Medical Assisting

CAAHEP

Education Review Board

MAERB
A CAAHEP
Committee on
Accreditation

POLICIES & PROCEDURES MANUAL

For

CAAHEP ACCREDITED MEDICAL ASSISTING PROGRAMS

Updated 8/18

MAERB Policy Manual

Contents

Introduction

The Medical Assisting Education Review Board (MAERB) is committed to transparency and consistency in its accreditation activities, and the *MAERB Policy Manual* supports that goal.

The *MAERB Policy Manual* works in conjunction with the CAAHEP *Policies and Procedures* (www.caahep.org), and medical assisting Program Directors should keep both *Manuals* available for easy reference.

The *MAERB Policy Manual* is designed to support and bolster the accreditation process for the CAAHEP-accredited medical assisting programs in further enhancing the competency-based education that they offer. The policies outlined in the *MAERB Policy Manual* are designed to ensure that MAERB's communities of interest are fully informed about the method by which MAERB makes decisions about accreditation status. In addition, these policies also provide an interpretation of *CAAHEP's Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting* in terms of what is required for Program Directors to do to ensure compliance with the *Standards*. It is expected that medical assisting Program Directors of CAAHEP-accredited institutions will be familiar with these policies.

In addition to providing policy information, the *MAERB Policy Manual* also, when applicable, provides the Program Director with information about the procedures so that there is a clear understanding of the method by which policy decisions are enacted. In some instances, the procedures are outlined in one of MAERB's other publications and that is referenced in the procedure section. Along with the procedure, there are examples designed to provide an illustration for enhanced understanding of a specific policy or procedure.

The MAERB Policies and Procedures are reviewed on at least an annual basis by a MAERB subcommittee to ensure currency and clarity. Feedback and input about the policies is always welcome. Program Directors wishing to provide input or feedback are encouraged to contact Sarah Marino, MAERB Executive Director. When there are changes in policies, Program Directors and the sponsoring organizations are notified of those changes by email, and the revised *Policy Manual* is posted on the MAERB website.

Summary of Recent Changes

Date Approved	Policy #	Brief Summary of change
17-Aug	120	It was determined that an institution with an accredited program did not have to go through the full initial accreditation process (waiting for the first graduate class) if they choose to add an additional award option.
17-Aug	220	Eliminated the need for programs to retain transcripts for accreditation documentation.
16-Aug	305	The policy about initial accreditation was significantly expanded and programs are required to submit a report three 1/2 years after initial accreditation was received.
17-Nov	315	A focused visit can occur if a program is not meeting its outcomes.
17-Feb	335	MAERB changed the amount of time for a program to respond to a potential adverse recommendation.
16-Aug	205	A new exam was added for outcomes.
17-Aug	205	It was determined that when a program demonstrated a trend of unmet thresholds they would submit an action plan rather than immediately receiving an adverse recommendation.
18-Feb	110	The wording and format changed to provide more clarification but the substance remained the same.
18-Feb	132	Rather than including all of "Foundations for Clinical Practice," there were certain sections delineated within "Foundations for Clinical Practice" that require a special workbook.
18-Feb	305	It was clarified that there must be graduates from the program that have been taught and assessed of the entire MAERB Core Curriculum
18-Feb	145	The Practicum Policy was thoroughly updated based upon the survey that was done of the Program Directors in fall 2016.
18-Jul	220	The language for I.a.iv was tweaked to clarify that the Course Learning Objectives were the cognitive objectives and the psychomotor and affective competencies of the MAERB Core Curriculum
18-Jul	210	The policy for posting outcomes was significantly changed to require that programs post either their retention, job placement, or exam passage outcome from the year prior to the most recent year reported.

SECTION ONE—General Information

Policy 105: Confidentiality and Code of Ethics

I.   The MAERB members, MAERB site surveyors, and MAERB staff are committed to maintaining confidentiality, avoiding conflicts of interest, behaving professionally and impartially in their service to the CAAHEP-accredited medical assisting programs, and adhering to MAERB's Code of Ethics.

II.   Any breach of confidentiality, professionalism, impartiality, and ethics may result in disciplinary action, which may include the following:
   a.   termination of employment as a staff member or consultant
   b.   termination of term for volunteers
   c.   legal action.

III.   All MAERB representatives and staff will be required to annually sign a code of ethics and conflict of interest form in to document their understanding of and compliance with these standards.

EXAMPLES AND PROCEDURES

The MAERB members, site surveyors, and staff annually sign both a code of ethics and conflict of interest form to ensure their ongoing understanding of the high standards to which they are held. The confidentiality code defines the relationship between the MAERB volunteers and staff and the CAAHEP-accredited medical assisting programs. The *Internal Policy Manual*, designed for MAERB members, and the *Surveyor Handbook*, contain more information about the ethical code and the conflict of interest policies.

Policy 110: Advertising of Accreditation Status

I.   CAAHEP requires sponsors and programs to be accurate in reporting to the public the program's accreditation information and status.

II.   If a program has not yet been accredited by CAAHEP and has not yet been scheduled for an initial site visit, no mention of CAAHEP accreditation may be made.

     a.   Once a site visit has been scheduled, a program may publish the following statement:

        "The [name of program] at [institution] has a site visit scheduled for pursuing initial accreditation by CAAHEP. This step in the process is neither a status of accreditation nor a guarantee that accreditation will be granted."

        There should be no claims of timelines or when accreditation might be achieved.

III.   The program needs to post complete accreditation information, as outlined below, in one of its official publications, such as website, catalog, or program handbook, ensuring that both current and prospective students, have access to that information.

        The information about CAAHEP, including the full name, mailing address, website, and telephone number, along with a reference to the Medical Assisting Education Review Board (MAERB), needs to follow the following format at least once:

        "The [name of program] is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of Medical Assisting Education Review Board (MAERB)."

        Commission on Accreditation of Allied Health Education Programs
        25400 US Highway 19 N., Suite 158
        Clearwater, FL 33763
        727-210-2350
        www.caahep.org

IV.   *When the above requirement has been met at least once, the program can choose either to repeat the complete accreditation information or choose to use the following abbreviated version:* "The *[name of program]* is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of Medical Assisting Education Review Board (MAERB)."

V.   The program needs to inform all current students and applicants in writing of any changes in accreditation status, such as voluntary withdrawal, probation, or involuntary withdrawal.

        If a program has been placed on Probationary Accreditation by CAAHEP, it must inform all students and applicants in writing and must disclose this sanction whenever reference is made to its accreditation status, by including this statement:

"[Name of program] is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of Medical Assisting Education Review Board (MAERB)**.** The program has been placed on Probationary Accreditation as of [date of Probation action]."

EXAMPLES AND PROCEDURES

Important Note: As of April 2016, the CAAHEP address has changed. Programs are responsible for updating the statement to include the new address as promptly as possible.

CAAHEP-accredited medical assisting programs have the responsibility of accurately informing their communities of interests of their accreditation status.   Accreditation is a publicly held status and, as such, CAAHEP-accredited programs must provide the communities of interest accurate and easy access to the accreditation status.

Just as a hypothetical, a program can decide to include the full information about its CAAHEP accreditation status on the website, as specified by Policy 110.III.a. Then in all its other documents that reference the accreditation status, the program can use the abbreviated version, as documented in Policy 110.IV. It is necessary for both statements to be accurate, so that there is consistency. It will, however, be necessary to document to the surveyors where the accurate full statement is, and to ensure that it is accessible by students and prospective students.

It is appropriate for the program/institution to also define probationary accreditation as, in CAAHEP's terms "a temporary status of accreditation imposed when a program does not continue to meet accreditation *Standards* but should be able to meet them within a specified time" (CAAHEP Policy 204).

Updated 2/18

Policy 115: Accreditation Fees

I.   Institutions are required to abide by the MAERB Accreditation Fee Schedule that is published by MAERB and available on the MAERB website. The Fee Schedule includes specific amounts as well as timelines for submission.
    a. Delays in paying any fees may result in specific processes being put on hold.
    b. Fees not paid by the deadline will result in a late fee being assessed.
    c. Failure to pay any fee by the due date of the second notice will result in the program being placed on Administrative Probation by CAAHEP.

EXAMPLES AND PROCEDURES

The *MAERB Accreditation Fee Schedule*, found on the MAERB website and below, outlines when specific fees are due.

In terms of timelines, the MAERB office may cease working on specific accreditation activities if a given fee is not paid by the due date on the invoice. For example, if the comprehensive review fee is not paid on time, the program will be contacted that the site visit may need to be delayed. The program will be sent a second notice for the invoice. If the fee is not paid by the due date on the second invoice, the program will be placed on Administrative Probation and will be assessed a late fee.

Administrative Probation is a sign that the program is not in good standing with CAAHEP's administrative policies. It is designated as a temporary status, so MAERB will designate a time frame within which this administrative issue needs to be resolved. There is more information about Administrative Probation in MAERB Policy 330.

MAERB Accreditation Fee Schedule

Application Fees

1. Initial Accreditation (1 campus/1 program) $1500
   a. Each additional campus $650
   b. Each additional program $650

Programs applying for Initial accreditation should submit the application fee as soon as they know when they want to have the visit scheduled. The fee currently allows one person to attend an Accreditation Workshop free of charge, but for events held after August 1, 2019, there will be a $200 charge for attending the accreditation workshop.   See the Initial Accreditation Packet for more information.

