistent information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards**.

The sponsor should develop a suitable means of communicating to the communities of interest the achievement of students/graduates.

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

C. Safeguards

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

All activities required in the program must be educational and students must not be substituted for staff.

Safeguards may include OSHA and CDC guidelines, and any state, local or institutional guidelines/policies related to health and safety.

D. Student Records

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/MAERB in a timely manner. Additional substantive changes to be reported to MAERB, within the time limits prescribed, include:

1. Change in the institution's legal status or form of control;
2. Change/addition/deletion of courses that represent a significant departure in content;
3. Change in method of curriculum delivery;
4. Change of the degree or credential awarded;
5. Change of clock hours to credit hours or vice versa; and
6. Substantial increase/decrease in clock or credit hours for successful completion of a program.

Policies for reporting the above changes can be found in the MAERB Program Policy Manual.

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity. Practicum agreements must include a statement that students must be supervised and must not receive compensation for services provided as a part of the Practicum.

These documents should be reviewed periodically to ensure the availability of resources for the provision of effective education.

APPENDIX A

Application, Maintenance and Administration of Accreditation

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

- a. The chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form and returns it to:

Medical Assisting Education Review Board
American Association of Medical Assistants Endowment
20 N. Wacker Drive, Suite 1575
Chicago, IL 60606

The “Request for Accreditation Services” form can be obtained from MAERB, CAAHEP, or the CAAHEP website at www.caahep.org.

Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the MAERB. The on-site review will be scheduled in cooperation with the program and once the self-study report has been completed, submitted, and accepted by the MAERB.

2. Applying for Continuing Accreditation

- a. Upon written notice from the MAERB, the chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form, and returns it to:

Medical Assisting Education Review Board (MAERB)
American Association of Medical Assistants Endowment
20 N. Wacker Drive, Suite 1575
Chicago, IL 60606

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the MAERB.

If it is determined that there were significant concerns with the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the MAERB forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform the MAERB and CAAHEP within a reasonable period of time (as defined by the MAERB and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel.

- b. The sponsor must inform CAAHEP and the MAERB of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the MAERB that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a “Request for Transfer of Sponsorship Services” form. The MAERB has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.
- c. The sponsor must promptly inform CAAHEP and the MAERB of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the MAERB in accordance with its policies and procedures. The time between comprehensive reviews is determined by the MAERB and based on the program’s on-going compliance with the **Standards**; however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay MAERB and CAAHEP fees within a reasonable period of time, as determined by the MAERB and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, annual reports, etc.) in accordance with MAERB policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a MAERB accreditation recommendation prior to the “next comprehensive review” period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the MAERB.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP- Accredited Program

Voluntary withdrawal of accreditation from CAAHEP may be requested at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating: the last date of student enrollment, the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP- Accredited Program

Inactive status may be requested from CAAHEP at any time by the chief executive officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the MAERB and CAAHEP to maintain its accreditation status.

To reactivate the program the chief executive officer or an officially designated representative of the sponsor must notify CAAHEP of its intent to do so in writing to both CAAHEP and the MAERB. The sponsor will be notified by the MAERB of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a “Voluntary Withdrawal of Accreditation.”

B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the MAERB forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold accreditation, or withdraw accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the MAERB forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The MAERB reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to confer probationary accreditation is not subject to appeal.

3. Before the MAERB forwards a recommendation to CAAHEP that a program's accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The MAERB reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the MAERB arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP "Appeal of Adverse Accreditation Actions" is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's chief executive officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation

Standards.

Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.

Appendix B

Core Curriculum for Medical Assistants Medical Assisting Education Review Board (MAERB) 2008 Curriculum Plan

Foundations for Clinical Practice

Medical assistants graduating from programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) will demonstrate critical thinking based on knowledge of academic subject matter required for competence in the profession. They will incorporate the cognitive knowledge in performance of the psychomotor and affective domains in their practice as medical assistants in providing patient care.

I.C Cognitive (Knowledge Base)	I. P Psychomotor (Skills)	I. A Affective (Behavior)
<p>I. Anatomy & Physiology</p> <ol style="list-style-type: none"> 1. Describe structural organization of the human body 2. Identify body systems 3. Describe body planes, directional terms, quadrants, and cavities 4. List major organs in each body system 5. Describe the normal function of each body system 6. Identify common pathology related to each body system 7. Analyze pathology as it relates to the interaction of body systems 8. Discuss implications for disease and disability when homeostasis is not maintained 9. Describe implications for treatment related to pathology 10. Compare body structure and function of the human body across the life span 11. Identify the classifications of medications, including desired effects, side effects and adverse reactions 	<p>I. Anatomy & Physiology</p> <ol style="list-style-type: none"> 1. Obtain vital signs 2. Perform venipuncture 3. Perform capillary puncture 4. Perform pulmonary function testing 5. Perform electrocardiography 6. Perform patient screening using established protocols 7. Select proper sites for administering parenteral medication 8. Administer oral medications 9. Administer parenteral (excluding IV) medications 10. Assist physician with patient care 11. Perform quality control measures 12. Perform CLIA waived hematology testing 13. Perform CLIA waived chemistry testing 14. Perform CLIA waived urinalysis 15. Perform CLIA waived immunology testing 16. Screen test results 	<p>I. Anatomy & Physiology</p> <ol style="list-style-type: none"> 1. Apply critical thinking skills in performing patient assessment and care 2. Use language/verbal skills that enable patients' understanding 3. Demonstrate respect for diversity in approaching patients and families

