Policies and Procedures Manual

For
CAAHEP-Accredited
Medical Assisting Programs

Updated August 2024

MEDICAL ASSISTING
EDUCATION REVIEW BOARD

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 Manual* (www.caahep.org), and medical assisting Program Directors should keep both *Manuals* available for easy reference. The *MAERB Policy Manual* can be found on the MAERB website (www.maerb.org) under the Resources Tab on the Standards and Policies page. The CAAHEP Policy Manual can be found on the CAAHEP website (www.caahep.org) under the About Us tab and on the Governing Documents page.

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* 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 Program Sponsors 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	Rationale
7/26/2024	105, 115, 210m 335	The policies were not changed, but examples and procedures sections were editorially changed, with no changes in substance.	Editorial changes for clarification.
7/26/2024	225	The policy was changed mandating that programs complete the tasks of the resource assessment within the year that the Resource Assessment Form is dated.	To ensure that programs are in compliance with Standard III.D.
7/26/2024	251	A new policy focused on defining the requirement of instructional methodology documentation for Program Directors and Faculty.	This policy was created to further define the instructional methodology requirement for Program Directors and Faculty.
1/25/2024	225	The policy was updated to indicate that the MAERB Resource Assessment Form and the use of the three surveys was required.	This policy was adapted to reflect the changes in the Resource Assessment Form process that was adopted in 2024.
1/25/2024	335	The policy was not changed, but the examples and procedures were editorially changed, with no changes in substance.	Editorial changes for clarification.
7/29/2023	115	The policy did not change, but information about the CAAHEP Annual fees was added.	Changes in CAAHEP's fee schedule caused this addition.
7/29/2023	130	It is no longer required for programs shifting to a fully distance education modality to go through the initial accreditation process; rather programs will be required to submit a specialized curriculum change template. In addition, the definition of distance education was expanded based upon CAAHEP's new policy.	CAAHEP changed Policy 209 in the CAAHEP Policy Manual and eliminated that requirement.
7/29/2023	132	The policy did not change, but the definition of distance education changed based upon CAAHEP's change to its Policy 209.	CAAHEP changed Policy 209 in the CAAHEP Policy Manual.
7/29/2023	205	MAERB will begin monitoring the top row of the Annual Report form regarding trends in outcomes, as the change in how outcomes reported allow for the completion of the material.	This shift allows for programs to begin monitoring any unmet thresholds at an earlier period.

7/29/2023	210	In reporting the outcomes, the programs will report on the five-year average rather than on the individual year.	This change will eliminate the confusion and allow for more up-to-date information.
7/29/2023	220	There was a minor change in wording but no change in substance.	The goal was to provide more clarity.
7/29/2023	230	There was no change in policy, but there was some additional advice included to help Program Directors ensure that all communities of interest were informed.	The goal was to provide support to the Program Directors.
7/29/2023	233	A word was removed from the policy, but there was no change in substance.	The goal was to provide more clarity.
7/29/2023	235	The curriculum change policy remained the same, but under the examples and procedures, the programs shifting to a completely online modality will need to submit a specialized curriculum template.	This change occurred due to the change in MAERB policy 130.
7/29/2023	240	A word was added to the policy, but there was no change in substance.	The goal was to provide more clarity.
7/29/2023	320	It was reinforced that a site visit can be postponed no longer than a year.	The goal was to provide more clarity.
7/29/2023	345	The examples and procedures section was edited to include information about CAAHEP's VWA form.	There was a change in CAAHEP's processes.
1/28/2023	125	The "Examples and Procedures" section changed, as there will now be a virtual resource review visit, lasting approximately 90 minutes. There was no change in the policy. This change will have no additional costs, other than the normal fee for the multiple campus program.	The use of a virtual resource review site visit will ensure that all campuses have the appropriate resources.
10/27/2022	235	The "Examples and Procedures" section changed, but the policy has not changed.	The MAERB Office slightly modified its process.
8/1/2022	110, 115, 120, 132, 225, 230, 255,	There were minor changes in language rather than substance. It is important to note that the Accreditation fee schedule (Policy 110) is now on the website, instead of the *Policies and Procedures Manual*.	The vocabulary of the 2022 *Standards and Guidelines* changed.

	260, 345		
8/1/2022	125	III.b. changed to allow Program Directors to be available both virtually and in person for multiple campus oversight.	The pandemic taught us that a great deal of work can be done virtually.
8/1/2022	135	The policy on Consortia was significantly expanded and revised, with a focus on the process by which a consortium needs to be maintained.	The policy is more specific to the legal requirements.
8/1/2022	140	The policy was updated to include articulation agreements and technical standards.	These updates match the updates in the 2022 *Standards and Guidelines.*
8/1/2022	145	The statement that students cannot be compensated was removed, but the emphasis that students cannot be substituted for staff remains.	These updates match the changes in the 2022 *Standards and Guidelines.*
8/1/2022	205	In section VII, the reviewers will look at the top row when analyzing trends to see if the deficiency has changed.	To prevent a program from going on an EAP when the trend has already changed.
8/1/2022	212	This policy was added in order to clearly define the term "programmatic summative measure" that is found in Standard IV.B.1.	The term "programmatic summative measures" had always been defined in the manner outlined in the policy, and the goal was to document it.
8/1/2022	215	The statement that students must pass all the psychomotor and affective competencies in the specific course was removed.	The guideline was removed from the CAAHEP *Standards and Guidelines*.
8/1/2022	220	It is no longer required to demonstrate that the students have passed all the psychomotor and affective competencies in the specific course, but it is still recorded to keep grading records.	The guideline was removed from the CAAHEP *Standards and Guidelines*.
8/1/2022	227	This policy was added in order to clearly define the "preparedness plan" that is outlined in Standard I. It focuses on institution and program preparedness.	This policy is based on an addition in the 2022 CAAHEP *Standards and Guidelines*.