2. Continuing Accreditation (1 campus/1 program) $800
   a. Each additional campus $400
   b. Each additional program $400

CAAHEP-accredited programs need to "apply" for continued accreditation by paying fees four months prior to the comprehensive site visit.

3. Multiple Campus Program Application $500

4. Change of Ownership $500

5. Transfer of Sponsorship $950

6. Reactivation of an Inactive Program $400

All application fees are due with the applications and are not refundable.

Annual Service Fee

1. One program on one campus $1200/$1500 as of July 1, 2019
   a. Each additional program $600/$750 as of July 1, 2019
   b. Each additional campus $600/$750 as of July 1, 2019

2. Initial Accreditation granted after June 30 of invoiced year
   for one program on one campus` $600/$750 as of July 1, 2019
   a. Each additional program $300/$375 as of July 1, 2019
   b. Each additional campus $300/$375 as of July 1, 2019

CAAHEP-accredited medical assisting programs are sent the invoices in October with the final due date on the first business day of the New Year for the period January 1 through December 31 of the previous

year. These fees are charged retroactively, so programs pay for the past year. In other words, for the Annual Service Fee due in January 2019, CAAHEP-accredited programs are paying for 2018 services. In regards to the fee increase that is scheduled for July 1, 2019, programs will be invoiced the increased fee in October 2019.   There are no partial year rates, with the exception of programs accredited on or after July 1 of the year covered by the fee.

Comprehensive Review Fee

Programs that have a visit scheduled in January 2020 or later will pay the increased fee indicated in red. The invoices for those visits will be sent out in September 2019, but the amount is not due until four months prior to the scheduled visit.

1. One program on one campus (two days)	$2300/$2,700 as of 1/2020
a. Additional Surveyor (more than one campus/one program, two days)	$1150/$1,350 as of 1/2020
b. Additional Day(s) (more than one campus/one program)	$600/$700 as of 1/2020

The Comprehensive Review Fees pay for the travel, lodging and food of the surveyors who visit the program site. Comprehensive Review Fees are due when programs submit the Self-Study four months prior to the actual visit. Programs will be required to pay additional survey expenses if the actual expenses are in excess of these fees. The program will be invoiced for the entire amount of excess costs at the conclusion of the survey.   The program will be responsible for the additional expenses incurred if, when a scheduled surveyor is not able to attend the visit, the program determines that the survey should not continue, even if the remaining available surveyor is qualified to conduct the survey as a sole surveyor. There will be no refunds of the Comprehensive Review Fee.

Mandated Focused Visit
1. Focused Visit	Actual costs

If MAERB schedules a focused visit to an institution based upon specific issues that have emerged, the institution will be charged the actual survey expenses (travel, lodging, hotel) of the surveyors. The program will be invoiced after the visit.

Accreditation Workshop Fees

For workshops held after July 1, 2019, there will be a charge of $200 for every institutional representative attending a face-to-face workshop, as is indicated in red below. The online workshops and educational events are free of charge.

1. One representative of a currently accredited CAAHEP medical assisting program that has paid the Annual Program Service Fee.	Free/$200 after July 1, 2019
2. One additional representative from each additional program or campus that has paid the additional Award Program or Campus fee, along with the Annual Program Service Fee.	Free/$200 after July 1, 2019

3. A representative from an unaccredited program that has
   paid the Initial Accreditation Application Fee   Free/$200 after July 1, 2019

4. A representative from an unaccredited program that has
   not yet paid the application fee or the application fee was
   paid over 12 months prior to the workshop. $200

5. A representative from a currently accredited program who
   already has the maximum number attending. $200

Change Fees

1. Curriculum Change Fees
   a. 10 – 50% change in total credits or clock hours $300
   b. 51% or greater change in total credits or clock hours $500

2. Change of Award (Change a degree to a
   certificate/diploma or vice versa)/Addition of another $500
   accredited program

3. Personnel Change
   a. Program Director $350
   b. Practicum Coordinator (additional or replacement) $75

Administrative Charges

1. Failure to report Program Director or Practicum
   Coordinator change within 14 days of the vacancy $250

2. Failure to submit completed Program Director or
   Practicum Coordinator, including documentation, within
   30 days of the vacancy $250

3. Failure to submit Annual Service Fee by second notice due
   date $250

4. Failure to submit any requested documentation by second
   notice due date $250

5. Annual Report Form Unlock Fee $200

6. Rescheduling comprehensive site visit within six months of
   the confirmed date at the program's request $500 (plus any additional travel
   charges)

These administrative fees cover staff time and other administrative costs that incur due to late or incomplete material being submitted or changes being made.

Policy 120: Multiple Program Awards

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 125, "Accreditation of a Multiple Campus Program"

I. A sponsoring educational institution may offer multiple medical assisting programs (diploma/certificate and associate degree) at the same or different campuses.

II. A program can determine that it wants to change the award level of its accredited program (degree to certificate/diploma or certificate/diploma to degree).
   a. The outcomes threshold history from the Annual Report Form of the original award will be applied to the new award.

EXAMPLES AND PROCEDURES

For any of these options, the institution and/or program needs to supply the appropriate information outlined below. In these instances, a site visit may be deemed necessary and, if so, the appropriate fees will be applied. After review and approval by MAERB, CAAHEP will be informed of the award granting addition or switch.

Policy 120.I: Programs can have multiple awards that are separately accredited with CAAHEP.

- For example, the program may have both a certificate and associate degree option on one campus that is accredited with CAAHEP.
- Or a sponsoring educational institution may have a medical assisting associate degree on one campus and a medical assisting certificate on another campus. NOTE: Because these are different awards, policy 125 "Accreditation of a Multiple Campus Program" would not apply.

There can be a number of variations on the two models above, but ultimately a sponsoring educational institution can have several accredited programs. In these instances, both programs undergoing comprehensive review would need to submit the CAAHEP Request for Accreditation Services (RAS), the specific fees, and individual Self-Studies. Each program will receive an On-Site Survey Report (OSSR) after the surveyor team visits. If there is a need for a progress report, each program would need to submit the necessary report. In addition, each award option is required to submit separate annual reports and curriculum changes.

Programs with multiple awards offered do have the following options:

1. seek separate CAAHEP accreditation for each award
2. set up the curriculum so that only the certificate/diploma is CAAHEP-accredited
3. determine that they want only one medical assisting award to be accredited

It is an institutional decision, but programs can discuss these options with MAERB staff.

Programs may add award options and apply for accreditation of those programs at any time. For example, a program may determine that it would like to offer an associate degree in addition to a certificate program. Programs that determine that they would like to add an award and apply for accreditation will need to submit a CAAHEP Request for Accreditation Services (RAS) form, an award granting option Self Study Report, and the associated continuing

accreditation application fee.   Programs can submit this information prior to the program start so that it will be accredited from its inception.

Policy 120.II: An associate degree program may determine that it would be more effective to change to a certificate program (or vice versa). In those instances, the program will need to submit an award granting option Self Study Report and the appropriate fee. With the change, the outcomes threshold history that is part of the Annual Report would stay the same for the new award granting option, so the new award granting program would retain the history of the previous program. Materials need to be submitted and approved prior to the start of the new award granting option.

Updated 8/17

Policy 125: Accreditation of a Multiple Campus Program

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 220, "Retention of Course Documents and Student Achievement Records"

I. A multiple campus medical assisting program operates and is recognized as a single program within the same educational institution. The sponsoring institution identifies a main campus for the program, and the institution can apply for the same accredited program to be offered on no more than three additional campuses that are in the same state and located no more than 120 miles away from the main campus. The additional campuses must be recognized by the institutional accreditor.
   a. The medical assisting program must be offered in its entirety on each campus.
   b. Students at all campuses must be subject to the same set of admission criteria.
   c. Students at all campuses must have access to the full range of student services.
   d. All campuses must have the full range of resources (computer, classroom/laboratory, supplies, faculty, and so on) for program effectiveness

II. All programs on all campuses must be compliant with the CAAHEP *Standards and Guidelines*.
   a. The medical assisting program, designed in accordance with the MAERB Core Curriculum, must be exactly the same on each campus, including, but not limited to, the same curriculum, the same sequence, and the same evaluation standards for the competencies.
   b. The Annual Report and Self-Study report contain aggregated data from all campuses.
   c. Any citations, resulting either from the comprehensive review or the Annual Report, which result in an adverse action from CAAHEP will affect the accreditation status of all the campuses that are a part of the approved multiple campus Program.

III. The medical assisting programs at all the campuses must be led by one Program Director who meets the qualifications and fulfills all the responsibilities designated in the CAAHEP *Standards and Guidelines.*
   a. The Program Director must report to only one immediate supervisor (Dean, Division Chair, Department Head, or other).
   b. The Program Director must visit each campus at least once every two weeks.

IV. The main campus must grant the associate degree, diploma, or certificate, and issue the transcript.
   a. The address on the transcript must be that of the main campus.

EXAMPLES AND PROCEDURES

For programs seeking multiple campus status concurrent with an accreditation site visit, either as an initial accreditation applicant or as a program that is already CAAHEP accredited, the medical assisting program will need to submit with the Self Study the documents to apply for the multiple campus program, along with the appropriate fees. The information for the multiple campus program needs to be in separate folders as a section within the one Self-Study. The accreditation site visit and survey report will include the additional campus(es) that are seeking approval under the multiple campus. In such a scenario, no approval of the additional campuses can be given until the survey report is reviewed and approved by CAAHEP.