<p>12. Describe the relationship between anatomy and physiology of all body systems and medications used for treatment in each</p>		
<p>II.C Cognitive (Knowledge Base)</p>	<p>II. P Psychomotor (Skills)</p>	<p>II. A Affective (Behavior)</p>
<p>II. Applied Mathematics</p> <ol style="list-style-type: none"> 1. Demonstrate knowledge of basic math computations 2. Apply mathematical computations to solve equations 3. Identify measurement systems 4. Define basic units of measurement in metric, apothecary and household systems 5. Convert among measurement systems 6. Identify both abbreviations and symbols used in calculating medication dosages 7. Analyze charts, graphs and/or tables in the interpretation of healthcare results 	<p>II. Applied Mathematics</p> <ol style="list-style-type: none"> 1. Prepare proper dosages of medication for administration 2. Maintain laboratory test results using flow sheets 3. Maintain growth charts 	<p>II. Applied Mathematics</p> <ol style="list-style-type: none"> 1. Verify ordered doses/dosages prior to administration 2. Distinguish between normal and abnormal test results
<p>III.C Cognitive (Knowledge Base)</p>	<p>III. P Psychomotor (Skills)</p>	<p>III. A Affective (Behavior)</p>
<p>III. Applied Microbiology/Infection Control</p> <ol style="list-style-type: none"> 1. Describe the infection cycle, including the infectious agent, reservoir, susceptible host, means of transmission, portals of entry, and portals of exit 2. Define asepsis 3. Discuss infection control procedures. 4. Identify personal safety precautions as established by the Occupational Safety and Health Administration (OSHA) 5. List major types of infectious agents 6. Compare different methods of controlling the growth of microorganisms 7. Match types and uses of personal protective equipment (PPE) 	<p>III. Applied Microbiology/Infection Control</p> <ol style="list-style-type: none"> 1. Participate in training on Standard Precautions 2. Practice Standard Precautions. 3. Select appropriate barrier/personal protective equipment (PPE) for potentially infectious situations 4. Perform handwashing 5. Prepare items for autoclaving 6. Perform sterilization procedures 7. Obtain specimens for microbiological testing 8. Perform CLIA waived microbiology testing 	<p>III. Applied Microbiology/Infection Control</p> <ol style="list-style-type: none"> 1. Display sensitivity to patient rights and feelings in collecting specimens 2. Explain the rationale for performance of a procedure to the patient 3. Show awareness of patients' concerns regarding their perceptions related to the procedure being performed

<p>8. Differentiate between medical and surgical asepsis used in ambulatory care settings, identifying when each is appropriate</p> <p>9. Discuss quality control issues related to handling microbiological specimens</p> <p>10. Identify disease processes that are indications for CLIA waived tests</p> <p>11. Describe Standard Precautions, including:</p> <ul style="list-style-type: none">a. Transmission based precautionsb. Purposec. Activities regulated <p>12. Discuss the application of Standard Precautions with regard to:</p> <ul style="list-style-type: none">a. All body fluids, secretions and excretionsb. Bloodc. Non intact skind. Mucous membranes <p>13. Identify the role of the Center for Disease Control (CDC) regulations in healthcare settings.</p>		
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Applied Communications

Medical assistants graduating from programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) will demonstrate critical thinking based on knowledge of academic subject matter required for competence in the profession. They will incorporate cognitive knowledge in performance of psychomotor and affective domains in their practice as medical assistants in communicating effectively, both orally and in writing.

IV.C Cognitive (Knowledge Base)	IV. P Psychomotor (Skills)	IV. A Affective (Behavior)
<p>IV. Concepts of Effective Communication</p> <ol style="list-style-type: none"> 1. Identify styles and types of verbal communication 2. Identify nonverbal communication 3. Recognize communication barriers 4. Identify techniques for overcoming communication barriers 5. Recognize the elements of oral communication using a sender-receiver process 6. Differentiate between subjective and objective information 7. Identify resources and adaptations that are required based on individual needs, i.e., culture and environment, developmental life stage, language, and physical threats to communication 8. Recognize elements of fundamental writing skills 9. Discuss applications of electronic technology in effective communication 10. Diagram medical terms, labeling the word parts 11. Define both medical terms and abbreviations related to all body systems 12. Organize technical information and summaries 13. Identify the role of self boundaries in the health care environment 	<p>IV. Concepts of Effective Communication</p> <ol style="list-style-type: none"> 1. Use reflection, restatement and clarification techniques to obtain a patient history 2. Report relevant information to others succinctly and accurately 3. Use medical terminology, pronouncing medical terms correctly, to communicate information, patient history, data and observations 4. Explain general office policies 5. Instruct patients according to their needs to promote health maintenance and disease prevention 6. Prepare a patient for procedures and/or treatments 7. Demonstrate telephone techniques 8. Document patient care 9. Document patient education 10. Compose professional/business letters 11. Respond to nonverbal communication 12. Develop and maintain a current list of community resources related to patients' healthcare needs 13. Advocate on behalf of patients 	<p>IV. Concepts of Effective Communication</p> <ol style="list-style-type: none"> 1. Demonstrate empathy in communicating with patients, family and staff 2. Apply active listening skills 3. Use appropriate body language and other nonverbal skills in communicating with patients, family and staff 4. Demonstrate awareness of the territorial boundaries of the person with whom communicating 5. Demonstrate sensitivity appropriate to the message being delivered 6. Demonstrate awareness of how an individual's personal appearance affects anticipated responses 7. Demonstrate recognition of the patient's level of understanding in communications 8. Analyze communications in providing appropriate responses/ feedback 9. Recognize and protect personal boundaries in communicating with others 10. Demonstrate respect for individual diversity, incorporating awareness of one's own biases in areas including gender, race, religion, age and economic status

<p>14. Recognize the role of patient advocacy in the practice of medical assisting</p> <p>15. Discuss the role of assertiveness in effective professional communication</p> <p>16. Differentiate between adaptive and non-adaptive coping mechanisms</p>		
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Medical Business Practices

Medical assistants graduating from programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) will demonstrate critical thinking based on knowledge of academic subject matter required for competence in the profession. They will incorporate cognitive knowledge in performance of psychomotor and affective domains in their practice as medical assistants in the performance of medical business practices.