8/1/2022		233	This policy was added based upon additions to Standard I.B.2, focused on non-credit programs.	This policy is based on an addition in the 2022 CAAHEP *Standards and Guidelines*.
8/1/2022		240	This policy was revised based upon changes in Standard III, focused on Program Director qualifications.	This policy is based on a change in the 2022 CAAHEP *Standards and Guidelines*.
8/1/2022		250	This policy was adapted due to the adoption of a Faculty Attestation Form rather than the Faculty Workbook.	The MAERB office changed the process for faculty.
8/1/2022		335	The curriculum numbers were adjusted to accurately reflect the 2022 MAERB Core Curriculum.	The MAERB Core Curriculum changes created the need to change this policy.
12/1/2020		110	CAAHEP's address has been updated after their recent move.	The correct address has been included.
8/3/2020		110	Programs are no longer required to include CAAHEP's address and phone number, but they must include the full name of CAAHEP and the website.	This change was based on a change in CAAHEP policy.
8/3/2020		115	Increased the Program Director Change fee by $50 to include a bundled Virtual Program Director Boot Camp.	The change was based upon additional services provided.
8/3/2020		133	NEW POLICY. Programs are now required to have the addition of an apprenticeship component approved.	This change is based on a change in the medical assisting environment.
8/3/2020		205	The Employer Survey Participation was changed from a 30% threshold for response rate to programs being required to send out surveys to a 100% of the employers who hired graduates.	There were more reports for entire systems not allowing responses to the employer surveys.
8/3/2020		240	New Program Directors are required to attend a virtual Program Director Boot Camp within the first year of their employment.	The MAERB would like to further support new Program Directors.
8/3/2020		305	Program Directors of programs that receive initial accreditation are required to attend a virtual Program Director Boot Camp within the first year of initial accreditation.	The MAERB would like to further support Program Directors of initially accredited programs.

1/20/2020	215	The language was clarified in 215.III to ensure that the teaching of the cognitive objectives was done prior to or in conjunction with the psychomotor and affective competencies	This change was made to avoid any confusion.
11/1/2019	205	Added in details in the "Examples and Procedures" about how to publish the outcomes based upon the new ARF methodology.	This change was made based upon the new ARF methodology.
8/19/2019	205	Beginning in fall 2020, programs will be required to submit a tracking tool to verify the integrity of the ARF material.	MAERB is auditing more and more ARFs and the tracking tool will provide a good road map.
8/19/2019	325	Removed the reference to initial accreditation programs having their accreditation expire and replaced it with the requirement to have a site visit to be consistent with policy 305.	The change was made to be consistent with Policy 305.
8/1/2019	225	Beginning in fall 2020, programs will be required to submit their annual resource assessment.	This will provide a nudge to programs to fulfill this responsibility.
8/1/2019	230	Beginning in fall 2020, programs will be required to submit the minutes of their Annual Advisory Meeting	This will provide a nudge to programs to fulfill this responsibility.
1/1/2019	305	Due to a change in CAAHEP policy, initial accreditation programs no longer have an "expiration" date. Instead, there is a five-year period for initial accreditation, with a paper review of materials in the fourth year. Then a decision will be made about continuing accreditation.	CAAHEP changed its policy and, due to that, the MAERB kept the process the same but changed the language.
11/17/2018	315	A focused visit can occur if a program is not meeting its outcomes.	This change was based upon the change in Policy 205, with the ARF requirements.

8/17/2018	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.	Programs were concerned about the students who were entering into the new option and MAERB retained the use of an award granting Self Study.
8/17/2018	220	Eliminated the need for programs to retain transcripts for accreditation documentation.	It was determined that surveyors could still check transcripts for sequence, but the transcripts were just unnecessarily replicating information.
8/17/2018	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.	Just looking at outcomes did not uncover the context.
8/16/2018	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.	There was concern that those items were not checked for another 10 years. It also provides more robust evidence for deciding about continuing accreditation.
8/16/2018	205	A new exam was added for outcomes.	There was a new medical assisting exam accredited by NCCA.
2/18/2018	110	The wording and format changed to provide more clarification, but the substance remained the same.	There had been some confusion in a citation.
2/18/2018	132	Rather than including all "Foundations for Clinical Practice," there were certain sections delineated within "Foundations for Clinical Practice" that require a special workbook.	The policy did not change when the curriculum design changed, and it should have.
2/18/2018	305	It was clarified that there must be graduates from the program that have been taught and assessed on the entire MAERB Core Curriculum	That statement had been implicit, and the goal was to make it explicit.
2/18/2018	145	The Practicum Policy was thoroughly updated based upon the survey that was done of the Program Directors in fall 2016.	The MAERB wanted to provide the Program Directors with more advice about the Practicum.

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 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 *MAERB Members Handbook*, designed for MAERB members, and the *Surveyor Handbook*, contain more information about the ethical code and the conflict of interest policies.

Updated 8/24

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 of CAAHEP and website, 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 the Medical Assisting Education Review Board (MAERB)."

The program may also include the address and phone number:

CAAHEP
9355 – 113th St. N. #7709
Seminole, FL 33775
727-210-2350

IV.   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 status whenever reference is made to its accreditation status, by including this statement:

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

The program placed on probation will need to send the MAERB office documentation indicating that this statement is included on the website and in the relevant literature, along with the letter that was sent to the students.

EXAMPLES AND PROCEDURES

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.

In the situation of a program announcing probation status, 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).

Documentation must be sent to the MAERB office promptly to ensure that the Program Sponsor and the program are informing the students and public of its probational status.

Updated 2/18
Updated 7/20
Updated 12/20
Updated 8/22

Policy 115: Accreditation Fees

I.   Program sponsors 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, 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.

The Accreditation Fee Schedule is found on the MAERB website.

It is important to note that CAAHEP also charges each accredited program a yearly fee. The information about the yearly fee is found on CAAHEP's website at https://www.caahep.org/about/governing-documents.

Updated 8/23

Updated 8/24

Policy 120: Multiple Program Awards

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

I.   A Program Sponsor 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 need to approve the granting of an additional award and need to be informed of the change in award.

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 several 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. The information will need to be approved by the CAAHEP Board prior to the additional program being officially accredited.

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 a Change of Award 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. If the program wants to teach out the program and also institute the new award granting option at the same time, the program will need to go through the process for an additional award as CAAHEP would consider the Program Sponsor to have two programs.

Updated 8/17
Updated 8/22

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 Program Sponsor. The Program Sponsor identifies a main campus for the program, and the Program Sponsor 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 be available virtually or in person to the students and faculty/staff at least once every two weeks.

