



# **Council Manual**

**For Use By**

**Councilors**

**Programs/Institutions**

**Site Visit Teams**

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## Foreword

Educational accreditation is a two-pronged process for continuous improvement and evaluation of educational effectiveness based on self evaluation followed by verification and validation. Accreditation Standards represent minimum requirements and agreed upon assessment methods to enable self-evaluation and assessment of outcomes. The accreditation process is designed to empower an educational program to achieve effective qualitative self-evaluation and success followed by a rigorous assessment conducted by highly qualified peers from the educational and professional communities. Accreditation helps foster public confidence and creates a means by which educational and governmental entities recognize and understand one another.

The Council on Chiropractic Education (CCE) grants and reaffirms accreditation through a dynamic process of review and evaluation for compliance with the Requirements for Accreditation as reflected in the current edition of the *Standards for Doctor of Chiropractic Programs and Requirements for Institutional Status (Standards)*.

This review process addresses the ability of a program to achieve its stated mission, goals and objectives. Familiarity with the *CCE Standards*, *CCE Manual of Policies (Policies)*, *CCE Bylaws (Bylaws)*, and this *Council Manual* is essential to the development and operation of CCE accredited Doctor of Chiropractic Degree Programs. This *Manual* contains information about the Council, the CCE accreditation process and the responsibilities of the participants in that process. Questions should be directed to the CCE Administrative Office.

## Abbreviations Used Within This Document

- ASPA** – Association of Specialized and Professional Accreditors.
- CCE** – The Council on Chiropractic Education
- CAO** – Chief Administrative Officer of the Doctor of Chiropractic Degree Program
- CDC** – Council Development Committee
- CEO** – Chief Executive Officer of the Chiropractic Program/Institution
- CFC** – Council Finance Committee
- DCP** – Doctor of Chiropractic Degree Program housed within a regionally or nationally accredited institution
- Standards** - *CCE Standards for Doctor of Chiropractic Programs and Requirements for Institutional Status*

## **Section I Council**

### **A. Mission and Goals**

The Council, as a separate and independent unit of the Council on Chiropractic Education (CCE), conducts assessment leading to the accreditation of programs that comply with “The Requirements for Accreditation” as outlined in the *CCE Standards for Doctor of Chiropractic Programs and Requirements for Institutional Status*. Council activities associated with program assessment and accreditation includes:

1. Implementation of policies and procedures set forth in the *Standards for Chiropractic Doctor of Chiropractic Programs and Requirements for Institutional Status and related accreditation documents (Manual of Policies, Bylaws, Council Manual and the Council Self Study Report Guide)*.
2. Maintenance of communication with and conducting reviews of programs to address routine and special circumstances.
3. Evaluation of adherence to stated mission and goals, assessment and planning processes, organizational outcomes, support services and other elements within “The Requirements for Accreditation.”
4. Granting or denying initial accreditation, and granting, deferring or revoking reaffirmation of accreditation, along with other defined actions and decisions.
5. Encouragement of improvement through continuous self-study and review.
6. Provision of advice and assistance to established and developing programs.

### **B. Organization**

The Council comprises twenty-four members: twelve from the accredited programs, four from the public, and eight practicing doctors of chiropractic. Detailed information regarding the composition of the Council appears in Article VI of the *CCE Bylaws*. The Council Chair, or designee, appointed in writing, serves as the official Council spokesperson. The Council annual meeting is held in January, and the semi-annual meeting normally is held in July of each year unless otherwise noted. Special meetings may be called by the Council Chair or upon the written request of a majority of Council members.

#### **1. The Council Officers**

The Council officers (Bylaws, Article VIII) are the Council Chair, Council Development Committee (CDC) Chair, Council Finance Committee (CFC) Chair and the CCE President. These officers, along with the Council Bylaws, Standards and Policies Committee Chair, Council Site Team Academy Chair, Councilor At Large and the immediate past Council Chair, comprise the Council Executive Committee, a standing committee of the Council. Non-voting members of the Executive Committee shall be the CCE President and immediate past Council Chair. The Executive Committee addresses Council matters that may arise between Council meetings using a participative decision-making model. The Council Executive Committee normally consults with the entire Council on major issues before taking action. The voting members of the Council Executive Committee may be appointed to serve no more than three (3) consecutive one-year terms in their respective positions.

#### **2. The Council Chair**

- a. Communicates regularly with the CCE President and the Council Executive Committee, regarding decisions to be made by the Council Executive Committee and Council as a whole.
- b. Serves as a voting representative on the Council Executive Committee.
- c. Develops the agenda for Council Executive Committee and Council meetings.
- d. Reviews, finalizes and directs distribution of all Council-related business

- correspondence through the CCE President.
- e. Conducts Council meetings, adhering to Robert's Rules of Order.
  - f. Issues reports and requests for information through the CCE President and shares received information with the Council Executive Committee and Council.