V.C Cognitive (Knowledge Base)	V. P Psychomotor (Skills)	V. A Affective (Behavior)
<p>V. Administrative Functions</p> <ol style="list-style-type: none"> 1. Discuss pros and cons of various types of appointment management systems 2. Describe scheduling guidelines 3. Recognize office policies and protocols for handling appointments 4. Identify critical information required for scheduling patient admissions and/or procedures 5. Identify systems for organizing medical records 6. Describe various types of content maintained in a patient's medical record 7. Discuss pros and cons of various filing methods 8. Identify both equipment and supplies needed for filing medical records 9. Describe indexing rules 10. Discuss filing procedures 11. Discuss principles of using Electronic Medical Record (EMR) 12. Identify types of records common to the healthcare setting 13. Identify time management principles 14. Discuss the importance of routine maintenance of office equipment 	<p>V. Administrative Functions</p> <ol style="list-style-type: none"> 1. Manage appointment schedule, using established priorities 2. Schedule patient admissions and/or procedures 3. Organize a patient's medical record. 4. File medical records 5. Execute data management using electronic healthcare records such as the EMR 6. Use office hardware and software to maintain office systems 7. Use internet to access information related to the medical office 8. Maintain organization by filing 9. Perform routine maintenance of office equipment with documentation 10. Perform an office inventory 	<p>V. Administrative Functions</p> <ol style="list-style-type: none"> 1. Consider staff needs and limitations in establishment of a filing system 2. Implement time management principles to maintain effective office function

VI.C Cognitive (Knowledge Base)	VI. P Psychomotor (Skills)	VI. A Affective (Behavior)
<p>VI. Basic Practice Finances</p> <ol style="list-style-type: none"> 1. Explain basic bookkeeping computations. 2. Differentiate between bookkeeping and accounting 3. Describe banking procedures 4. Discuss precautions for accepting checks. 5. Compare types of endorsement 6. Differentiate between accounts payable and accounts receivable 7. Compare manual and computerized bookkeeping systems used in ambulatory healthcare 8. Describe common periodic financial reports 9. Explain both billing and payment options. 10. Identify procedure for preparing patient accounts 11. Discuss procedures for collecting outstanding accounts 12. Describe the impact of both the Fair Debt Collection Act and the Federal Truth in Lending Act of 1968 as they apply to collections 13. Discuss types of adjustments that may be made to a patient's account 	<p>VI. Basic Practice Finances</p> <ol style="list-style-type: none"> 1. Prepare a bank deposit 2. Perform accounts receivable procedures, including: <ol style="list-style-type: none"> a. Post entries on a daysheet b. Perform billing procedures c. Perform collection procedures d. Post adjustments e. Process a credit balance f. Process refunds g. Post non-sufficient fund (NSF) checks. h. Post collection agency payments. 3. Utilize computerized office billing systems 	<p>VI. Basic Practice Finances</p> <ol style="list-style-type: none"> 1. Demonstrate sensitivity and professionalism in handling accounts receivable activities with clients

VIII.C Cognitive (Knowledge Base)	VIII. P Psychomotor (Skills)	VIII. A Affective (Behavior)
<p>VII. Managed Care/Insurance</p> <ol style="list-style-type: none"> 1. Identify types of insurance plans 2. Identify models of managed care 3. Discuss workers' compensation as it applies to patients 4. Describe procedures for implementing both managed care and insurance plans 5. Discuss utilization review principles. 6. Discuss referral process for patients in a managed care program 7. Describe how guidelines are used in processing an insurance claim 8. Compare processes for filing insurance claims both manually and electronically 9. Describe guidelines for third-party claims 10. Discuss types of physician fee schedules 11. Describe the concept of RBRVS 12. Define Diagnosis-Related Groups (DRGs) 	<p>VII. Managed Care/Insurance</p> <ol style="list-style-type: none"> 1. Apply both managed care policies and procedures 2. Apply third party guidelines 3. Complete insurance claim forms 4. Obtain precertification, including documentation 5. Obtain preauthorization, including documentation 6. Verify eligibility for managed care services 	<p>VII. Managed Care/Insurance</p> <ol style="list-style-type: none"> 1. Demonstrate assertive communication with managed care and/or insurance providers 2. Demonstrate sensitivity in communicating with both providers and patients 3. Communicate in language the patient can understand regarding managed care and insurance plans
VIII.C Cognitive (Knowledge Base)	VIII. P Psychomotor (Skills)	VIII. A Affective (Behavior)
<p>VIII. Procedural and Diagnostic Coding</p> <ol style="list-style-type: none"> 1. Describe how to use the most current procedural coding system 2. Define upcoding and why it should be avoided 3. Describe how to use the most current diagnostic coding classification system 4. Describe how to use the most current HCPCS coding 	<p>VIII. Procedural and Diagnostic Coding</p> <ol style="list-style-type: none"> 1. Perform procedural coding 2. Perform diagnostic coding 	<p>VIII. Procedural and Diagnostic Coding</p> <ol style="list-style-type: none"> 1. Work with physician to achieve the maximum reimbursement

Medical Law and Ethics

Medical assistants graduating from programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) will demonstrate critical thinking based on knowledge of academic subject matter required for competence in the profession. They will incorporate cognitive knowledge in performance of psychomotor and affective domains in their practice as medical assistants in providing patient care in accordance with regulations, policies, laws and patient rights.