IV. The main campus must grant the associate degree, diploma, or certificate, and issue the transcript.
   a.   If an address is listed on the transcript, it 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 middle 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 with a virtual resource review visit, lasting approximately 90 minutes, designed to determine if the new location has the necessary resources. While there is a multiple campus application fee, the virtual resource review visit has no additional charges. 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.

The surveyors will also evaluate a multiple campus program according to its adherence to this policy. For example, Program Directors will need to demonstrate that students and instructors are able to easily contact the Program Director. That requirement can be satisfied by documentation of regular visits, virtual office hours, and so on with contact at least every two weeks.

Updated 8/22
Updated 2/23

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 program sponsors 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 specialized curriculum change.

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. Policy 209 in the CAAHEP *Policy Manual* provides a full definition of distance education, and it is based upon the United States Department of Education (USDE) definition of distance education, which requires regular and substantive interaction between the students and the instructor. The USDE definition allows for several technologies, including the internet, one-or-two-way transmissions, audioconferencing, and video cassettes, DVDs, and CD-ROMS.

Updated 8/23

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 competencies found in the following content areas, "Anatomy, Physiology & Pharmacology," "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 competencies found in the following content areas, "Anatomy, Physiology, & Pharmacology," "Infection Control," and "Protective Practices," via distance education of the MAERB Core Curriculum do not need to submit any specialized materials.

EXAMPLES AND PROCEDURES

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**: a traditional course with face-to-face instruction
- **Computer-Enhanced Instruction**: A traditional course 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, 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. Policy 209 in the CAAHEP *Policy Manual* provides a full definition of distance education, and it is based upon the United States Department of Education (USDE) definition of distance education, which requires regular and substantive interaction between the students and the instructor. The USDE definition allows for several technologies, including the internet, one-or-two-way transmissions, audioconferencing, and video cassettes, DVDs, and CD-ROMS.

CAAHEP accredits many 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, & Pharmacology," "Infection Control," and "Protective Practices."

Foundations of Clinical Practices	Safety and Emergency Practices
• Anatomy, Physiology, & Pharmacology • 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, & Pharmacology," "Infection Control," and "Protective Practices."

The reason for that distinction is that the psychomotor and affective competencies within the content areas of "Anatomy, Physiology, & Pharmacology," "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 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
Updated 8/22
Updated 8/23

Policy 133: Apprenticeships with CAAHEP-Accredited Programs

I.   Programs have the option of adding an apprenticeship component to a CAAHEP-accredited program if the apprenticeship component does not replace any of the required components of a CAAHEP-accredited program.

II. The addition of an apprenticeship component needs to be approved by MAERB prior to adding it as an option within a CAAHEP-accredited program.

EXAMPLES AND PROCEDURES

It is important to remember that there is no such entity as a CAAHEP-accredited apprenticeship program; rather, there are CAAHEP-accredited programs with an apprenticeship component. CAAHEP accredits educational programs. There are, however, accredited programs that include an apprenticeship component. In other words, the medical assisting program provides all the required components of a CAAHEP-accredited program: teaching and assessing the MAERB Core Curriculum; student achievement of the psychomotor and affective competencies; and the unpaid practicum. In addition, the program has a relationship with a healthcare system, either informally or through a registered apprenticeship, in which students may, if they choose, participate in an apprenticeship.   It is, however, an "add on" to the accredited program, not a substitution for any of the required components.

There are a variety of apprenticeship programs, but the following are the three most common:

1. Registered apprenticeship: These are state-sponsored programs that set up apprenticeship experiences that lead to an apprentice certificate. It is a workforce development initiative that can be partnered with an academic program, with some juggling.

2. Relationship apprenticeship: An academic organization and a healthcare entity partner provide students with work experience that is performed in conjunction with the educational experience of the program.

3. Industry-Recognized apprenticeship: Organizations would be recognized as offering programs that provide apprenticeship experiences. There is the possibility that they would partner with an educational organization for a formal degree.

There are also times in which the term "apprenticeship" is used in a different context. For example, there are employers who are hiring employees at an apprenticeship level and funding those employees to attend a medical assisting program. In this instance, the academic program is not including an apprenticeship, but there are times in which there are connections between the workplace and the accredited program.

Apprenticeships can serve as an important pathway for students to begin in a supervised work environment, but they do not replace the academic components of an accredited program. In the apprenticeship component, the student is serving as an employee rather than as a student, so the program does not necessarily have control over what the student performs. The CAAHEP-accredited program, however, does need to have control over the academic program and the practicum.

To ensure the integrity of the CAAHEP-accredited program, any program that has an apprenticeship component will need to submit documentation to MAERB for approval. That documentation will vary according to the circumstances and nature of the apprenticeship component, and the program will work directly with the MAERB Executive Director.

Programs that currently have an apprenticeship component are grandfathered into this policy, but they will be contacted to ensure that MAERB's records are in order.

Created 8/2020

Policy 135: Consortium Sponsor

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 305 "Initial Accreditation," Policy 260 "Transfer of Sponsorship," Policy 345 Voluntary Withdrawal

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 being either a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and authorized to provide a post-secondary program, a hospital or medical center or other governmental medical service, which is accredited by the U.S. Department of Health and Human Services and must be authorized to provide healthcare, that awards a minimum of a certificate, or a branch of the United States Armed Forces, or a federal or state governmental agency, which awards a minimum of a certificate at the completion of the program.

I.   For these partnerships, the following standards must exist:

    a.   A consortium must have a Chief Executive Officer (CEO) and decision-making board or governing committee.
        i.   The decision-making board or governing committee must meet annually.
    b.   The consortium must have an organizational chart.
    c.   The consortium must have written policies and procedures to be followed by program personnel.

II.   A change in the consortium partner, such as withdrawal of one partner or change of ownership of a consortium partner, effectively creates a new Program Sponsor and requires approval by MAERB to initiate the Transfer of Sponsorship process. MAERB will need to be notified within fifteen (15) calendar days in writing on letterhead, signed and dated by the remaining partner(s).

III. If the consortium is unable to meet Standard I.A.4, the consortium must follow the process of voluntary withdrawal.

EXAMPLES AND PROCEDURES

If organizations and/or institutions are 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).

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

Updated 8/22

Policy 140: Transfer of Credit, Advanced Placement, Experiential Learning Credit, Articulation Agreements, and Technical Standards

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, experiential learning credit, articulation agreements, and technical standards, 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, experiential learning credit, articulation agreements (transfer guides/pathways), and technical standards.