For medical assisting programs that are already CAAHEP-accredited and that intend to become a multiple campus program in the midst of an accreditation cycle, the program will need to submit

a multiple campus application in order to demonstrate compliance with the conditions outlined in the policy. Those documents will then be reviewed by the MAERB liaison and, if the program is in full compliance, will be approved by MAERB without a site visit. If there are concerns, there may be a site visit. In the case of a multiple campus application not being fully compliant with the standards of Policy 125, the program will be asked to re-apply at a time in which compliance can be demonstrated and ensured to appropriately continue the procedure.

A Multiple Campus program will need to aggregate the data for all the campuses for the Annual Report Form, so that all the students enrolled in the medical assisting program across the multiple campuses are represented. In addition, for continuing accreditation Self-Studies, the information about the students and the faculty will be aggregated.

At the same time, for the site visit, the surveyors will ask to see documentation that is individual to each campus, so Policy 220, "Retention of Course Documents and Student Achievement Records" needs to be applied to courses on all the campuses that the one program is offered. The surveyors will also evaluate a multiple campus program according to its adherence to this policy. For example, they will ask the Program Director for a calendar of visits to the other program sites to ensure that the other campus(es) is visited every two weeks and will probably ask for verification from the students for that reason.

Policy 130: Distance Education Programs

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 132 "Hybrid Programs" and Policy 145 "Practicum"

I.   A distance education program allows students to complete the entire curriculum through distance education without the need to attend any instruction on a campus location.

II.   Current sponsoring educational institutions offering CAAHEP-accredited medical assisting programs that intend to add a distance education program or change an existing program to a distance education program will need to complete a separate initial accreditation application and a specialized self-study.

EXAMPLES AND PROCEDURES

As is outlined above in the policy, a **program** classified as a distance education medical assisting program is taught completely through the modality of distance education, including the teaching and assessment of all the competencies. The students will, however, need to be placed in an onground practicum, conforming to the same requirements for the practicum as any other CAAHEP-accredited medical assisting program.

Distance education, as an instructional modality, is a formal educational process in which synchronous or asynchronous instruction occurs when student and instructor are not in the same place. Distance education includes, but is not limited to, correspondence study or audio, video and/or computer/internet technologies.

Policy 132: Hybrid Programs

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 130 "Distance Education"

I.   Onground programs include hybrid programs which are a combination of onground and distance education instruction.

II.   Hybrid programs that teach and assess via distance education any of the psychomotor and affective competencies found in the following content areas, "Anatomy & Physiology," "Infection Control," and "Protective Practices," of the MAERB Core Curriculum need to submit specialized materials to demonstrate the ability to teach and assess those competencies that require specialized equipment, involve intrusive procedures, and/or focus on safety.

III.   Hybrid programs that do not teach and assess via distance education any of the psychomotor and affective competencies found in the following content areas, "Anatomy & Physiology," "Infection Control," and "Protective Practices," via distance education of the MAERB Core Curriculum do not need to submit any specialized materials.

EXAMPLES AND PROCEDURES

In order to fully contextualize hybrid programs, it is important to review some standard terminology for educational modalities. Outlined below are some common definitions for different educational delivery methods:

- **Onground**: the traditional classroom with face-to-face instruction
- **Computer-Enhanced Instruction**: A traditional class in which students use a learning management system in order to access the course material.
- **Hybrid**: a combination of distance and onground instruction in which students formally fulfill some of the program requirements through distance education in order to abbreviate the classroom time
- **Distance education**: a formal educational process in which synchronous or asynchronous instruction occurs when student and instructor are not in the same place. Distance education includes, but is not limited to, correspondence study or audio, video and/or computer/internet technologies.

CAAHEP accredits a large number of medical assisting programs that rely on a hybrid modality. Because CAAHEP's definition of a **Distance Education Program** (see policy 130) requires that 100% of the curriculum is taught through a distance education modality, hybrid programs are classified formally as onground programs.

As with the majority of educational programs, medical assisting was originally designed as an onground program and the MAERB Core Curriculum still reflects that origin. In addition, CAAHEP-accredited medical assisting programs are competency based. In order to ensure that hybrid programs are compliant with the MAERB Core Curriculum and CAAHEP *Standards and Guidelines*, MAERB distinguishes between "categories" of hybrid programs, as is outlined below:

1. Hybrid Programs that teach and assess via distance education any of the psychomotor and affective competencies found in the following content areas, "Anatomy & Physiology," "Infection Control," and "Protective Practices."

Foundations of Clinical Practices	Safety and Emergency Practices
• Anatomy & Physiology • Infection Control	• Protective Practices

2. Hybrid Programs that **DO NOT** teach and assess via distance education any of the psychomotor and affective competencies found in the following content areas, "Anatomy & Physiology," "Infection Control," and "Protective Practices."

The reason for that distinction is that the psychomotor and affective competencies within the content areas of "Anatomy & Physiology," "Infection Control," and "Protective Practices." require specific attention if they are taught, assessed, and achieved via distance education. Medical assisting programs, either applying for initial accreditation or are currently accredited, that teach and assess any of those competences through distance education need to submit special materials that are available upon contacting the MAERB office (see policy 235 Curriculum Changes). Those materials will be reviewed by MAERB. For programs currently accredited, the determination will be made whether or not the change requires the program to undergo a site visit, as well as submit additional documentation, in order to further evaluate compliance.

Updated 2/18

Policy 135: Consortium Sponsor

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 305 "Initial Accreditation" and Policy 260 "Transfer of Sponsorship"

As is specified in CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*, 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 Standard I.A.

I. If a post-secondary institution wants to partner with either other post-secondary institutions, secondary institutions, or clinic/healthcare associations to offer a joint medical assisting program in a consortium, the following standards must exist:
   a. A consortium must have a Chief Executive Officer (CEO) and decision making board or governing committee.
   b. The consortium must have written policies and procedures to be followed by program personnel.
   c. The consortium must meet annually.
II. If the consortium involves a secondary institution or a clinic/healthcare association, the following standards must be followed:
   a. The courses offered by the secondary institution or clinic/healthcare association must teach and assess the MAERB Core Curriculum.
   b. The institutional accrediting agency must be informed of the agreement between the post-secondary institution and the secondary institution or clinic/healthcare association.
   c. All students must meet the post-secondary institution/program admission requirements, including academic qualifications and applicable health screening and insurance.
   d. There will need to be a policy in place to address the needs of students who may be prohibited from performing invasive procedures due to age or other legal restrictions in order to ensure successful completion of the program.
   e. The practicum shall be taken through the post-secondary institution.
III. The medical assisting program developed by a consortium is one which operates and is recognized as a single program, with one post-secondary institution appointed as the main campus.
   a. All Self Study Reports and Annual Reports that are compiled by the program will contain the aggregated medical assisting data from all the organizations within the consortium.
   b. Any citations, resulting either from the comprehensive review or the Annual Report, which eventuate in an adverse action from CAAHEP will affect the accreditation status of all campuses that are a part of the consortium arrangement.

EXAMPLES AND PROCEDURES

If an institution is interested in establishing a consortial relationship, the first step would be to contact the MAERB office. There is a sample Consortium Agreement template available that can be used and that provides details about the administrative set-up of the program.

If the post-secondary institution is currently offering a CAAHEP-accredited program, the shift of the CAAHEP-accredited program would entail a Transfer of Sponsorship (Policy 260), requiring the submission of a Transfer of Sponsorship Self-Study Report and the consortial agreement. If the consortium intends to apply for initial accreditation for the medical assisting program that is sponsored by the consortium, then the Initial Accreditation Process would need to be followed (see Policy 305).

Some states have specific legal restrictions affecting the procedures that students are able to perform. For example, New York State does not allow medical assistants to perform injections, so students will be taught the skill without using human subjects and will not be allowed to perform the skill in practicum. Students under 18 years old may be prohibited from performing invasive procedures. There may be other regulations involving performing invasive procedures. In those instances, the consortium will need to develop a policy that indicates how the student will achieve the competencies affected by those regulations, while remaining in compliance with local and state regulations so that the student can graduate from the program.

In both of these instances, MAERB would be submitting a recommendation to CAAHEP, as formal CAAHEP approval is required.

Policy 140: Transfer of Credit, Advanced Placement, and Experiential Learning Credit

I. The program must establish and make known to all applicants and students, as well as to the public, a written policy on advanced placement, transfer of credits and experiential learning credit, all of which are determined by the institution and/or program.

EXAMPLES AND PROCEDURES

A medical assisting program, in conjunction with its sponsoring educational institution, develops its own policies for advanced placement, transfer of credit, and experiential learning credit.

Those three terms are defined below.

Advanced Placement: This typically would apply for general education courses that a student might take. High school students can take college-level Advanced Placement (AP) courses and exams in order to demonstrate their proficiency in certain areas. Higher-education institutions can make a determination if they choose to accept those credits and what score is necessary.

Transfer credit: the procedure of granting credit to a student for educational experiences or courses undertaken at another institution.

Experiential learning: a process through which students develop knowledge, skills, and values from direct experiences outside a traditional academic setting.

CAAHEP programmatic accreditation requires that the institution provide those policies to the student and apply them consistently. All accredited programs must have a policy or policies related to these three items, even if the program's policy is to not grant any credit through these three means.

In addition, if a medical assisting program does allow for transfer of credit and experiential learning for courses that contain the cognitive objectives and the psychomotor and affective competencies of the MAERB Core Curriculum, the program does need to demonstrate how it has determined that the student in question has achieved all the psychomotor and affective competencies. In the case of experiential learning, institutions can determine if they want to accept work experience for coursework and/or the practicum, but, again, the policy needs to be applied consistently and the program needs to demonstrate they have determined that the psychomotor and affective competencies have been achieved.