IX.C Cognitive (Knowledge Base)	IX. P Psychomotor (Skills)	IX. A Affective (Behavior)
<p>IX. Legal Implications</p> <ol style="list-style-type: none"> 1. Discuss legal scope of practice for medical assistants 2. Explore issue of confidentiality as it applies to the medical assistant. 3. Describe the implications of HIPAA for the medical assistant in various medical settings 4. Summarize the Patient Bill of Rights 5. Discuss licensure and certification as it applies to healthcare providers 6. Describe liability, professional, personal injury, and third party insurance 7. Compare and contrast physician and medical assistant roles in terms of standard of care 8. Compare criminal and civil law as it applies to the practicing medical assistant. 9. Provide an example of tort law as it would apply to a medical assistant 10. Explain how the following impact the medical assistant's practice and give examples <ol style="list-style-type: none"> a. Negligence b. Malpractice c. Statute of Limitations d. Good Samaritan Act(s) 	<p>IX. Legal Implications</p> <ol style="list-style-type: none"> 1. Respond to issues of confidentiality 2. Perform within scope of practice 3. Apply HIPAA rules in regard to privacy/release of information 4. Practice within the standard of care for a medical assistant 5. Incorporate the Patient's Bill of Rights into personal practice and medical office policies and procedures 6. Complete an incident report 7. Document accurately in the patient record 8. Apply local, state and federal health care legislation and regulation appropriate to the medical assisting practice setting 	<p>IX. Legal Implications</p> <ol style="list-style-type: none"> 1. Demonstrate sensitivity to patient rights 2. Demonstrate awareness of the consequences of not working within the legal scope of practice 3. Recognize the importance of local, state and federal legislation and regulations in the practice setting

<ul style="list-style-type: none"> e. Uniform Anatomical Gift Act f. Living will/Advanced directives g. Medical durable power of attorney <ol style="list-style-type: none"> 11. Identify how the Americans with Disabilities Act (ADA) applies to the medical assisting profession 12. List and discuss legal and illegal interview questions 13. Discuss all levels of governmental legislation and regulation as they apply to medical assisting practice, including FDA and DEA regulations 14. Describe the process to follow if an error is made in patient care 		
X.C Cognitive (Knowledge Base)	X. P Psychomotor (Skills)	X. A Affective (Behavior)
<p>X. Ethical Considerations</p> <ol style="list-style-type: none"> 1. Differentiate between legal, ethical, and moral issues affecting healthcare 2. Compare personal, professional and organizational ethics 3. Discuss the role of cultural, social and ethnic diversity in ethical performance of medical assisting practice 4. Identify where to report illegal and/or unsafe activities and behaviors that affect health, safety and welfare of others. 5. Identify the effect personal ethics may have on professional performance 	<p>X. Ethical Considerations</p> <ol style="list-style-type: none"> 1. Report illegal and/or unsafe activities and behaviors that affect health, safety and welfare of others to proper authorities 2. Develop a plan for separation of personal and professional ethics 	<p>X. Ethical Considerations</p> <ol style="list-style-type: none"> 1. Apply ethical behaviors, including honesty/integrity in performance of medical assisting practice 2. Examine the impact personal ethics and morals may have on the individual's practice 3. Demonstrate awareness of diversity in providing patient care

Safety and Emergency Practices

Medical assistants graduating from programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) will demonstrate critical thinking based on knowledge of academic subject matter required for competence in the profession. They will incorporate cognitive knowledge in performance of psychomotor and affective domains in their practice as medical assistants, applying quality control measures in following health and safety policies and procedures to prevent illness and injury.

X.C Cognitive (Knowledge Base)	X. P Psychomotor (Skills)	X. A Affective (Behavior)
<p>XI. Protective Practices</p> <ol style="list-style-type: none"> 1. Describe personal protective equipment 2. Identify safety techniques that can be used to prevent accidents and maintain a safe work environment 3. Describe the importance of Materials Safety Data Sheets (MSDS) in a healthcare setting 4. Identify safety signs, symbols and labels 5. State principles and steps of professional/provider CPR 6. Describe basic principles of first aid 7. Describe fundamental principles for evacuation of a healthcare setting 8. Discuss fire safety issues in a healthcare environment 9. Discuss requirements for responding to hazardous material disposal 10. Identify principles of body mechanics and ergonomics. 11. Discuss critical elements of an emergency plan for response to a natural disaster or other emergency 12. Identify emergency preparedness plans in your community 13. Discuss potential role(s) of the medical assistant in emergency preparedness 	<p>XI. Protective Practices</p> <ol style="list-style-type: none"> 1. Comply with safety signs, symbols and labels. 2. Evaluate the work environment to identify safe vs. unsafe working conditions. 3. Develop a personal (patient and employee) safety plan. 4. Develop an environmental safety plan. 5. Demonstrate proper use of the following equipment: <ol style="list-style-type: none"> a. Eyewash b. Fire extinguishers c. Sharps disposal containers 6. Participate in a mock environmental exposure event with documentation of steps taken. 7. Explain an evacuation plan for a physician's office 8. Demonstrate methods of fire prevention in the healthcare setting 9. Maintain provider/professional level CPR certification. 10. Perform first aid procedures 11. Use proper body mechanics 12. Maintain a current list of community resources for emergency preparedness 	<p>XI. Protective Practices</p> <ol style="list-style-type: none"> 1. Recognize the effects of stress on all persons involved in emergency situations 2. Demonstrate self awareness in responding to emergency situations

Timetable for Self-Study Report and Survey

1. The Accreditation Department will notify each program due for a continuing accreditation comprehensive review using the following time frames:
 - a. Fall (July - December) on-site surveys – 16 months prior to the survey
 - b. Spring (January – June) on-site surveys – 16 months prior to the survey
 - c. Notification will include:
 - (1) Projected due date for self-study report submission
 - (2) Confirmation form
 - (3) CAAHEP Request for Accreditation Services form
 - (4) Link to access Accreditation Packet
 - (5) Invoice for the accreditation fees

The self-study report and payment of Accreditation Fees will be due 4 months prior to the date of the on-site survey.

2. Late Self-Study Reports will be handled as follows:
 - a. Programs with an overdue self-study report will be contacted by telephone within one week after the self-study report due date to inform them that the self-study report has not been received. Programs will be subject to Administrative Probation, if the review is for continuing accreditation, and a late fee for either continuing or initial accreditation review.
 - b. If the self-study report is more than 2 weeks late, the Accreditation Department will send a 2nd written notice that the on-site survey may be rescheduled. Administrative Probation and late fees will be applied.
 - c. If final deadline is not met, survey will be cancelled and a rescheduling fee assessed.
3. Requests for survey date changes, extensions or earlier visits, must be made in writing with rationale to the Accreditation Department.
 - a. The Director of Accreditation, Chair and Vice Chair of the MAERB or the full MAERB may grant extensions as follows:
 - (1) up to 3 months by staff.
 - (2) 4-6 months by the MAERB Chair and Vice Chair (request must be in writing to the Chair).
 - (3) more than 6 months by the MAERB (Request must be in writing to the MAERB.)