Those five 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. Program Sponsors can make a determination if they choose to accept those credits and what score is necessary.

Articulation Agreements: Agreements that provide a formal pathway for students to transfer credits to another institution or program.

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

Technical Standards: The physical and mental standards that the students need to meet to ensure that they can effectively accomplish the skills and behaviors required to achieve the educational goals of the program.

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

CAAHEP programmatic accreditation requires that the Program Sponsor provide those policies to the student and apply them consistently. All accredited programs must have a policy or policies related to these items. For advanced placement, experiential learning, and transfer credit, programs might not allow for one or more of those possibilities, but there needs to be a statement explaining that to the student. Programs might not have Technical Standards, but, in that instance, it needs to be explained that there are no technical standards for entrance into the program.

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, Program Sponsors 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.

Programs that are offered for academic credit may have articulation agreements so that students can transfer credit easily through a pre-determined agreement with either another institution or another program within the institution. It is not required that for-credit programs have an articulation agreement, but if there is one, it needs to be available for all students and applicants. Non-credit programs should see Policy 255.

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

Updated 8/22

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

III.   At the healthcare practicum site, the students must be supervised, cannot be substituted for staff, and must be readily identifiable as students.

IV.   Students may 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?

Healthcare Settings

As the profession of medical assisting expands and the need for medical assistants exponentially grows, medical assistants are working in a variety of healthcare settings, and the practicum placements can reflect that variety. However, the students do need to be able to practice the skills that they learned in their educational program, and the healthcare site must allow students the opportunity to practice their administrative and clinical skills.

If the state allows for NPs or Pas to head a 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/

Students must not be substituted for staff

The program needs to ensure that students are not treated as staff members on the healthcare site, nor should students be counted as a full staff member in the site's staff model. While it is conceivable that a program could allow students to receive remuneration, the program will need to ensure that the students are always treated as students and properly supervised and guided. In addition, while on the practicum, the student must be identified, with a nametag, badge, patch on the sleeve, and/or special uniform, as a student.

Updated 8/2022

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 Program Sponsor 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. All accredited medical assisting programs are required to submit a complete and accurate MAERB ARF outcomes tracking tool that verifies the aggregated data on an annual basis in conjunction with the ARF.

III. CAAHEP-accredited medical assisting programs are required to meet the following thresholds.

Outcome	Threshold
Retention	60% (based upon the trigger course defined below 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 Surveys Sent	100% of the employers who hired graduates to work as medical assistants or in a related field must be sent an employer survey
Employer Survey Satisfaction	80% of returned surveys
Credential Exams Participation	30% of all graduates
Credentialing Exams Passage Rate	60% of all the students who graduated within the specific year who took the exam

IV. 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

V. 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 by the Program Director 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.

    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 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 upon admission cohorts for retention and graduation year cohorts for job placement, graduate surveys and satisfaction, employer surveys and satisfaction, and exam participation and passage.

    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.

Defining the Admission Cohort

Programs define their admission cohorts by one of two methods: a formal admission process or a trigger course. A formal admission process entails the program receiving a program specific application and the ability to either accept or reject students. The last point is central, as it is the ability to choose among candidates that defines the formal admission process. If a program requires pre-requisites and a specific GPA, that is not what MAERB considers to be a formal admission process, assuming that the program does not have the ability to reject students who fulfill the requirement.

The second method is the trigger course. The trigger course is the first course in the medical assisting program curriculum in which the student is taught and achievement is 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 the practicum.

Programs are required to have one, and only one, method of defining the admission cohort. If a program has a formal admissions process that is unique to the program, it should not speak in terms of a trigger course.

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 to provide support to the programs.

In terms of the schedule for submitting the data, programs submit information for the preceding year's admissions and graduate cohorts. As an example, the 2024 ARF will focus on the 2023 admissions cohort/s and the 202 graduates. In addition to submitting new information with each new ARF, programs also update the previous years' admissions cohorts to ensure that the reported information on the ARF is up to date. Programs are required to annually submit a current MAERB ARF tracking tool in conjunction with the aggregated data that is reported on the online ARF. The ARF tracking tool will be submitted in conjunction with the ARF on an annual basis. The MAERB staff will be using the ARF tracking tool to doublecheck the aggregated data when there is concern about statistical integrity. The ARF tracking tool is found on the MAERB website on the documents tab.

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 request for an Expanded Action Plan (EAP). If a program has met all the outcomes in the admission 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 enough time to collect the data. The expectation is that the program will know the category into which it falls. 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, the program will be required to submit additional information. The program will receive a template of an Expanded Action Plan (EAP) 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 its bi-annual 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 similar report for the next two years about the specific outcomes reporting on improvements and/or continued issues. If the program continues to not meet the thresholds after the third 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 reported on their most recent ARF. Programs are always required to maintain the raw data in support of the most recent ARF.

Updated 8/16
Updated 11/17
Updated 8/19
Updated 8/20
Updated: 8/22
Updated: 8/23
Updated: 1/24

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 five-year average of either retention, job placement, or exam passage.

        i.   Initial accreditation programs must publish the cumulative average.

    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 is required to be the five-year average of the specific outcome chosen.

The simplified chart below outlines what a typical ARF dashboard looks like, with the five years range.

Date	Retention	Job Placement	Exam Passage
Year	90%	92%	87%
Year	95%	95%	89%
Year	97%	93%	98%
Year	92%	97%	92%
Year	99%	94%	98%
Five-year Average	95%	94%	93%

You must publish the five-year average of one of the outcomes that are highlighted in red. If your program holds initial accreditation status, you will need to publish the cumulative average. As always you have the option of publishing more than one outcome or the entire ARF chart, but the minimum requirement is to publish at least one outcome that complies with the requirements listed above.

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.

DESIGN OF POSTING

The MAERB Office receives a lot of questions about what precisely a program can post in addition to the required outcomes, so below there are some compiled guidelines. Overall, it is important to distinguish between the information reviewed by MAERB and the data that you either derive from another source or calculate independently.

Posting an outcome from your current ARF: Immediately preceding your posted online outcome there should be a heading that says: "This outcome is from the (year of ARF) Annual Report Form" or "These outcomes are from the (year of ARF) Annual Report Form." We will accept other similar wording, but the main point is that there needs to be a heading that indicates that the outcome or outcomes are from the ARF, including the 4-digit year of the ARF.