These policies need to be posted in document(s) and/or website that are accessible to applicants for the program and current students.

Policy 145: Practicum

I.   Programs have the institutional autonomy to schedule the practicum according to the program design, but students will need to have achieved the psychomotor and affective competencies and covered the underpinning cognitive objectives prior to using them at the Practicum.

II.   The program must provide documentation to students, practicum supervisors, and administrators of the practicum site that clearly states that students shall not receive compensation/payment, monetary or otherwise, for the practicum experience.

III.   As CAAHEP Standard III.C.3.a outlines, the ambulatory healthcare site needs to provide students with the opportunity to use their administrative and clinical skills, but the program determines the specific requirements.

IV.   Students can be placed in practicum sites headed by Nurse Practitioners or Physician Assistants in states in which these two professions are allowed to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments, and prescribe medication.

EXAMPLES AND PROCEDURES

Scheduling

In Standard III.C.1, it is clearly stated that there "must be an appropriate sequence of classroom, laboratory, and clinical activities." MAERB advocates the following guideline: *The program should ensure that all applicable cognitive objectives and psychomotor and affective competencies be achieved prior to the start of any practicum.* It is expected that students will be assessed on specific psychomotor and affective competencies prior to practicing them at the practicum site. Many CAAHEP-accredited programs design the practicum as a capstone, with the students completing all the medical assisting curriculum prior to going out on the practicum. When it is designed this way, the program can ensure that the students have achieved all psychomotor and affective competencies prior to the practicum.

Due to scheduling issues, however, some programs have review courses while the students are on the practicum, but those courses do not introduce any new material. There are also some instances when programs need to teach and assess specific competencies in the coursework while the students are on the practicum. In those instances, program directors need to ensure that students do not perform competencies at the practicum prior to being taught and assessed on those competencies in the classroom. The program can do that by providing the practicum supervisor with the appropriate information of what the students can and cannot do.

Programs are free to create modular practicums. For example, some programs teach the administrative competencies and then have a brief administrative practicum. During that practicum, students cannot perform any of the clinical competencies, as they have not yet been taught and assessed on them. After the administrative practicum, students return to the

classroom for the clinical work and are taught and assessed on the clinical competencies. The students then continue with the final section of the practicum.

There can be a variety of models, but the expectation remains that the students are to be taught and assessed on any of the skills that they perform at the practicum. No matter which practicum option is used, the program will need to answer this question: How do you ensure that students on the practicum are not asked to perform competencies that have not yet been taught and assessed in the program?

Non-remuneration

The policy on non-remuneration should be clearly indicated in all the following: catalog; student handbook; affiliation agreements; orientations for supervisors at the practicum site; information provided to students; and practicum course syllabus.

It is important to note that non-remuneration includes both direct and indirect remuneration. The practicum sites cannot pay the students for their time nor can students be provided with a travel allowance or a meal allowance or any other perk, such as gifts or gift cards, that involves the exchange of funds.

If, however, students are asked to participate in staff meetings that include a lunch, that would not be considered remuneration. That is considered collegiality.

Ambulatory Healthcare and supervision

The ambulatory healthcare setting is mandatory, and, due to regulatory and legislative changes, those settings can be run by either Nurse Practitioners or Physician Assistants, depending upon the state. If the state allows for NPs or Pas to head an ambulatory healthcare clinic, it is acceptable to place medical assisting students at the site. Below are two resources that can be very helpful in determining the regulatory guidelines per state:

- American Association of Nurse Practitioners: https://www.aanp.org/legislation-regulation/state-legislation/state-practice- environment
- PA Scope of practice interactive map: https://www.bartonassociates.com/locum-tenens-resources/pa-scope-of-practice-laws/

Updated 2/18

Policy 150: Complaints Regarding Accredited Programs

I.   MAERB complies with CAAHEP policy 602 in responding to complaints about CAAHEP-accredited medical assisting programs.

II.   Complaints need to be written and signed.

III.   The identity of the complainant is confidential, unless otherwise authorized or disclosure is required by legal process.

EXAMPLES AND PROCEDURES

Written complaints must be submitted to CAAHEP via its online website form. After MAERB discusses the relevance of the complaint, if it is determined that the complaint relates to a CAAHEP Standard, the Program Director, Dean, and CEO will be notified by certified mail of the substance of the complaint. MAERB may either request documentation and/or a focused visit, depending upon the substance of the complaint. MAERB will review the requested information and provide the institution with its determination. There will be times in which the institution is asked for further follow-up and/or a focused visit is requested.

SECTION TWO—Ongoing and Annual Activities

Policy 205: Annual Report Form Processing

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 210 "Reporting ARF Outcomes,"
Policy 335 "Adverse Recommendations: Probation and Withdrawal," and Policy 315 "Focused Visits."

I.   All accredited medical assisting programs submit an annual report (ARF) that focuses on the
       level of achievement of the outcomes designated in the CAAHEP *Standards and Guidelines*.
II.   CAAHEP-accredited medical assisting programs are required to meet the following
       thresholds.

Outcome	Threshold
Retention	60% (based upon the trigger course defined below and/or formal admission into the program)
Job Placement	60% placed in medical assisting or related field, or continuing with their education, or entering the military.
Graduate Survey Participation	30% of all graduates
Graduate Survey Satisfaction	80% of returned surveys
Employer Survey Participation	30% of all graduates placed in medical assisting or related field
Employer Survey Satisfaction	80% of returned surveys
Credential Exams Participation	30% of all graduates (implemented with the 2014 ARF and monitored with the 2018 ARF)
Credentialing Exams Passage Rate	60% of all the students who graduated within the specific year who took the exam (implemented with the 2014 ARF and monitored with the 2018 ARF)

III.   The credentialing exams eligible to be used to meet the exam outcomes are those which are
       accredited by the NCCA and include only the following:
       a. CMA (AAMA)
       b. RMA (AMT)
       c. NCMA (NCCT) taken after November 30, 2010
       d. CCMA (NHA) taken after January 30, 2011
       e. CMAC (AMCA) taken after October 8, 2015
IV.   The Graduate and Employer Surveys need to include the exact questions, the Likert scale,
       and the organization by domains (cognitive, psychomotor, and affective) authorized by
       MAERB, as found on MAERB's template Surveys.

      a. Graduate surveys can be distributed no earlier than the actual completion of the program requirements and should be sent within six months of graduation
      b. Employer surveys should be sent within three to 12 months after the date of employment
      c. On an individual response to the survey, a positive response in the domains is signified by an average of at least 3.0 (on the Likert scale of 1 to 5) of all the questions within a particular domain.

V.   In reviewing the ARF, the MAERB will not monitor the data from the most recent reporting year (the top row); the data from the three years prior to the most recent year will be assessed.

VI.   A program failing to meet a single threshold for three consecutive years and/or multiple (two or more) thresholds for the two most recent consecutive reporting years prior to the year that is being reported (the top row) will be required to submit additional information and present evidence that the deficiency is being addressed. If the outcome thresholds are not addressed in the timeframe provided, there may be an adverse recommendation.

VII.   The MAERB may audit any program's ARF data at any time, even if the parameters outlined above are achieved. Programs are expected to keep the five years of raw data that verify the ARF summative data on the most current ARF. The data should be organized based on the student's date of admission into the program, except for Exam data, which is based on student graduation date.

VIII. A program placed on probation for unmet thresholds will have two years to meet the cited threshold(s) in order to have the probationary status of accreditation removed. If the cited threshold(s) are not met within two years, the program is subject to a recommendation for withdrawal of accreditation.

Trigger Course

The trigger course is the first course in the medical assisting program curriculum in which the student is taught and achievement measured on any psychomotor and/or affective competencies within the MAERB core curriculum. The formal admission cohort will be the group of students who have successfully completed the trigger course. If any of the psychomotor and/or affective competencies are taught and achievement measured in other courses outside of medical assisting courses prior to the start of that trigger course, the competencies must be re-assessed and/or re-evaluated during the progression of the MAERB core curriculum prior to practicum.

EXAMPLES AND PROCEDURES

There are details about the submission schedule for the Annual Report Form in the *Program Director Handbook*. If the program submits the information late, incomplete, or lacking statistical integrity, there are corresponding fees, which are outlined on the MAERB Accreditation Fee Schedule. The MAERB Accreditation Office provides instructions and training webinars in order to provide support to the programs.

In terms of the schedule for submitting the data, programs submit information for the preceding year's admissions cohort as well as update the years prior to that. As an example, the 2014 ARF focuses on the 2013 admissions cohorts.   To look into the future, as another example, the 2018 ARF collects the data on the 2017 admissions cohorts.   In addition to submitting new

information, programs also update the previous years' admissions cohorts in order to ensure that the information is up-to-date.

The outcomes are reviewed by MAERB annually, according to the policies outlined above. There are three possible responses to the review of any Annual Report: an "All Met" letter, a "Monitor" letter, and an adverse recommendation. If a program has met all of the outcomes in the admission year just prior to the most recent year, then the program will receive an "All Met" letter. If some of the thresholds are not met, the program will receive a "Monitor" letter. The "Monitor" letter indicates one of the following issues: the program either has not met the threshold or that the program has not yet had sufficient time to collect the data. The expectation is that the program will know the category into which they fall. In addition, programs are asked to be familiar with the standards that MAERB uses in order to determine an adverse recommendation, as is outlined in Policy 335.