The maximum extension granted will not exceed 12 months.

- b. Requests by the program for a change of the on-site survey date that is within six (6) months of the scheduled on-site survey are subject to a \$500 additional processing fee, if the request is granted. In addition to the

\$500 administrative fee, the program will also be responsible for any surveyor expenses incurred prior to the rescheduling.

- c. The MAERB or staff may change survey dates if site surveyors are not available for the original survey dates. (Not to exceed 12 months) No administrative fee is charged if MAERB is the initiator of the change.

Frequently Asked Questions by Program Directors Before, During, and After the On-Site Survey

- 1. Do I make the hotel arrangements for the survey team?**
No. At the time of the site survey date confirmation, you will be asked to provide the names of one or two hotels with nearby restaurants to the Accreditation Department staff. This information will be given to the team coordinator and he/she will make the hotel selection. Each team member will be responsible for his/her own hotel expenses and will be reimbursed by the MAERB.
- 2. Should I pick up the survey team members each morning at the hotel?**
Yes, unless other arrangements are made. The arrangements for time and place for meeting the team should be made when finalizing the schedule prior to the survey.
- 3. How many people should I have at the opening interview? At the exit interview?**
Determining who attends the opening interview would be made in establishing the survey schedule and generally includes the president, chief academic officer, academic administrator responsible for the Medical Assisting program, and the program director. However, the sponsor may invite additional individuals, if desired. Determining who attends the exit interview is the prerogative of the sponsor.
- 4. Does the survey team need a private room in which to work?**
Yes. The team will need a private work room for the days of the visit in which to interview individuals in privacy, review materials designated in the On-Site Survey Checklist, and prepare their report. The team coordinator may also discuss having a computer and printer available for team use.
- 5. Do I have to be present in the work room with the survey team at all times?**
No. Interviewing of individuals is generally done in private. Also, the team will review the materials alone. If questions come up or materials cannot be found, the team will request you to come to assist them.
- 6. When will the survey team speak to the students, practicum coordinator, program faculty, advisory committee, and others? Can I be present in the room?**
The exact schedule of interviewing individuals will be determined by the team coordinator in close consultation with you. You will not be present during those interviews, so that the individuals can respond to questions openly and honestly.
- 7. Do the surveyors have to meet with a whole class of students?**
Instructions for meeting(s) with students will be provided prior to the visit.
- 8. Is it necessary to meet the advisory committee members?**
It is recommended to meet with as many advisory committee members as possible, but not necessarily the entire committee. The team will preferably want those advisory members to include a physician (nurse practitioner/physician assistant) and employer representatives. This meeting can be done through a visit to practicum site(s) or during a luncheon provided by the school on the first day of the visit.

9. At the end of the first day of the survey, should I offer to take the survey team to dinner?

No. Although the thought and gesture are nice, the team has a lot of work to do during the first evening.

10. How many practicum sites should I arrange for the team to visit?

Visiting practicum sites is no longer required for an on-site survey. The team will want to interview the advisory committee member(s) representing practicum sites, students, and/or recent graduates, who may be more accessible at one or more practicum sites. The team coordinator will determine, in consultation with you, how to best meet with the individuals to be interviewed.

11. On the second day of the survey, should I arrange for a private lunch for the team?

Not necessarily. The schedule should be reviewed by all parties at the end of day one, in order to finalize the plans for day two.

12. What should I expect at the exit interview?

The exit interview is where the team will present its findings of the visit. The team will read a prepared script that will include listing the strengths, listing the citations, and describing future activities for completing the accreditation process, from submitting the On-Site Survey Report through the Commission on Accreditation for Allied Health Education Programs (CAAHEP) action. Generally, the team will have a private, consultation meeting with you as program director before the exit interview to share some of its observations.

13. When should I expect the site survey to end?

The exact ending time may vary, but usually the exit interview is scheduled to begin at 11:30 a.m. and can be expected to end around noon. However, the exact schedule for the visit, as well as the exact length of the exit interview, will vary from program to program.

14. What is the maximum number of years a program undergoing initial accreditation can expect?

Initial accreditation is granted by CAAHEP for a period of 5 years.

A program maybe recommended to CAAHEP and granted continuing accreditation without a survey, based on compliance with the Standards and outcomes reported annually.

15. What is the maximum number of years a program undergoing continuing accreditation can expect?

With the exception of initial status, CAAHEP accreditation is not time limited, but remains in place until another action is taken. The CAAHEP and MAERB allow up to 10 years between comprehensive reviews (i.e., self study report and on-site survey), but the exact time of the next comprehensive review will depend on the outcomes of the program.

NOTE:

Please be sure to have the following available for the site surveyor team:

- A. Cognitive Domain (Content):
 - 1) Grading Policy
 - 2) Grading Scale
 - 3) Pass Score
 - 4) Official roster of students most recently assessed cohort in each of the cognitive domain areas
 - 5) A copy of blank exam(s) and/or other required assessments covering **each** objective in eleven cognitive domain areas:
 - a. Anatomy & Physiology
 - b. Applied Mathematics
 - c. Applied Microbiology/Infection Control
 - d. Applied Communications
 - e. Administrative Functions
 - f. Basic Practice Finances
 - g. Managed Care/Insurance
 - h. Procedural and Diagnostic Coding
 - i. Legal Implications
 - j. Ethical Considerations
 - k. Safety and Emergency Practices
 - 6) Gradebook or transcripts covering all students in the covered cohorts, documenting satisfactory completion of each objective

- B. Psychomotor and Affective Domains (Competencies)
 - a. Grading policy documenting inclusion of the requirement for successful completion of all psychomotor and affective domains objectives (competencies)
 - b. Official roster of the students in the most recently assessed cohort for each of the psychomotor and affective domain areas
 - c. Copy of a blank skills assessment tool or a blank work product, if applicable, used to assess student competence on each objective (competency) in each of the eleven psychomotor and affective domains:
 - 1) Anatomy & Physiology
 - 2) Applied Mathematics
 - 3) Applied Microbiology/Infection Control
 - 4) Applied Communications
 - 5) Administrative Functions
 - 6) Basic Practice Finances
 - 7) Managed Care/Insurance
 - 8) Procedural and Diagnostic Coding

- 9) Legal Implications
- 10) Ethical Considerations
- 11) Safety and Emergency Practices
4. A master competency check sheet, gradebook or transcripts covering all students in the most recently assessed cohort, documenting successful completion of each objective

Each objective in each domain must be clearly identified for the surveyors. It is recommended you have a separate file for each objective with the required assessment items.