Posting additional outcomes from prior ARFs: If you have outcomes, such as graduate satisfaction or employer satisfaction, that have been 100% for longer than the 5 years shown on your ARF, you may mention that. You will simply need to preface it by saying, "as reported to MAERB on past ARFs, there has been 100% satisfaction for (outcome) from XXXX – XXXX."

Posting outcome data for years not yet covered on your current ARF: If you wish to report information that is not yet reported on your current ARF but will be on a future ARF, you may do so, but this additional posting should not refer to MAERB or to your ARF since the data has not yet been reviewed by the MAERB for accuracy. Any such posting should have a separate heading or be placed in an area of your website that is different than your MAERB-required posting. In addition, the posting must clearly indicate that the information is not taken from your program's ARF.

SAMPLE LANGUAGE

Below is sample language for your outcome posting. You do not need to use our exact wording, but if you use a sample sentence below, then you know that your outcome posting will be correct and that no revisions will be necessary. If you choose to create your own wording for your outcome posting, please be careful to state only the years (without specifying graduate or admission cohort). If you do opt to specify graduate or admission cohort, please keep in mind "graduates" would apply to Job Placement and Exam Passage, and "admission cohort" would only apply to Retention.

1. The 5-year average for Exam Passage (or Retention or Job Placement) for years XXXX – XXXX is ____%.
2. The cumulative percentage for Job Placement (or Retention or Exam Passage) is ____ for years XXXX – XXXX.
3. Retention (or Job Placement or Exam Passage) was ____% for years XXXX – XXXX.
4. The 5-year average for Job Placement (or Exam Passage) for graduates from XXXX – XXXX is ____%.

5. Retention was _____% for students admitted from XXXX – XXXX.

ACCEPTABLE PLACES TO POST THIS INFORMATION

It is required, as Standard V.A.4 outlines, that this information be posted on the website. The following documents are acceptable:

1. Institutional Catalog
2. Institutional Page that lists accreditation information
3. Program Web page

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

Updated 11/19
Updated 8/22
Updated 8/23
Updated 8/24

Policy 212: Programmatic Summative Measures

I.   Programmatic summative measures, referred to in Standard IV.B.1, are specific items that students need to accomplish, and programs need to document prior to the students' graduation from the program.

        a. Programs must demonstrate that their students have achieved all the psychomotor and affective competencies prior to graduating from the program.

        b. Programs must demonstrate that their students have completed a practicum of at least 160 hours and practiced a selection of clinical and administrative skills and affective behaviors at the practicum.

EXAMPLES AND PROCEDURES

Programs need to demonstrate that the graduates of CAAHEP-accredited medical assisting programs have achieved clinical competency for the psychomotor and affective competencies prior to graduating from the program.

Programs will need to have documentation for the most recent graduation cohort that the students have achieved the psychomotor and affective competencies. Programs can keep either a paper or electronic record of the students' achievement of the competencies, but the competencies need to be enumerated, dated, and signed off by the instructors.

For the practicum, programs need to retain the practicum time sheets for the most recently assessed group of practicum students. In addition, programs need to retain the evaluation and/or records of the practicum students by the supervisors in which the supervisors indicate what specific clinical and administrative skills the students have achieved at the practicum site.

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 all 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. The curriculum must be designed so that the cognitive objectives in specific content areas are taught prior to or in conjunction with 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 publicly 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.4 "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

successfully passed all the competencies prior to the competencies being performed in a practicum.

Updated 8/22

Policy 220: Retention of Course Documents and Student Achievement Records

1. 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
   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. The records maintained that validate the grading policies of the 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 2022, 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 records that include all the grades or pass/fail designations for the quizzes, exams, exercises, projects, competencies, and so on for the completed course. These materials need to be kept until the course is taught again in, hypothetically, fall 2023. Then, after the course ends, they will be replaced with the same materials for those students who took it in fall 2023.
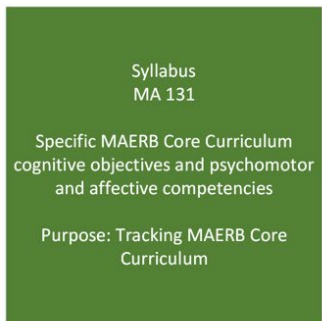
Standard V.D requires that satisfactory records be maintained for student admission, advisement, counseling, and evaluation. It mandates that grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and

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
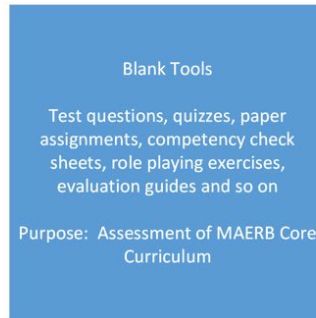
Purpose: Tracking MAERB Core Curriculum

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.

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

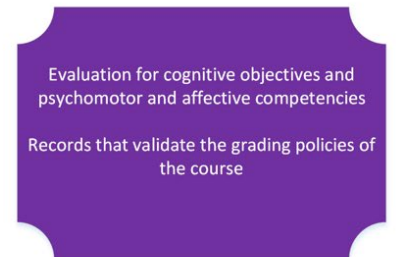Purpose: Verification of Students

Blank Tools

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

Purpose: Assessment of MAERB Core Curriculum

Evaluation for cognitive objectives and psychomotor and affective competencies

Records that validate the grading policies of the course

Updated 8/17
Updated 8/18
Updated 8/22
Updated 8/23

Policy 225: Resource Assessment

I.   MAERB requires that the accredited program conduct an annual evaluation of its resources in a Resource Assessment Form to ensure compliance with Standard III.A and III.D.

II.   The surveys must be administered, and the Resource Assessment Form completed either by the end of the academic year or calendar year that is being assessed or during the two months after the end of the designated timeframe.

III. If deficiencies in any of the resources are identified, the program will need to develop and submit an action plan in the Resource Assessment Form.

IV.   Programs are required to keep on file at least the three most recent years of the Resource Assessment Forms to demonstrate annual compliance with CAAHEP.

   a.   The raw data results of the three required surveys, supporting the annual Resource Assessment Forms, also need to be kept for the three most recent reporting years.