## **C. Actions and Processes**

### **1. Attendance and Quorum**

Councilors are expected to attend all scheduled meetings and any special meetings called by the Council Chair. Unexcused absence may be grounds for dismissal. A quorum of at least thirteen Councilors must be present for Council business to be transacted. The Council Chair or acting Chair must determine the presence of a quorum when the Council convenes.

### **2. Councilor Agreement**

Upon appointment to the Council and before each Council Meeting, each Councilor must sign, date and return the "Councilor Confidentiality Agreement"

### **3. Guest Confidentiality Agreement**

Guests attending a Council meeting must sign, date and submit to the CCE Administrative Office a copy of the "Guest Confidentiality Agreement".

### **4. Requirement for Confidentiality and Disciplinary Action Regarding Violations**

Violations of the CCE confidentiality policy by a Councilor, agent or employee are addressed in CCE Policy 4.

### **5. Conflict of Interest**

Prior to regularly scheduled Council Meetings, annual and semi-annual, Councilors must declare to the Council Chair if they have an actual or potential conflict of interest regarding the program under review by completion of Council Form 9 and must leave the room during any discussion, deliberation or decision-making with regard to that program. See CCE Policy 18 – Conflict of Interest.

### **6. Status and Progress Review**

The Council Chair conducts status review and progress review meetings unless he/she has a conflict of interest. In such cases, the CDC Chair will conduct the status review. If conflict factors apply to both the Council Chair and CDC Chair, the CFC Chair, or another member appointed by the Council Chair will conduct the meeting.

### **7. Processes for Initial and Reaffirmation of Accreditation**

The purpose of accreditation is addressed in the Foreword section of this document, and specific processes are explained with extensive detail in the *Standards*, Section 1, *Process of Accreditation*.

### **8. Expenses and Honoraria**

Councilors are provided honoraria and reimbursed for travel associated with regular and special Council meetings, according to CCE Policy 94, upon submission of a completed and signed "Travel Expense Report" to the CCE Administrative Office no later than ten days following the close of the meeting. Directions for completion are included with the Travel Expense Report. *Original* receipts are preferred for travel, lodging, meals, taxis and other meeting-related expenses.

### **9. Recommendation for Revision of Accreditation Requirements**

In accordance with CCE policies, revisions to the CCE Standards are conducted on a five year cycle, within a committee appointed by the Council. Recommendations can be

submitted on the appropriate form by all stakeholders, to include the public at large. Discussions and public comment by committee members, open forums, councilors, etc. are realized with final approval by the Council.

#### **10. Complaints**

CCE Policy 64, located in the CCE Manual of Policies and also posted on the CCE website, is the policy followed to address complaints against CCE Councilors, Academy of Site Team Visitors, Administrative Office Staff, Member Representatives, other agents of the organization, CCE Standards or Policies and CCE Accredited DCPs. Please reference this policy for further information.

#### **11. Association of Specialized and Professional Accreditors Code of Good Practice**

On January 26, 1996 the CCE Commission on Accreditation (COA) adopted the Association of Specialized and Professional Accreditors (ASPA) Code of Good Practice. The document is reprinted with permission and is located in Appendix XV.

#### **12. Liability Insurance**

CCE maintains liability insurance covering itself and members of the Council, and the legal representatives or assigns of the insured in the event of the incompetence, insolvency or bankruptcy of the insured. This insurance covers wrongful acts from actual or alleged negligence, error or omission, misstatement, misleading statements, or breach of duty committed by an insured in the performance of duties on behalf of CCE, subject to the further terms, conditions and limitations of the policy. Certain exclusions apply, most notably defamation, including but not limited to, libel or slander.

## **Section II            CCE Administrative Office**

The activities of the CCE Administrative Office and the work of the Administrative Office Staff are mainly directed by the CCE President. When dealing with accreditation matters, the President operates at the direction of the Council Chair.

### **A. Council Support**

The CCE Administrative Office administers technical aspects of the accreditation process by maintaining confidential accreditation files for each program, agendas, minutes, support materials for each Council meeting, and conducting a variety of communication activities on an ongoing basis.

### **B. Accreditation Process Support**

The CCE Administrative Office ensures implementation of the accreditation process, facilitates communication between the Council and the program, and assists with technical details, information, recommendations and services related to accreditation. This includes site visit preparation and support.

### **C. Document Maintenance**

The CCE Administrative Office maintains the Council on Chiropractic Education's Directory of Accredited Programs and Institutions. This list is posted on the CCE web page at [www.cce-usa.org](http://www.cce-usa.org) and includes program and institution name, contact information, dates of the next scheduled Council status review meeting, program address and identifies the chief administrative officer of the doctor of chiropractic program. Listed programs and institutions must inform the CCE Administrative Office immediately about any changes of information provided on this list.