If a program fails to meet a single threshold for three consecutive years and/or multiple (two or more) thresholds for the two most recent consecutive reporting years prior to the year that is being reported (the top row), the program will be required to submit additional information. The program will receive a template of an expanded action plan report, consisting of answers to a series of questions for each of the outcomes in which the threshold is not met. This report will then be reviewed by the MAERB at one of their biannual meetings. After the report is reviewed, the program will receive a detailed letter providing the program with specific feedback. The program will then submit a second report three years later about the specific outcomes reporting on improvements and/or continued issues. If the program continues to not meet the thresholds after the second report, the MAERB will consider requiring a focused visit. If the focused visit reveals a significant failure to address the unmet outcomes, the program may receive an adverse recommendation.

All programs are required to report on their outcomes annually, in the form of the submitted ARF. During the time of a program's comprehensive review, programs are required to present raw data that validates what has been submitted on the ARF. Programs are required to maintain the raw data in support of the most recent ARF at all times, and not just in preparation for a comprehensive review. For example, if a program has an early fall visit in 2016 and submits its 2015 ARF in fall 2015, the raw data available on the site will need to validate the information submitted for the 2010-2014 admissions cohorts.

Updated 8/16
Updated 11/17

Policy 210: Reporting ARF Outcome(s)

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 205 "Annual Report Form Processing"

I.   MAERB requires that all programs publish at least one outcome, with the option of publishing more than one, from the MAERB Annual Report Form.

II.   The outcome data to be published must be the precise data from the program's most recent ARF that has received an official letter of review by MAERB.

     a. The published outcome data must be either retention, job placement, or exam passage.

     b. The published outcome must be the single-year figure from the year prior to the most recent year reported.

     c. The published outcome data needs to be updated annually by the program.

III.   The data needs to be published on the website in a location that is easily accessible to prospective and current students, graduates, and the public.

EXAMPLES AND PROCEDURES

As is outlined in Policy 205, CAAHEP-accredited programs are required to submit an Annual Report Form that contains the outcomes that are outlined in the *CAAHEP Standards and Guidelines*. The outcomes provide valuable information to the program about its success, and, as accreditation is a public status, those outcomes should be part of the story that the program shares with the public to demonstrate success and accountability.

In accordance with this policy, CAAHEP-accredited medical assisting programs are required to annually publish either their retention, job placement or exam passage outcome from their Annual Report, and the outcome needs to be published on the website. The chosen outcome published needs to be the data of the year prior to the most recent year reported. For example, with the 2018 ARF, programs will be reporting on data of the admission cohorts and graduate classes of 2017. Because the data of that year is incomplete, programs will need to report on the data from the year 2016, which is the year prior to the most recent year reported.

The data should not be updated until the program receives its official letter from MAERB acknowledging the status of the Annual Report Form. In that letter, the Program Director will be provided with a link to an online form in which the outcome will be published.

The MAERB Office will collect those links in late spring or summer on an annual basis.

SAMPLE LANGUAGE

You have several options of how you present the outcome to your communities of interest, so there is no right or wrong answer. Below are a few sample options.

1. The medical assisting program at X institution has a job placement rate of 64% for the admission cohort(s) that entered in YYYY.
2. The medical assisting program at X institution has a retention rate of 66% for the admission cohort(s) that entered in YYYY, and there are a number of support services available to students so that they can successfully complete the program.
3. The exam passage rate for the YYYY graduates is 88%.

ACCEPTABLE PLACES TO POST THIS INFORMATION

It is required, as Standard V.A.4 outlines, that this information be easily accessible to the public, and, with that in mind, the following documents on the website are acceptable:

1. Institutional Catalog
2. Institutional Page that lists accreditation information
3. Program Web page
4. Online Student Handbook accessible to current students and incoming students

The important issue is that the information be accessible to the public, so the easiest venue is the website for that information.

It is not acceptable to provide this information only on internal documents. In other words, it is not enough to include it ONLY on your advisory meeting minutes.   You should certainly be sharing your outcomes with your advisory committee, but this information does need to be publicly posted.

Updated 8/18

Policy 215: MAERB Core Curriculum

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 220 "Retention of Course Documents and Student Achievement Measures"

I.   Programs are required to teach and assess 100% of the cognitive objectives and the psychomotor and affective competencies which are found within the content areas of the MAERB Core Curriculum.
   a.   The syllabi for every course must clearly identify the cognitive objectives and the psychomotor and affective competencies taught and assessed in that course.
   b.   Programs must establish and publish the grading scale, the required passing score, and the number of attempts students have to pass the psychomotor and affective competencies.

II. Students must pass all the psychomotor and affective competencies contained within each course in order to successfully complete the course.
   a.   The syllabi for each course that teaches and/or assesses any of the psychomotor and affective competencies must state that students must pass all the competencies in order to successfully complete the course and progress in the program.
      i.   An addendum to the syllabus or some other program document can serve this purpose, but it needs to be made clear that students have access to that information.

III. The curriculum should be designed so that the cognitive objectives in specific content areas are taught prior to the psychomotor and affective competencies in those areas.
   a.   No psychomotor and affective competencies should be performed in a practicum prior to the competencies being achieved in a supervised classroom or lab.

EXAMPLES AND PROCEDURES

Different institutions and programs have different terminology for the course documents that are handed out to the students prior to the beginning of the course. Some institutions/programs refer to a course outline, while others use the term "syllabus." MAERB uses the term "syllabus" generically to mean the course documents provided to the student that include these key components as outlined in Policy 220: course description, course learning objectives, MAERB Core Curriculum cognitive objectives and/or psychomotor and affective competencies, textbooks, grading policy, competency statement, and schedule of assignments and activities. Some programs include some of those different components on addenda, program handbooks, or some other publically accessible document, but those are all materials that need to be provided to students at the beginning of the course.

It is recommended that the program use the exact terminology and numbering system from the MAERB Core Curriculum in identifying the MAERB Core Curriculum, as the students will then be able to recognize clearly what they have been taught. It is not required, however, but if a program varies the language, programs will have to submit a crosswalk to MAERB prior to its comprehensive review indicating how the language of the objectives/outcomes correspond to the MAERB Core Curriculum.

The curriculum, as is outlined above, needs to be logically sequenced so that students are not required to "do" activities prior to being taught the cognitive underpinnings. It's not a

requirement for ALL the cognitive to be taught before ALL the psychomotor, but it is a requirement for the cognitive element to be taught prior to the linked psychomotor element. As an example, in section VII.C Basic Practice Finances, you would want to teach a student the following cognitive objective, VII.C.5 "Identify types of information contained in the patient's billing record," prior to having the student perform VII.P.3 "Obtain accurate patient billing information." And it is the responsibility of the program to ensure that the students have been successfully passed all the competencies prior to the competencies being performed in a practicum.

Policy 220: Retention of Course Documents and Student Achievement Records

I. For every course within the Medical Assisting Curriculum, programs are required to maintain the following materials for the most recently assessed group of students who took the course in order to demonstrate the following for the cognitive objectives and psychomotor and affective competencies.
   a. **Content is being taught:** The syllabus and/or course outline that contains the following:
      i. the list of textbooks or other required materials
      ii. the schedule of classes
      iii. readings and assignments
      iv. Course/Learning Objectives: the cognitive objectives and the psychomotor and affective competencies of the MAERB Core Curriculum
      v. Grading Policy
      vi. Grading Scale
      vii. Cut-off score or pass/fail standards necessary to pass the cognitive objectives and psychomotor and affective competencies
      viii. Statement that students must pass 100% of the psychomotor and affective competencies in order to pass the course and progress in the program
   b. **Content is being assessed:** Blank copies of all the assessment tools that were used to assess students for the cognitive objectives and the psychomotor and affective competencies. Those assessment tools could include exams and/or assignments for the cognitive objectives and skills assessment tools or check-off sheets for the psychomotor and affective competencies.
   c. **Content is being evaluated and/or achieved:** The official roster of students of the most recent group of students who took the course, along with the following material:
      i. Gradebooks (all the grades which includes test scores, assignments, and so on achieved by each student in the course)
      ii. A tracking mechanism that indicates that all the MAERB Core Curriculum psychomotor and affective competencies have been achieved by each student passing the given course.

EXAMPLES AND PROCEDURES

For every course within the medical assisting curriculum, the program needs to retain the materials listed above for the most recently assessed class of students who took the course. For example, if a program offers MA 131 in the fall 2017, the materials listed above need to be maintained for the students who took that course.

The Program Director will need to keep the class roster of all the medical assisting students who took the course, the gradebook (paper or electronic) that includes all the grades or pass/fail designations for the quizzes, exams, exercises, projects, and so on for the completed course. In addition, there needs to be a tracking mechanism that documents that the students who have passed the course have successfully achieved all the MAERB Core Curriculum psychomotor and affective competencies. Examples of tracking mechanisms can include the following: A Master Competency Checklist, a detailed gradebook that contains all the psychomotor and affective

competencies, an electronic form, and so on. These materials need to be kept until the course is taught again in, hypothetically, fall 2018. Then, after the course ends, they will be replaced with the same materials for those students who took it in fall 2018.

Standard V.D requires that satisfactory records be maintained for student admission, advisement, counseling, and evaluation. It mandates that grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location. The MAERB reserves the right to request transcripts if there is any concern that the program is not in compliance with Standard V.D.