EXAMPLES AND PROCEDURES

As is outlined in Standard III.D, CAAHEP-accredited programs must annually, if not more frequently, assess the resources that are available so that they can plan and make appropriate changes. If the program determines that there are deficiencies, an action plan will need to be developed to best measure the results. This Standard focuses on quality improvement, asking you to evaluate your resources for effectiveness. The Resource Assessment Form is the product of your annual resource assessment. Quality improvement is a continuous process. As such, your annual Resource Assessment Form must always build upon your Resource Assessment Forms from previous years.

MAERB provides a required Resource Assessment Form template on the website for the Program Director's use. In addition, there are three required surveys that the program will need to regularly conduct to complete the Resource Assessment Form. These documents can be found on the MAERB website under the *Resources* Tab on the *Site Visits and Program Resources* page.

Assessing the program's resources is vitally important on several different levels for the following reasons:

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

The surveys and the resource assessment must be completed in a timely manner, so it is required to complete them either by the end of the time frame being assessed or within two months after that time frame. It is important to survey the students, faculty, and advisory committee that participated in the program during the 12-month period that is being assessed. For example, for the 2025 Resource Assessment, you will need to get the information from the

students who attended the program, the faculty who taught in the program, and the advisory committee that counseled the program during that time frame. If you assess your resources by calendar year, you will need to have completed your Resource Assessment Form by February 2026. If you assess your resources by academic year from July 2025 to June 2026, you will need to have the Resource Assessment Form completed no later than August 2026.

MAERB requires that every program submits its completed Resource Assessment Form annually. The annual Resource Assessment Form will be submitted in conjunction with the Annual Report Form (ARF). For example, the 2024 ARF will request data about retention based upon the 2023 admission cohorts and data about job placement, graduate satisfaction, and employer satisfaction from the 2023 graduates. In addition to submitting the online ARF and an updated ARF Tracking Tool, the program will also submit its completed Resource Assessment Form at that time, based either on evaluations that were conducted in calendar year 2023 or academic year 2023-2024.

Updated 8/22
Updated 1/24
Updated 8/24

Policy 227: Preparedness Plan

I. All Program Sponsors of CAAHEP-accredited medical assisting programs are required to have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.

II. There also needs to be a plan that focuses on the continuity of services for the medical assisting program in the case of the loss of key personnel or any other resources that might potentially interrupt educational services.

EXAMPLES AND PROCEDURES

Standard I.B.3 explicitly states that the program sponsor must have a preparedness plan in place in case of any interruption in the educational services. The guideline associated with that standard focuses on specific types of interruptions, but the central point is the interruption itself.

The preparedness plan, which can also be called a business continuity or an emergency plan, is where the program sponsor outlines what steps will be taken if the traditional method of conducting education is interrupted. For example, how will the program sponsor continue to provide education if the students are not able to access the campus to attend classes due to a natural disaster, a fire, or a flood? What will the program sponsor do if students are not able to access the technology needed for education due to cyberhacking or a long-term power failure? Basically, program sponsors need to have that preparedness plan to adequately support its students. This plan is an organizational document.

Policy 227.II focuses specifically on the medical assisting program and may be a separate document or may be part of a larger document. Basically, the program sponsor needs to have a preparedness plan, sometimes referred to as a succession plan, in case of the loss of any of the program resources. For example, if a Program Director were to leave suddenly due to an emergency, are there mechanisms in place to ensure documents necessary to the program are retained and accessible? Is the information about the program and its educational and accreditation requirements in a central place for easy access? If the students were not able to access the labs to perform the necessary competencies, what mechanisms are in place to ensure that the students are still able to achieve the competencies? This plan can be developed by the current Program Director and the supervisor.

This material will be submitted by the program at the time of the comprehensive review.

Created 8/22

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. Employer: An individual who hires 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 Program Sponsor'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 teaches the MAERB Core Curriculum.

II.   Programs are required to submit the Advisory Committee Meeting Minutes to the MAERB office on an annual basis.

III.   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* requires that the Advisory Committee meet annually and have the charge of helping the program and its sponsor to 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 date and 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.

In addition, if there are regular absences of one or more representatives from specific communities of interest, the program will want to demonstrate that the specific community of interest has been informed of changes and possible changes as well as to request feedback. The Program Director can send out the minutes to the entire advisory committee and request feedback. That documentation will demonstrate that the community of interest can interact, even if they choose not to participate.

As of fall 2020, MAERB will require that every program submit its annual Advisory Committee Meeting Minutes. The meeting minutes will be submitted in conjunction with the Annual Report Form (ARF). For example, the 2023 ARF requests data about retention based upon the 2022 admission cohorts and data about job placement, graduate satisfaction, and employer satisfaction from the 2022 graduates. In addition to submitting that information and an updated ARF tracking tool, the program will submit its advisory meeting minutes from calendar year 2022 or academic year 2022-2023.

The MAERB office will not be reviewing the advisory meeting minutes, but it will keep them on file. The goal in requiring the submission of the advisory meeting minutes is twofold: first, to ensure that the advisory committee meets on an annual basis, as is required in the *Standards* and, second, to provide a repository in case there is sudden staff or administrative turnover. When the program undergoes its comprehensive review and site visit, the site surveyors will be reviewing the contents of the advisory meeting minutes.

Updated 8/23

Policy 233: Articulation Agreements for Non-credit Programs

    I.   Non-credit programs are required to ensure that there is an articulation agreement for its students with a post-secondary institution that is institutionally accredited by an organization recognized by the United States Department of Education.

    II.   The articulation agreement can be with an academic for-credit unit within the same post-secondary institution at which the program is based if applicable. If the program is not based at a post-secondary institution, the articulation agreement must be with a for-credit program at a post-secondary institution that is institutionally accredited by an organization recognized by the United States Department of Education.

    III.   There is no minimum requirement for the number of credit hours that must be awarded with the articulation agreement.

EXAMPLES AND PROCEDURES

If your program offers academic credit, this policy does not apply to you. It applies only to programs that do not offer academic credit.

Standard I.B.2 states that Program Sponsors of CAAHEP-accredited medical assisting programs must either award academic credit for the program or ensure that there is an articulation agreement for its students enrolled in the CAAHEP-accredited medical assisting program that ensures they can transfer for credit some of the cognitive objectives or psychomotor and affective competencies that they mastered and achieved in the program. The articulation agreement must be with a post-secondary institution that is institutionally accredited by an organization recognized by the United States Department of Education.