The surveyors will use these to verify that each of the domains and objectives are being taught and that the students have successfully achieved entry-level competence in all areas.

IMPORTANT NOTE:

If you are a CAAHEP-approved multiple campus OR if you are applying for multiple campus status, you will need to have the all of the documentation listed above for **each** of the campuses. Each campus should have its own separate set of files.

Competencies Requiring Work Products

Work products are an excellent means of demonstrating student achievement, but it is the program's discretion as how required work products are documented.

Italicized competencies on the list below require work products. This form could also be adapted for use as a master competency check list to document student achievement of psychomotor and affective domains.

Competency (Psychomotor & Affective)	Grade	Pass	Date	Int.
I. Anatomy & Physiology				
1. <i>Obtain vital signs</i>				
2. Perform venipuncture				
3. Perform capillary puncture				
4. <i>Perform pulmonary function testing</i>				
5. <i>Perform electrocardiography</i>				
6. <i>Perform patient screening using established protocols</i>				
7. Select proper sites for administering parenteral medication				
8. <i>Administer oral medications</i>				
9. <i>Administer parenteral (excluding IV) medications</i>				
10. Assist physician with patient care				
11. <i>Perform quality control measures</i>				
12. <i>Perform CLIA-Waived hematology testing</i>				
13. <i>Perform CLIA-Waived chemistry testing</i>				
14. <i>Perform CLIA-Waived urinalysis</i>				
15. <i>Perform CLIA-Waived immunology testing</i>				
16. <i>Screen test results</i>				
17. Apply critical thinking skills in performing patient assessment and care				
18. Use language/verbal skills that enable patients' understanding				
19. Demonstrate respect for diversity in approaching patients and families				
Competency (Psychomotor & Affective)	Grade	Pass	Date	Int.
II. Applied Mathematics				
1. <i>Prepare proper dosages of medication for administration</i>				
2. <i>Maintain laboratory test results using flow sheets</i>				
3. <i>Maintain growth charts</i>				
4. Verify ordered doses/dosages prior to administration				
5. <i>Distinguish between normal and abnormal test results</i>				

Competency (Psychomotor & Affective)	Grade	Pass	Date	Int.
II. Applied Microbiology/Infection Control				
1. Participate in training on Standard Precautions				
2. Practice Standard Precautions				
3. Select appropriate barrier/personal protective equipment (PPE) for potentially infectious situations				
4. Perform handwashing				
5. Prepare items for autoclaving				
6. Perform sterilization procedures				
7. Obtain specimens for microbiological testing				
8. <i>Perform CLIA waived microbiology testing</i>				
9. Display sensitivity to patient rights and feelings in collecting specimens				
10. Explain the rationale for performance of a procedure to the patient				
11. Show awareness of patients' concerns regarding their perceptions related to the procedure being performed				
Competency (Psychomotor & Affective)	Grade	Pass	Date	Int.

Competency (Psychomotor & Affective)	Grade	Pass	Date	Int.
IV. Concepts of Effective Communication				
1. Use reflection, restatement and clarification techniques to obtain a patient history				
2. <i>Report relevant information to others succinctly and accurately</i>				
3. Use medical terminology, pronouncing medical terms correctly, to communicate information, patient history, data and observations				
4. Explain general office policies				
5. Instruct patients according to their needs to promote health maintenance and disease prevention				
6. Prepare a patient for procedures and/or treatments				
7. Demonstrate telephone techniques				
8. <i>Document patient care</i>				
9. <i>Document patient education</i>				
10. <i>Compose professional/business letters</i>				
11. Respond to nonverbal communication				
12. <i>Develop and maintain a current list of community resources related to patients' healthcare needs</i>				
13. Advocate on behalf of patients				
14. Demonstrate empathy in communicating with patients, family and staff				
15. Apply active listening skills				

Competency (Psychomotor & Affective)	Grade	Pass	Date	Int.
16. Use appropriate body language and other nonverbal skills in communicating with patients, family and staff				
17. Demonstrate awareness of the territorial boundaries of the person with whom communicating				
18. Demonstrate sensitivity appropriate to the message being delivered				
19. Demonstrate awareness of how an individual's personal appearance affects anticipated responses				
20. Demonstrate recognition of the patient's level of understanding in communications				
21. Analyze communications in providing appropriate responses/ feedback				
22. Recognize and protect personal boundaries in communicating with others				
23. Demonstrate respect for individual diversity, incorporating awareness of one's own biases in areas including gender, race, religion, age and economic status				
Competency (Psychomotor & Affective)	Grade	Pass	Date	Int.

V. Administrative Functions

1. <i>Manage appointment schedule, using established priorities</i>				
2. <i>Schedule patient admissions and/or procedures</i>				
3. <i>Organize a patient's medical record</i>				
4. File medical records				
5. <i>Execute data management using electronic healthcare records such as the EMR</i>				
6. <i>Use office hardware and software to maintain office systems</i>				
7. <i>Use internet to access information related to the medical office</i>				
8. Maintain organization by filing				
9. <i>Perform routine maintenance of office equipment with documentation</i>				
10. <i>Perform an office inventory</i>				
11. Consider staff needs and limitations in establishment of a filing system				
12. Implement time management principles to maintain effective office function				

Competency (Psychomotor & Affective)	Grade	Pass	Date	Int.
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VI. Basic Practice Finances cont.