The ongoing retention of these materials is important in case MAERB were to require a focused site visit of a program. In addition, the material is what is required for the comprehensive visit.

MAERB Policy 220 focuses on the group of students to have most recently completed a given class, while the ARF focuses on admissions cohorts.

COURSE DOCUMENTS AND STUDENT ACHIEVEMENT RECORDS

Syllabus MA 131

Specific MAERB Core Curriculum cognitive objectives and psychomotor and affective competencies

Purpose: Tracking MAERB Core Curriculum

If MA 131 is regularly taught every fall, the Program Director would need to retain all the material outlined in this visual for the fall in which it is taught. Then, after it is taught again the next fall, the Program Director would discard the materials from the previous fall and replace it with the materials and student information from the most recent course.

This chart also demonstrates how the MAERB Surveyors and the MAERB Members ascertain if the cognitive objectives and psychomotor and affective competencies have been taught and assessed as well as demonstrating that the psychomotor and affective competencies have been achieved.

Official Class Roster
Most recently assessed group of students for that class

Purpose: Verification of Students

Blank Tools

Test questions, quizzes, paper assignments, competency check sheets, role playing exercises, evaluation guides and so on

Purpose: Assessment of MAERB Core Curriculum

Tracking Mechanism for psychomotor and affective competencies

Purpose: Demonstrate the psychomotor and affective competencies have been achieved

Evaluation for cognitive objectives

Gradebooks (test scores, assignment grades, pass/fail designations and so on)

Updated 8/17
Updated 8/18

Policy 225: Resource Assessment

I.   The MAERB may request the program's annual evaluation of its resources at any time to ensure compliance with Standard III.A and III.D.
II.   If deficiencies in any of the resources are identified, the program will need to develop and submit an action plan.
III. Programs are required to keep at least three years of the most recent annual resource assessments to demonstrate annual compliance.
       a. The raw data to support the annual resource assessment also needs to be kept for three years. NOTE: The three years of raw data will not be monitored until January 2019.

EXAMPLES AND PROCEDURES

As is outlined in Standard III.D, programs must annually, if not more frequently, assess the resources that are available to plan and change appropriately. If the program determines that there are deficiencies, an action plan will need to be developed to best measure the results.

These resource assessments are vitally important on several different levels for the following reasons:

- The sponsoring organization can learn what support the CAAHEP-accredited medical assisting program requires in order to adhere to the *Standards and Guidelines*.
- The resource assessment provides the advisory committee with a good snapshot of the assets and opportunities for growth.
- The resource assessment provides a justification for program planning, change, and development.

As an auditing process, MAERB can ask any program for its most recent resource assessment to, first, ascertain that the program is completing this requirement and, second, to ensure that the program resources are sufficient to ensure the achievement of the program's goals and outcomes. If MAERB determines that there are listed deficiencies without any action plan, an action plan will also be requested.

MAERB provides an optional Resource Assessment tool in the *Program Director Handbook*.

Policy 230: Advisory Committee

I.   The Advisory Committee is comprised of the medical assisting program's communities of interest, as well as the Program Director and the Practicum Coordinator. Those communities of interest include the following:

   a.   Employers: Individuals who hire and supervise graduates of the medical assisting program.
   b.   Public Member: An individual who has never been employed in a healthcare environment and who is not employed by an institution that sponsors a CAAHEP-accredited program.
   c.   Student: A currently enrolled student who is progressing through the medical assisting program.
   d.   Graduate: A graduate of the program.
   e.   Sponsor Administration: A member of the sponsoring institution's administration.
   f.   Physician: A Medical Doctor (MD), a Physician's Assistant (PA), a Doctor of Osteopathy (DO), or a Nurse Practitioner (NP) can serve as the physician member.
   g.   Faculty Member: A representative from the medical assisting faculty who teach the MAERB Core Curriculum.

II.   Programs are required to keep at least three years of the most recent Advisory Committee Minutes as part of the program record.

EXAMPLES AND PROCEDURES

The *CAAHEP Standards and Guidelines* specify that the Advisory Committee meet annually and have the charge of helping the program and its sponsor develop and review goals and learning domains and oversee needs and expectations. In addition, programs will demonstrate their responsiveness to change by exploring the suggestions of the Advisory Committee.

In the Program Director Handbook, there is an Advisory Committee meeting template to guide programs in the types of items to cover. This is an optional template, but it does cover the major points.

There are times when one representative on the Advisory Committee can serve several different functions. For example, it might be possible that the graduate can also be the employer.

Because it is frequently difficult to get a busy group of people together, a program can use technology, such as conference calls, GoToMeeting, and/or other electronic means, to ensure that it has full participation from all its representatives.   The meeting minutes document the method of the meeting, the substance of the meeting, and the list of attendees and the communities of interest that they represent. During the comprehensive visit, site surveyors will request to see at least three years of Advisory Committee Meeting minutes.

Policy 235: Curriculum Changes

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 335 "Adverse Recommendations: Probation and Withdrawal"

I.   It is necessary to report the following curriculum changes to the MAERB Accreditation office:
   a. Addition or deletion of courses
   b. Change in the method of delivery modality
   c. A change in the total number of clock or credit hours
   d. Redistribution of course content without a credit change
   e. Renumbering, renaming or re-sequencing of courses

EXAMPLES AND PROCEDURES

As is outlined above, the program needs to report any of the above-mentioned change. The method of informing MAERB varies according to the type of change, and the chart below outlines the method of informing MAERB.

A detailed letter that includes a complete description of the change, specifically including the number of credit hours before and after the change **AND** a completed MAERB electronic Curriculum Change Workbook (Found on the MAERB website) or specialized distance education materials **prior to implementation.**	A letter that includes a complete description of the change specifically including the number of credit hours before and after the change with copies of the syllabi for which changes have occurred.
- Addition or deletion of courses (if the course contains the MAERB core curriculum) - Change in cumulative clock or credit hours that equals more than 10% of the original number of hours in the accredited curriculum - Change in method of delivery if the change **does** include the teaching and assessing of the psychomotor competencies in Foundations of Clinical Practices and Safety and Emergency Practices through a distance education modality (see policy 132 for more details)	- Change in method of delivery if the change **does not** include the teaching and assessing of the psychomotor and affective competencies in Foundations of Clinical Practices and Safety and Emergency Practices through a distance education modality (see policy 132 for more details) - Renumbering, renaming, or re-sequencing of courses - Redistribution of course content without a credit change - Change in total cumulative clock or credit hours that equal less than ten percent of the original number of hours in the accredited curriculum

If there are other curriculum changes than those listed above, please contact the MAERB office for more information and direction.

Because there is so much variety in the types of curriculum changes, there is no specific timeframe for submission. It is important that the information be submitted prior to any implementation. With major changes, it is recommended that it be done as soon as possible just in case there are any major issues.

The fees associated with curriculum changes are outlined in the *MAERB Accreditation Fee Schedule*. The change will be approved by a MAERB member to ensure that the program is in compliance. If there is a compliance issue, the program will be asked to resubmit the curriculum change, modified appropriately. The MAERB case manager will notify the program of the approval or request for further information. If there is a continued problem with compliance, the program may be subject to an adverse recommendation, as is outlined by Policy 335.

Policy 240: Program Director Change/Appointment

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 115 "Accreditation Fees"

I. Only one individual may serve as Program Director for a CAAHEP-accredited Medical Assisting program.

II. Within 14 days of a vacancy, the sponsoring institution must identify a permanent, acting, or interim Program Director and notify MAERB of that appointment in writing.
   a. An Acting Program Director is someone who does not meet all of the qualifications of the position and cannot be appointed as the Interim or Permanent Program Director.
      i. An Acting Program Director may serve for no more than six months from the date of the vacancy of the most-recent fully qualified Program Director.
   b. An interim Program Director is someone who is fully qualified to serve as Program Director.
      i. An interim Program Director may serve for no more than 12 months from the date of the vacancy of the most recent fully qualified Program Director.

III. Programs can rely on either an Interim Program Director or a combination of an Interim and Acting Program Director for up to one year from the date of the vacancy of the most recent fully qualified Program Director.

IV. A program has no longer than one year from the date of vacancy of the most recent fully qualified Program Director to appoint a permanent replacement.

EXAMPLES AND PROCEDURES

When there is a change in Program Director, the sponsor needs to notify MAERB of the replacement within 14 days after the vacancy occurs, and the program then has an additional 16 days to submit the Program Director Workbook. Interim and Permanent Program Directors must submit a Program Director workbook, along with supporting documentation, within 30 days of the vacancy. Acting Program Directors do not need to submit a Program Director workbook. If the program does not comply with this timeframe, there is a late fee assessed.

If the sponsor does not appoint a permanent Program Director, the MAERB office will determine if the qualifications of the temporary replacement fit into the definition of an Acting Program Director or an Interim Program Director and assess the appropriate fee. The program will be informed of the time frame in which a permanent Program Director needs to be appointed.

Standard III.B.1.b of the 2015 *Standards* outlines the required qualifications of the Program Director.

Policy 245: Practicum Coordinator Change or Addition

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 115 "Accreditation Fees"

I.   It is necessary to report all changes in the Practicum Coordinator position to the MAERB within 14 calendar days of the change or new appointment.
   a.   There may be multiple Practicum Coordinators for one program.