Within the context of this policy, this articulation agreement is an agreement between either a non-credit (continuing education) unit, clinic, military force, and so on and a post-secondary institution to provide college credit to individuals completing the noncredit program. This agreement will allow students to receive college credit if they enroll within a specific department or institution. The credit would only be for students who enrolled; students who do not register would not receive academic credit. The articulation agreement may be composed as a memorandum of understanding, transfer agreements, or other suitable instrument, if the requirements of articulation are met.

If the Program Sponsor is an institutionally accredited post-secondary institution, an articulation can be developed between the non-credit unit and a for-credit unit. For example, if Sally is enrolled in a noncredit medical assisting program in the Continuing Education unit of No-Name Community College, and she wants to continue in a for-credit program in Medical Technology at the same institution, if the program has an articulation agreement with that Medical Technologist (hypothetical) program, Sally can then receive six (a hypothetical number) credits for the work that she did in the non-credit program. The articulation agreement would allow for an easy pathway. At the same time, if Matthew is enrolled in the same program but is not interested in continuing in the Medical Technologist program, Matthew would not receive any academic credit.

If the Program Sponsor is a hospital, medical center, or other governmental medical service that is accredited by a healthcare accrediting agency (or equivalent) that is recognized the U.S. Department of

Health and Human Services, and is 1) authorized to provide healthcare, 2) awards a minimum of a certificate, and 3) sponsors a CAAHEP-accredited medical assisting program, there must be an articulation agreement with a post-secondary institution that is institutionally accredited by an accreditation agency that is recognized by the United States Department of Education. For example, the medical center can have an articulation agreement with the local community college, so that the students participating in the non-credit program can get some academic credit if they enroll in a specific program at the institution. For example, Mary was enrolled and completed a non-credit program at Good Health Medical Center. Good Health Medical Center has an articulation agreement with the local community college, Good Education Community College, for its Medical Administration program (hypothetical). Mary, if she wants, can enter the Medical Administration program at Good Education Community College and receive four academic credits (hypothetical) for the work that she did at Good Health Medical Center.

The number of academic credits agreed upon by the two organizations within this requirement of an articulation agreement is up to the discretion of the organizations. For example, let's say there is a student who receives a non-credit diploma from the continuing education, CAAHEP-accredited medical assisting program at No-Name Community College. And let's assume that that medical assisting program has an articulation agreement with the Medical Technologist academic degree within the same institution, which states that the student will receive three credit hours toward that degree. The amount could also be six credit hours or nine credit hours. The precise amount is up to the two departments and/or organizations.

Created 8/22
Updated 8/23

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 changes. The method of informing MAERB varies according to the type of change, and the chart below outlines the method of informing MAERB.

Submit Parts 1-5 of the new *Curriculum Change Form* and copies of the syllabi for which changes have occurred **prior to implementation of the proposed curriculum change.**	Submit a letter that includes a complete description of the change, including the number of credit hours before and after the change and copies of the syllabi for which changes have occurred.	Email your MAERB Program Manager to request a copy of the TIPCDE workbook or the specialized curriculum change template for a distance education program.
- Addition or deletion of courses (if the course contains the MAERB Core Curriculum) - Change in cumulative clock or credit hours, if the change includes any course that contains the MAERB Core Curriculum. - Redistribution of course content without a credit change, if it includes any of the MAERB Core Curriculum	- Change in method of delivery if the change **does not** include the teaching and assessing of the psychomotor and affective competencies in the content areas "Anatomy & Physiology," "Infection Control," and "Protective Practices" through a distance education modality (see policy 132 for more details) - Renumbering, renaming, or re-sequencing of courses - Addition or deletion of course/s that do not contain the MAERB Core Curriculum	- Change in method of delivery if the change **does** include the teaching and assessing of the psychomotor competencies in the content areas of "Anatomy & Physiology," "Infection Control," and "Protective Practices" through a distance education modality (see policy 132 for more details) - Change from a completely onground or hybrid program to a program that is 100% distance education.

	(No syllabi are needed for this change) • Redistribution of course content without a credit change that does **NOT** include any of the MAERB Core 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*, and the fees cover the cost of processing the proposed change. The fee will be invoiced when the curriculum change is received at the MAERB office. The change will need to 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 Program 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.

Updated 10/22
Updated 8/23

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 Program Sponsor 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 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 permanent 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.

V.   Newly appointed Program Directors are required to attend a live virtual Program Director Boot Camp during their first year of appointment.

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.

Newly appointed permanent Program Directors are required to attend a live virtual Program Director Boot Camp during their first year of appointment. The charge for the Program Director Boot Camp is built into the Program Director Change Fee.

Standard III.B.1.b of the 2022 *Standards* outlines the required qualifications of the Program Director.
Updated 8/22
Updated 8/23

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*, 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 MAERB, the sponsor needs to complete a Practicum Coordinator Workbook to demonstrate that the individual meets the qualifications. The workbook will be reviewed, and the Program Manager will either notify the program of the approval or request further information.

The Program Director can serve as the Practicum Coordinator and will fill out the relevant information in the Program Director Workbook.

If the Program Director is also functioning as a Practicum Coordinator, no Practicum Coordinator workbook is needed to be submitted by the Program Director.

Policy 250: Medical Assisting Faculty Appointments

I.   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.

II.   Program Directors need to complete a Faculty Attestation Form and submit it to the MAERB Office.

EXAMPLES AND PROCEDURES

The sponsor needs to complete a Faculty Attestation Form when hiring new faculty members, send it to the MAERB Office, and keep it on file within the department or institution. No supporting documentation needs to be submitted to the MAERB office at the time of submission.

The Faculty Attestation Form affirms that the faculty member has either the education or experience to teach the courses assigned, has documented education in instructional methodology, and is fulfilling the responsibilities of the position. The MAERB office can ask for an updated list of faculty members and request the Faculty Attestation Forms for review at any time.

However, the Faculty Attestation Form indicates what documentation will need to be submitted with the Self-Study Report during the comprehensive review process. The Faculty Attestation Form will need to be submitted along with the following information: job description; academic transcripts; or continuing education certificates; documentation of education in instructional methodology; and resume.