1. Prepare a bank deposit				
2. Perform accounts receivable procedures, including:				
a. Post entries on a daysheet				
b. Perform billing procedures				
c. Perform collection procedures				
d. Post adjustments				
e. Process a credit balance				
f. Process refunds				
g. Post non-sufficient fund (NSF) checks				
h. Post collection agency payments				
3. Utilize computerized office billing systems				
4. Demonstrate sensitivity and professionalism in handling accounts receivable activities with clients				

Competency (Psychomotor & Affective)	Grade	Pass	Date	Int.
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VII. Managed Care/Insurance

1. Apply both managed care policies and procedures				
2. Apply third party guidelines				
3. Complete insurance claim forms				
4. Obtain precertification, including documentation				
5. Obtain preauthorization, including documentation				
6. Verify eligibility for managed care services				
7. Demonstrate assertive communication with managed care and/or insurance providers				
8. Demonstrate sensitivity in communicating with both providers and patients				
9. Communicate in language the patient can understand regarding managed care and insurance plans				

Competency (Psychomotor & Affective)	Grade	Pass	Date	Int.
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VIII. Procedural and Diagnostic Coding

1. Perform procedural coding				
2. Perform diagnostic coding				
3. Work with physician to achieve the maximum reimbursement				

Competency (Psychomotor & Affective)	Grade	Pass	Date	Int.
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IX. Legal Implications

1. Respond to issues of confidentiality				
2. Perform within scope of practice				
3. Apply HIPAA rules in regard to privacy/release of information				
4. Practice within the standard of care for a medical assistant				

Competency (Psychomotor & Affective)	Grade	Pass	Date	Int.
5. Incorporate the Patient's Bill of Rights into personal practice and medical office policies and procedures				
6. <i>Complete an incident report</i>				
7. <i>Document accurately in the patient record</i>				
8. Apply local, state and federal health care legislation and regulation appropriate to the medical assisting practice setting				
9. Demonstrate sensitivity to patient rights				
10. Demonstrate awareness of the consequences of not working within the legal scope of practice				
11. Recognize the importance of local, state and federal legislation and regulations in the practice setting				
Competency (Psychomotor & Affective)	Grade	Pass	Date	Int.

X. Ethical Considerations

1. Report illegal and/or unsafe activities and behaviors that affect health, safety and welfare of others to proper authorities				
2. Develop a plan for separation of personal and professional ethics				
3. Apply ethical behaviors, including honesty/integrity in performance of medical assisting practice				
4. Examine the impact personal ethics and morals may have on the individual's practice				
5. Demonstrate awareness of diversity in providing patient care				
Competency (Psychomotor & Affective)	Grade	Pass	Date	Int.

XI. Protective Practices

1. Comply with safety signs, symbols and labels				
2. Evaluate the work environment to identify safe vs. unsafe working conditions				
3. <i>Develop a personal (patient and employee) safety plan</i>				
4. <i>Develop an environmental safety plan</i>				
5. Demonstrate proper use of the following equipment:				
a. Eyewash				
b. Fire extinguishers				
c. Sharps disposal containers				
6. Participate in a mock environmental exposure event with documentation of steps taken				
7. Explain an evacuation plan for a physician's office				
8. Demonstrate methods of fire prevention in the healthcare setting				

Competency (Psychomotor & Affective)	Grade	Pass	Date	Int.
9. <i>Maintain provider/professional level CPR certification</i>				
10. Perform first aid procedures				
11. Use proper body mechanics				
12. <i>Maintain a current list of community resources for emergency preparedness</i>				
13. Recognize the effects of stress on all persons involved in emergency situations				
14. Demonstrate self awareness in responding to emergency situations				

PREPARATION FOR THE ON-SITE SURVEY

Role of Program Director/Coordinator

1. Arrange for payment of accreditation fees. The application fee is due when the CAAHEP “Request for Accreditation Services” is submitted and the on-site survey fee is due when the self-study report is submitted. Fee should be payable to: MAERB and sent to:
Accreditation Department
MAERB
20 N. Wacker Drive, Suite 1575
Chicago, IL 60606
2. Accept the survey team. The Accreditation Department contacts medical assistant program director with the team assignment, and provides a brief background of the members. The Program director should respond as soon as possible so that team members can be confirmed, be sent program materials for review, and make economical travel arrangements.
3. Compose a tentative schedule in cooperation with the survey team coordinator. The “Tentative Schedule for CAAHEP On-Site Survey” provides a good starting point.
4. Recommend hotel(s). It is helpful for surveyors to stay at a hotel with a restaurant or with one nearby. (The team will make its own reservations and travel arrangements.)
5. Prepare an electronic list of names, titles and positions of all individuals that the team will be interviewing. Incorporate the list into the On-Site Survey Schedule under the designated times.
6. Arrange for interviews of administration, faculty, advisory committee members Including physician (nurse practitioner/physician assistant), students, support staff, and/or graduates as determined by the team coordinator.
7. Select participants for opening and exit interviews and make arrangements for the place for these activities.
8. Arrange for lunch(es) in cooperation with team coordinator. The first day may be a working lunch with faculty, students, or advisory committee.
9. Finalize the On-Site Survey Schedule with the Team Coordinator.
10. Provide a room on campus for the survey team where they will be able to work privately throughout the visit. Check with the team coordinator as to the need for computer and printer resources for the team to use during the visit.

The materials in the On-Site Survey Checklist (Page 49) should be in the room or readily accessible.

Medical Assisting Education Review Board (MAERB) On-Site Survey Checklist

Please have the following completed documents accessible for surveyor review on site. Please number and title the folders accordingly.

**Check When
Completed**

Standard I.A.

1. Copy of **institutional accreditation documentation** (certificate or letter, indicating accrediting agency and dates of accreditation that cover the period of the on-site survey)

Standard I.B.