EXAMPLES AND PROCEDURES

As is outlined in the *Accreditation Fee Schedule*, the MAERB needs to be informed of either the change or new appointment within 14 days after the vacancy occurs. A late fee will be assessed if the timeframe is not met*. In order to inform the Accreditation Department, the sponsor needs to complete a Practicum Coordinator Workbook to demonstrate that the individual meets the qualifications. The workbook will be reviewed and the case manager will either notify the program of the approval or request further information.

The Program Director can serve as the Practicum Coordinator and, in such a case, does need to send in a Practicum Coordinator workbook.

Policy 250: Medical Assisting Faculty Appointments

I.   It is necessary to report all changes in medical assisting faculty to the MAERB within 14 calendar days of the change or new appointment.

II.   Medical Assisting Faculty are defined as those individuals, full-time. part-time and adjunct, who teach courses specifically designed for and unique to the medical assisting program.

EXAMPLES AND PROCEDURES

The sponsor needs to provide a Faculty Workbook, along with supporting documentation, to the MAERB office in order for the faculty member's qualifications to be reviewed. The MAERB office will review the material and respond if everything seems to be in order regarding the faculty appointment. If there are concerns about the qualifications, the MAERB Liaison will be informed about the concerns and will review the qualifications.

Policy 255: Sponsoring Institutional Changes

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 115 "Accreditation Fees" and Policy 260 "Transfer of Sponsorship"

I.   MAERB requests that the sponsoring institution report any change in Chief Executive Officer or Dean (or to whatever position the Medical Assisting Program Director reports) to MAERB within 30 calendar days of the change.

II.   A sponsoring institution must report a change of ownership to MAERB immediately, by way of a formal letter, signed by the President or Dean.

     a. It will be determined by MAERB if the change of ownership also constitutes a Transfer of Sponsorship. (See MAERB Policy 260).

III.   Any decision adversely affecting the sponsor's institutional accreditation, legal authorization and/or authority to provide a medical assisting program must be reported to MAERB within 14 calendar days.

Examples and Procedures

In the case of Policy 255.III, those adverse decisions can include the institution receiving a probationary status from its institutional accreditor, a warning status from the State Board, or any other action that might potentially affect the institution's ability to offer the medical assisting program.

Changes in CEO and Dean can be sent to MAERB via email. The reported change in CEO or Dean should include the following: full name, listing of the highest academic credential earned, title, phone, email, and the name and employment status of the person being replaced as CEO or Dean.

Change of ownership requires a formal letter as do issues about institutional accreditation.

Policy 260: Transfer of Sponsorship

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 115 "Accreditation Fees" and Policy 255 "Sponsoring Institutional Changes"

I.   Sponsorship of an accredited program may be transferred from one educational institution to another without affecting the accreditation status of the program, provided that the program is compliant with CAAHEP *Standards*.
   a. The intended Transfer of Sponsorship should be reported to the MAERB office at least eight months prior to the anticipated change or as soon as the Transfer of Sponsorship has been authorized.

EXAMPLES AND PROCEDURES

In the instance of a Transfer of Sponsorship, the Chief Executive Officer of the institution relinquishing sponsorship must provide MAERB with the written notice of the intent to transfer sponsorship. Then the Chief Executive Officer of the new sponsoring institution submits a CAAHEP request for Transfer of Sponsorship which is available at the CAAHEP website. The program then submits a Transfer of Sponsorship Self-Study, which is available at the MAERB website. The materials are then reviewed by the MAERB for compliance with the *Standards,* and a recommendation is made to CAAHEP. If approval of the transfer is recommended, MAERB may request a follow-up Progress Report. If the request for a Transfer of Sponsorship is denied by MAERB, additional information and/or a site visit may be requested by MAERB, prior to forwarding any recommendation to CAAHEP.

SECTION THREE—Accreditation Visits and Actions

Policy 305: Initial Accreditation
OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 115 "Accreditation Fees"

Initial Accreditation is the first status of accreditation granted by CAAHEP to a program that has demonstrated substantial compliance with CAAHEP *Standards*.   The following conditions must be satisfied in order for the program to be eligible to progress in the process toward initial accreditation.

I. There must be graduates from the program that have been taught and assessed on the entire MAERB Core Curriculum prior to the granting of initial accreditation.

II. The Self Study Report must clearly demonstrate fulfillment of the following accreditation requirements; if one or more of these requirements are not fulfilled, the accreditation process will be postponed.
   a. Documentation of current institutional accreditation with a USDE-approved institutional accreditor and/or appropriate consortium agreement
   b. Fully qualified program director
   c. Practicum that is at least 160 hours in an ambulatory health care setting
   d. A curriculum containing objectives and competencies from all content areas in the *MAERB Core Curriculum.*

III. If a program is not in substantial compliance with the *Standards* at the time of the site visit, it may receive a recommendation for Withholding Accreditation.

IV. Initial Accreditation, once granted, is for a period of five years.
   a. At the end of three and a half years, programs holding initial accreditation are required to submit to MAERB, at an assigned date, the following information:
      i. Three years of advisory committee meeting minutes and roster of committee members
      ii. Three years of resource assessments
      iii. Three years of raw data supporting the most recently completed Annual Report Form
      iv. An explanation of why the program has chosen a specific outcome to publish and where it is published
      v. All the published versions that advertise the Statement of Accreditation Status (Policy 110)
   b. At the end of the five years, the program may be recommended for continuing accreditation for no more than an additional five years, as the total number of years between the initial site visit and the next comprehensive review can be no more than ten years.
   c. If no such recommendation is made by MAERB, the Initial Accreditation will automatically expire.
      i. A program may request reconsideration of the MAERB's decision to allow Initial Accreditation to expire.
         1. The MAERB's final decision is not appealable to CAAHEP, but the program may reapply and undergo another site visit.

EXAMPLES AND PROCEDURES

For programs applying for initial accreditation, there is an "Initial Accreditation Packet" available on the MAERB website that provides more details about the Initial Accreditation process. In terms of formally applying for initial accreditation, it is recommended that a program apply as soon as the Program Director knows when the site visit should be scheduled as that provides MAERB with the right information to schedule and organize the visit. The initial accreditation site visit needs to take place after the first graduating class that has used the MAERB Core Curriculum.

To be recommended for continuing accreditation, the program must have addressed all the issues that were cited during the initial accreditation site visit. In addition, the program will need to submit some of the historical information, outlined in MAERB Policy 305 IV.a, that could not be reviewed at the initial accreditation visit. Finally, the program must be regularly meeting the thresholds of the specific outcomes outlined in the *Standards and Guidelines.* Initial accreditation programs are reviewed 12 months and 4 months prior to the scheduled expiration of initial accreditation.   Initial accreditation programs are notified after those reviews to ensure that the program is informed of the accreditation status.

Updated 8/16
Updated 2/18

Policy 310: Continuing Accreditation Comprehensive Program Reviews

I.   The interval between required comprehensive program reviews can be no longer than ten years.

II.   MAERB may schedule a comprehensive review at any time during the ten-year period.

EXAMPLES AND PROCEDURES

CAAHEP's Policy 203 states that there is a maximum of 10 years between program evaluations, and the MAERB had designed the cycle so that programs were visited every 9 ½ years, but the MAERB can designate a comprehensive review at any point within that ten year cycle, as long as there is an appropriate time frame for the program to prepare. Details about the process for site visits are in the *Program Director Handbook*.

There has been some recent variation in the 9 ½ year cycle. At the February 2015 meeting, the MAERB members approved a shift to equalize the number of programs scheduled per year for site visits; this shift will have a one-time effect on the time period between the program's last site visit and the next scheduled site visit.   This shift will affect the majority, approximately 75%, of CAAHEP-accredited medical assisting programs.

Outlined below is a description of the changes for programs undergoing the continuing accreditation process:

- Programs that were visited in fall 2014 and that are recommended and approved for continuing accreditation will be assigned a visit 8 to 8 ½ years in the future
- Continuing Accreditation visits scheduled for 2015-2016 will not be shifted, but programs that are recommended and approved by CAAHEP for continuing accreditation during that time period will be receiving a projected visit date 7 ½ to 8 ½ years from the last visit.
- Programs whose next site visit is supposed to occur in 2017 and 2018 will not be changed to a different year, even though some programs that were due to be visited in fall 2018 will be moved to spring 2018. Programs that are recommended and approved by CAAHEP for continuing accreditation during that time period will probably receive a projected visit date 9 ½ years from the last visit.
- Programs that are currently scheduled for a visit between 2019 and 2023 have been notified by MAERB that their visit will occur anywhere from 6 months to 2 years prior to the initially scheduled visit.
- Programs that are applying for initial accreditation will have a 5 year initial accreditation period and, if it is determined that the program is to be recommended for continuing accreditation, the next scheduled visit will take place anywhere from 6 to 9 ½ years after the initial accreditation visit, a practice that is consistent with current policy.
- Programs that are currently on probationary status due to a site visit have not received a date, so they will be appropriately slotted into the schedule based upon the date of the removal of probationary status.

It is anticipated that by fall 2026 MAERB will be resuming its schedule of a visit every 9 ½ years for the CAAHEP-accredited medical assisting program. At the same time, as outlined above, MAERB can request a comprehensive visit at any point.

This shift is purely an administrative one and affects approximately 75% of all CAAHEP-accredited medical assisting programs. The goal is to ensure the MAERB office and the MAERB volunteers can provide the same quality of service to all of the programs by equalizing the visits across the years.