It is recommended that Program Directors gather the supporting material for faculty members at the time of the faculty hire and keep it on file to prepare for the comprehensive review process.

Updated 8/22

Policy 251: Instructional Methodology

I. Program Directors and Faculty are required to provide documentation indicating that they have participated in a workshop, seminar, course or other activity in which they have received instruction focused on some form of instructional methodology.

II. Instructional methodology, as defined, includes a pedagogical topic such as learning theory, curriculum design, test construction, teaching methodology, or assessment techniques.

    i. Workshops and trainings focused on how to use a specific technology are not included in the category of instructional methodology.

    ii. Workshops and training that focus on a content area in medical assisting or allied health are not included in the category of instructional methodology.

III. Documentation of education in instructional methodology must include proof of participation and a content outline, clearly showing what topics were covered.

EXAMPLES AND PROCEDURES

In the CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*, the following two Standards outline the instructional methodology requirement for Program Directors and faculty of CAAHEP-accredited medical assisting programs:

1. Standard III.B.1.b.6 (Program Director)
2. Standard III.B.2.b (Faculty/Instructional Staff)

It is important to recognize that education in instructional methodology focuses on pedagogy, techniques and theories that aid an administrator or teacher in the practice of teaching. There are a variety of topics within instructional methodology, as are outlined above. All these topics focus on an instructor's work with students with the goal of helping students to learn.

A workshop that focuses on how to use Blackboard or Canvas would not fit into the definition of instructional methodology, as it is traditionally designed as a "how to" for technology rather than a discussion about the theory of teaching with technology. In addition, a workshop on improved techniques for phlebotomy would also not fit into the instructional methodology category, as that focuses more on a content area in the subject matter arena of medical assisting.

The education that is received in instructional methodology needs to be documented in such a way that demonstrates the activity is appropriate. If it is a workshop or seminar, there needs to be a certificate of completion and a document of what was covered. If a faculty member or Program Director has taken a course in education, they would need to have a transcript to demonstrate that the course was completed. If the instruction is an in-service without a certificate, documentation will need to include a sign-in sheet of attendees or a formal letter from the school's administration or the presenter.

Created 8/24

Policy 255: Program Sponsor Changes

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

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

II.   A Program Sponsor must report a change of ownership to MAERB immediately, by way of a formal letter, signed by the Chief Executive Officer.
   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 Program 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 Program Sponsor receiving a probationary status from its institutional or organizational 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/Supervisor can be sent to MAERB via a link on the Standards and Policies page under the Resources tab on the MAERB website. The reported change in CEO or Dean/Supervisor should include the following: full name, listing of the highest academic credential earned, title, phone, email, and the name and current employment status at the same institution of the person being replaced as CEO or Dean/Supervisor.

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 "Program Sponsorship Changes"

I. Sponsorship of an accredited program may be transferred from one entity 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 Program Sponsor relinquishing sponsorship must provide MAERB with the written notice of the intent to transfer sponsorship. Then the Chief Executive Officer of the new Program Sponsor 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 from the MAERB office. 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 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 site visit and 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 in an Interim Report:
                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 four years, the program will be reviewed based upon the material submitted from the Interim Report, and the result will be one of the following:
                i.   The program will 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.
               ii.   The program will be asked to submit a Self-Study and schedule an onsite visit, and the MAERB will make its recommendation for continuing accreditation status based upon the results of that visit.

V. Program Directors of newly accredited programs are required to attend a live virtual Program Director Boot Camp during the first year of the initial accreditation.

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 can take place after the first graduating class that has used the MAERB Core Curriculum.

Program Directors of newly accredited programs are required to attend a live virtual Program Director Boot Camp during the first year of the program's accreditation. The virtual Program Director Boot Camp charge is built into the initial accreditation fee.

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 four years after the program is granted initial accreditation. Initial accreditation programs are notified after those reviews for an explanation of the next steps: either a recommendation for continued accreditation or a continuing accreditation site visit.

Updated 8/16
Updated 2/18
Updated 1/19
Updated 8/2020

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*.

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.

Policy 315: Focused Site Visit

OTHER POLICIES LINKED TO THIS POLICY AND PROCEDURE: Policy 205 "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, such as the travel, lodging, and food of the site surveyors.

The timeframe for a focused visit will vary according to the reason for which the program is being visited, so there is no singular formula. Generally, 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 focused 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.
   b.   There can be no postponement longer than one year.

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 Program Manager immediately 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. Generally, the extension is limited to three months or less. There can be no postponement that is longer than one year.

Updated 8/23

Policy 325: Progress Reports

I. Accredited programs that are found not to be in full compliance at the time of the comprehensive site visit are 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. In the case of a program with initial accreditation, MAERB would request a comprehensive site visit.
III. Failure to submit a progress report by the due date, after receiving 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 a March 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 November, 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.

The "Organization of Documents for Progress Reports and Other Submissions" must be followed for the submission of materials. It can be found on the MAERB website www.maerb.org on the Documents tab under "Program Resources/Accreditation Resources. If the organization of the progress report fails to conform to these conventions, it will be sent back to the program for re-organization.

Updated 8/19

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 healthcare 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.A.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:

- 87 Cognitive Objectives: 29 cognitive objectives not assessed
- 63 Psychomotor Competencies: 21 psychomotor competencies not assessed
- 8 Affective Competencies: 3 affective competencies not assessed
- 158 total objectives and competences: 53 cognitive objectives and 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 Program Sponsor a letter of notification outlining the intent to submit an adverse recommendation. The notification will be sent by email. 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
Updated 8/24

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 have or 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 must fill out the form located on the CAAHEP Website under the Programs tab. The form will need to be completed by the CEO of the Program Sponsor and will need to be submitted both to the MAERB and CAAHEP offices. The MAERB office typically suggests that the program make the voluntary withdrawal effective immediately, even though the CAAHEP Form suggests that the program remain accredited until the anticipated graduation date of the most recent admissions cohort. If the program has questions about this timeline, the Program Director and/or Administrative representatives from the Program Sponsor 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 Program Manager for link to the required Voluntary Withdrawal form. In this instance, the withdrawal will go into effect on the CAAHEP meeting date in which the adverse recommendation was meant to be discussed.

Updated 8/23