2. **Consortium agreement**, if applicable

Standard II.A.

3. Evidence of the **documented needs and expectations of the Communities of interest** served by the program (local needs assessment survey, minutes of advisory committee meetings).

Standard II.B.

4. **Roster of Advisory Committee members** (including name and identification of Community of Interest position each represents).

Standard II.C.

5. Documentation of **goal(s) beyond entry-level**, if any.

Standard III.A.

6. **Copy of updated medical assisting program budget**

Standard III.B.

7. **Job Description for Program Director:**
8. **Official documentation of Program Director's Qualifications** (See Standard III B1b for details)
9. **Copy of certificate** showing an appropriate medical assisting credential for a full-time faculty member, if Program Director is not so credentialed.
10. **Job Description for Practicum Coordinator**

- 11. **Official documentation of Practicum Coordinator/s' Qualifications** (See Standard IIIB3b for more details)
- 12. **Job Description for faculty/instructional staff:**
- 13. **Copy of Self-Study Report Form F-8** for any new faculty employed since submission of the Self-Study Report.

Standard III.C.

- 14. **Copy of current curriculum** in the sequence typically taken by students
- 15. **Curriculum materials** organized with:
 - a. **Current syllabus**
 - b. **Copies of textbooks used**
- 16. **Documentation that students complete at least 160 unpaid** appropriate Practicum hours prior to graduation.

Standard III.D.

- 17. **Copy of updated Resource Assessment grid**
- 18. **Completed forms** relevant to the Medical Assisting program currently used for resource assessment (i.e., faculty surveys, students surveys, course evaluations, and practicum site evaluations by students, etc).

Standard IV.A.

- 19. **Records of student evaluations** of learning progress and achievements. (transcripts, gradebook, master competency sheet, and any other methods used to document student achievement).

Standard IV.B.

- 20. **Five years of raw data** for the following outcomes (hard copy or electronic):
 - a. **Performance on national credentialing exams** CMA (AAMA) and/or RMA (AMT) only
 - b. **Program attrition/retention statistics**
 - c. **Graduate satisfaction surveys**
 - d. **Employer satisfaction surveys**
 - e. **Positive placement rates**
 - f. **Practicum evaluations of students**

Standard V.A.

- 21. **Updated copies of college catalogue** and all other Medical Assisting related publications.

- 22. **Student handbook(s)** (institutional and program, if appropriate)
- 23. **Admission; recruitment; progression; graduation policies**
- 24. **Faculty handbook** (employment; grievance policy etc.)

Standard V.B.

- 25. **Completed copies of Technical Standards for the program (if used)**
documenting that students are able to perform the Essential Functions of Medical Assisting with or without reasonable accommodation.

Standard V.C.

- 26. **Policies and procedures assuring adequate safety of patients, students, and faculty.**

Standard V.D.

- 27. **Sampling of official Medical Assisting student records**
(See Standard V.D, e.g. admission, advisement); may be provided after arrival of team to ensure confidentiality.

Standard V.F.

- 28. **Copies of executed affiliation agreements** with all active Practicum sites.

Appendix B.

- 29. **Folders for each of the 123 Cognitive Domain areas** containing a blank evaluation tool. If the evaluation tool (e.g., final exam) documents more than one Cognitive area, highlight those questions/items that pertain to that folder's particular Cognitive area. In addition, the following information needs to be available to show achievement of objectives listed under the Cognitive domain:

- a. Grading Policy
- b. Grading Scale
- c. Pass Score
- d. Official roster of students in the most recently assessed cohort in each of the cognitive domain areas
- e. Gradebook or transcripts covering all students in the covered cohorts, documenting satisfactory completion of each objective

- 30. **Folders for each of the Psychomotor (83) and Affective (33) domain** objectives containing blank evaluation tools and blank work products, where applicable. When preparing the 116 folders, some evaluation tools may relate to more than one Psychomotor or Affective domain objective. If so, additional copies of those tools must be made and placed in the appropriate folders, so that each folder contains its own documents.

In addition, the following information needs to be available to document achievement of objectives listed under the Psychomotor and Affective Domains:

- a. Grading policy documenting inclusion of the requirement for successful completion of all psychomotor and affective domains objectives
- b. Official roster of the students in the most recently assessed cohort for each of the psychomotor and affective domain areas
- c. A master competency check sheet, gradebook or transcripts covering all students in the most recently assessed cohort, documenting successful completion of each objective

TENTATIVE SCHEDULE FOR CAAHEP ON-SITE SURVEY

Evening Before Survey Day 1	
6:00 PM	Site Survey Team meets at hotel
Survey Day 1	
8:00 AM	Program Director picks up survey team at hotel
8:30 – 9:00AM	Meet with institutional officers, program director, and department chair
9:00 – 9:30AM	Meet with Program Director Review program documentation, course outlines, evaluation instruments, outcomes
9:30AM – 5PM	(To be scheduled for specific start/end times within this time block) Meet with students (45-60 minutes – each class separately) Tour Medical Assisting classroom(s) and laboratory (30-45 minutes) Meet with Advisory Committee members (30-45 minutes) Meet with Faculty, including the Practicum Coordinator (30-45 minutes) Meet with recent graduates (30 minutes) Meet with support personnel, as necessary (30 minutes) Review program documentation, course outlines, evaluation instruments, and outcomes. (Time remaining as needed) Working lunch for survey team or perhaps with the advisory committee (60 minutes) (Team may travel off-campus to meet with above individuals.)
5:30PM (approx.)	Review schedule for Day 2; Site Survey Team returns to the hotel. If evening classes in Medical Assisting are provided, then the team will need to meet with the evening students also.
Survey Day 2	
8:00 AM	Program Director picks up survey team at hotel
8:30 – 11AM	Continued review of program documentation and survey team work time.
11 – 11:30AM	Meet with Program Director and Division Chair
11:30 AM	Exit Interview with the persons of the institution's choice
Noon	Site Survey Team departs institution for airport