Policy 315: Focused Site Visit

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 2015 "Annual Report Form Processing"

I.   MAERB may conduct a focused site visit at any point in the accreditation cycle in response to a written complaint, a public report, or any other documented information that indicates that the program may no longer be complying with any portion of the CAAHEP *Standards and Guidelines*.

II.   MAERB may conduct a focused site visit if the program is not consistently meeting the outcomes thresholds.

EXAMPLES AND PROCEDURES

Programs for whom a Focused Site Visit is requested must cover the full expenses of the visit, including all of the expenses of the survey team, as of July 1, 2015.

The timeframe for a focused visit will really vary according to the reason for which the program is being visited, so there is no one formula. As a general rule, a focused site visit is conducted **after** a program has submitted materials in response to a complaint or a public report and the material has not fully demonstrated that the program is compliant with the Standards. If the program is not consistently meeting the outcomes thresholds, as 315.II describes, the program will have submitted two formal reports prior to a focused site visit. There may be times, if an issue is urgent, when a site visit is the first step, but in those cases, the MAERB office works closely with the program to ensure that the program has the materials available for the surveyors.

Updated 11/17

Policy 320: Self Study and Site Visits

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 115 "Accreditation Fees"

I.   Self-Studies for programs undergoing initial or continuing accreditation are due four months prior to the site visit.
   a.   Failure to submit the Self-Study by the due date may result in rescheduling of the comprehensive site visit and a rescheduling fee.

II.   If there are exceptional circumstances, a program may request a change in the site survey date.
   a.   Requested extensions must be for a date within the ten-year time frame for a comprehensive review. If a request for the postponement of an established site visit is granted by MAERB and the request occurred within six months of the site visit date, the program will be invoiced a fee for postponing.

EXAMPLES AND PROCEDURES

In the *Program Director Handbook* there is an outline of the process that is followed for informing programs about the site visit date in the section "Comprehensive Reviews." The *MAERB Accreditation Fee Schedule* outlines the fees that are associated with any change in site visit dates.

If there is an exceptional situation in which a program needs to request an extension for the site visit, the Program Director should contact the MAERB Case Manager immediately in order to discuss the options. The program will be requested to submit a formal letter, detailing the reasons for the extensions and outlining the proposed timeframe. The request will be reviewed promptly, and the program will be informed of the decision.   As a general rule, the extension is limited to three months or less.

Policy 325: Progress Reports

I. Accredited programs that are found not to be in full compliance at the time of the comprehensive site visit may be required to submit one or more Progress Reports to document compliance with the CAAHEP *Standards and Guidelines*.
   a. Programs with initial accreditation will have a maximum of three progress reports in which to demonstrate compliance.
   b. Programs with continuing accreditation will have a maximum of two progress reports in which to demonstrate compliance.
II. If a program does not achieve full compliance by the final progress report, the program is subject to an adverse recommendation being submitted to CAAHEP or, in the case of a program with initial accreditation, MAERB allowing the program's accreditation to expire.
III. Failure to submit a progress report by the due date, after issuing a second notice, will result in a program being placed on Administrative Probation.

EXAMPLES AND PROCEDURES

Programs are asked to submit progress reports to address the issues that are noted during the site visit. The timeframe for the progress report varies according to the nature of the citations.

If, for example, a program receives a citation for not having Advisory Committee Meeting Minutes in the April 2015 CAAHEP letter, they may be asked to submit two years of Advisory Committee Meeting Minutes, and they will be given a progress report due in December 2016, so that they can fulfill that requirement.   If there are curriculum issues that require the program to submit proof that certain cognitive objectives and psychomotor and affective competencies have been taught and assessed, the progress report can be due 15 to 26 months after the CAAHEP letter, depending upon the length of the program.

Policy 330: Administrative Probation

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 115 "Accreditation Fees"

I.   Administrative Probation, a temporary status, is conferred by CAAHEP when a program has not complied with administrative requirements.

II.   Institutions may be put on Administrative Probation for not paying fees after two notices, not submitting progress reports in a timely fashion, not submitting the Annual Report, not confirming comprehensive site review dates, failing to notify MAERB of personnel and curriculum changes, program sponsorship transfers, along with other administrative omissions.

III.   If a program on Administrative Probation does not resolve the cited administrative concerns within the timeframe designated by MAERB, which will not exceed three months from date of notice, a recommendation to withdraw CAAHEP accreditation may be forwarded to CAAHEP.

Policy 335: Adverse Recommendations: Probation and Withdrawal

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 205 "Annual Report Form Processing," Policy 220 "MAERB Core Curriculum," Policy 240 "Program Director: Change and Appointment"

I.   Programs may be subject to probation based on a variety of different factors in regards to the program's compliance with the CAAHEP *Standards and Guidelines*, including, but not limited to, the following:

     a. No fully qualified program director within the specified time period (see Policy 240)

     b. Practicum Component not requiring 160 hours of experience and/or not in an ambulatory health care setting

     c. A significant number of MAERB Core Curriculum cognitive objectives, psychomotor and/or affective competencies not being taught or assessed, quantified as, but not limited to that quantification, one-third or more of either the cognitive, psychomotor, or affective competencies.

     d. Unmet citations after the specified time period and/or number of progress reports allowed

     e. Unmet outcome thresholds (see Policy 205)

     f. Unresolved and/or unapproved curriculum changes

II.   If any of the above-listed issues are not resolved within the established time period defined by the probation report, the program will be subject to a recommendation of withdrawal.

III.   Programs that do not have a qualified sponsor are subject to an automatic recommendation of withdrawal.

IV.   MAERB will follow due process, according to CAAHEP Policy 206.7, in notifying programs about MAERB's intent to recommend any adverse action to CAAHEP.

EXAMPLES AND PROCEDURES

Not assessing the MAERB Core Curriculum is one of the central reasons for an adverse recommendation. If it is found that a program is not assessing one-third of any of the domains, there is the potential for an adverse recommendation. That works out mathematically for the 2015 MAERB Core Curriculum as follows:

- 100 Cognitive Objectives: 33 cognitive objectives not assessed
- 73 Psychomotor Competencies: 24 psychomotor competencies not assessed
- 22 Affective Competencies: 7 affective competencies not assessed
- 195 total objectives and competences: 65 cognitive objectives, psychomotor and affective competencies not assessed

There are, of course, other reasons for adverse recommendations, and those are listed above.

In the case of an adverse recommendation, the MAERB office will send the sponsoring institution a letter of notification outlining the intent to submit an adverse recommendation. The notification will be sent by email, as well as via certified mail with a return receipt. The letter will highlight the due process for requesting reconsideration and voluntary withdrawal. In

addition, the institution will be informed of the areas in which the program is not compliant, as well as given details about documentation to demonstrate compliance.

The institution has seven days from the date of notification to submit a written request for reconsideration. Depending upon the reason for the recommendation, the program is given a timeframe to demonstrate compliance with the cited standard(s). The material is then reviewed by MAERB, and the program is informed of the Request for Reconsideration decision after the MAERB meeting.

Updated 2/17

Policy 340: Inactivation and Reactivation of a Program

I. Involuntary Inactive Status: If a program does not enroll any students for two consecutive years, as indicated on its Annual Report Form, the program will be retroactively designated as inactive.

    a. The program will need to submit a documented plan with timelines for reactivation within 14 days of notification of the inactive status.

    b. If the plan is not satisfactory or if no plan is submitted, withdrawal of accreditation will be recommended.

II. Voluntary Inactive Status: Continuing Accreditation Programs may voluntarily request an inactive status for up to two years as long as they no longer enroll students during this inactive period. They are required to pay all MAERB and CAAHEP fees during this inactive period, as well as submit Annual Reports.

    a. To reactivate the program, the Chief Executive Officer or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and MAERB. The sponsor will be notified by the MAERB of the additional requirements that must be met in order to restore the program to active status.

    b. If the sponsor has not notified CAAHEP and MAERB of its intent to reactivate a program by the end of the two-year period, the program will be voluntarily withdrawn from CAAHEP.

Policy 345: Voluntary Withdrawal of Accreditation

I. Sponsors applying for voluntary withdrawal of accreditation must follow the process outlined in CAAHEP policy 208.C.

II. Programs may request voluntary withdrawal of accreditation, in lieu of an adverse recommendation, according to CAAHEP Policy 208.D.

EXAMPLES AND PROCEDURES

If a program wishes to request voluntary withdrawal of accreditation, the Program Director can either contact the MAERB Case Manager for the required Voluntary Withdrawal template or download it from the CAAHEP website. The template will need to be completed by the CEO of the sponsoring organization and will need to be submitted both to the MAERB and CAAHEP offices. CAAHEP will then send an affirming letter to the program, with a copy to the MAERB office. The general operating procedure is for the program to remain accredited until the anticipated graduation date of the most recent admissions cohort. For example, if the program admits a new cohort in August 2016, and those students are scheduled to graduate in August 2017, the official withdrawal date will be September 2017. The program is responsible for all accreditation requirements until the formal date of the withdrawal of accreditation. If the program has questions about this timeline, the Program Director and/or Administrative representatives from the sponsoring organization should contact the MAERB office and discuss options with either the Assistant Director or Executive Director of MAERB.

If a program requests voluntary withdrawal of accreditation rather than accepting probation or withdrawal, the Program Director should contact the MAERB Case Manager for the required *Voluntary Withdrawal in lieu of an Adverse Recommendation* template.   In this instance, the withdrawal will go into effect on the CAAHEP meeting date in which the adverse recommendation was meant to be discussed.