### **D. CCE Information Documents**

The CCE Administrative Office updates and maintains official CCE documents including:

## 1. Reference Documents

- a. *Articles of Incorporation/Domestication*. Provide the legal basis for CCE.
- b. *Bylaws*. Define the role of the CCE and its basic components, including its officers and members.
- c. The current *Standards for Doctor of Chiropractic Programs and Requirements for Institutional Status* document the criteria the doctor of chiropractic degree programs must meet in order to achieve and maintain CCE accreditation.
- d. *CCE Manual of Policies*: Contains guiding policy statements consistent with the *Standards* enacted by the Council. All rules, regulations, and procedures in other CCE Documents must be consistent with the *CCE Manual of Policies*.

## 2. Participant Manuals

At the date of this publication, there are other documents with accreditation related information:

- a. *Council Manual* - Designed to assist councilors, programs/institutions and site teams to understand the concept and process, procedures and roles of the participants of CCE accreditation.
- b. *Council Self-Study and Report Guide* - Designed to assist programs/institutions and site teams in providing and reviewing information related to compliance with CCE accreditation requirements.
- c. *Site Visit Team Manual* – Designed to assist Site Team Chairs and team members of the processes and procedures of pre-visit, visit and post-visit activities regarding the overall CCE accreditation process.

## E. Assistance to New Programs and Institutions

Upon request by the official governing body of the program, CCE may provide advice and/or assistance to those wishing to prepare for review toward initial accreditation or reaffirmation of accreditation. Please refer to the current *CCE Manual of Policies* and *Standards for Doctor of Chiropractic Programs and Requirements for Institutional Status*.

## F. Advice for New Applicants

The following guidelines are recommended for programs planning to request review toward initial accreditation:

1. Prior to formalization of plans for a new program, the founders should interact with the Council to gain a complete understanding of accreditation and associated expectations.
2. New programs may wish to call upon the services of one or more consultants and the CCE Administrative Office staff during planning stages.
3. The program must provide a letter of intent with the preliminary fees to the CCE and indicate the anticipated starting enrollment date and graduation date of students into the program and provide periodic progress reports once instruction has begun as the program progresses toward its preparation of its self-study document and initial site visit for initial accreditation.

## G. Consultation

A new program seeking initial accreditation may request consultative assistance prior to preparing self-studies and other reports. CCE Administrative Office assistance is limited to the process and method for gathering and submitting data for self-study and progress reports. If such services extend beyond two working days per fiscal year, the per diem charge for CCE Administrative Office consultation visits to programs is \$500 plus visit expenses. Such charges are offset by appropriate prepayment.

The Council may suggest names of possible external consultants to assist programs. Such consultation is arranged between the program and the consultant. Any fees are payable directly to

the consultant. No advice offered by the consultant implies a commitment by the Council or CCE. In special circumstances, the Council may require a program use a consultant, after which the Council is to receive a copy of the consultant's report.

## **Section III Site Visit Team and Activities**

### **A. Academy of Site Team Visitors**

The Council Site Team Academy Committee works with the Council Chair to maintain and, as necessary, supplement membership to the Academy of Site Team Visitors (*Academy*). Information regarding the Academy appears in CCE Policy 10. The Council organizes and implements training and workshop activities for site team candidates and members.

### **B. Site Visits**

With the assistance of the Director of Accreditation Services (DAS) and the Council Site Team Academy Committee Chair, the Council Chair establishes the site team composition and site visit details through communication with the:

1. Council Site Team Academy Committee to determine availability and absence of conflicts of interest as described in CCE policies.
2. Site Team Chair to convey guidance regarding specific areas the team should address during its visit.
3. Members of site team regarding visit details, the site visit process, and team member agreements.
4. Program under review to provide information and assistance, establish dates, and obtain agreements.
5. Program, the Site Team Chair and team members to insure completion of the evaluation process following the visit.
6. Site Team Chair and team members regarding the timetable and team report process.
7. Site Team Chair, as needed to facilitate program response to the team report.
8. Program and the Site Team Chair regarding the Council status review meeting.

### **C. Formal Invitation to Serve**

Upon Council Chair and program CAO agreement on team composition, the DAS issues a written invitation and applicable materials to team members. The Site Team Chair and DAS will contact team members regarding visit details and travel arrangements.

### **D. Team Agreement Form**

The team agreement form, listing the proposed team members with position titles, affiliation, and contact information, is submitted to the CAO of the program, who may accept the list as presented or provide reasons why any proposed team member should not serve for the site-visit. The CAO should make his/her decision based on if any of the team members have a conflict of interest with the college that is unknown to the Council and/or has not already been identified, i.e., consultant, recent candidate for position of hire, etc. Personal reasons should not be entertained. The CAO is encouraged to discuss any concerns about proposed team members with the Council Chair and/or CCE President before submitting a request for removal due to the time constraints involved in the entire process. Any request for removal of a proposed team member must be submitted in writing to the Council Chair and must clearly explain why service by the individual could be unfair or deleterious to the accreditation process. Such a written request must be submitted to the Council Chair within seven (7) working days of the CAO's receipt of the list of proposed team members.

### **E. Inability to Serve**

Assigned team members are asked to inform the Council Chair and DAS immediately if circumstances develop that precludes them from serving. Replacements are selected from the

remaining members of the Academy of Site Team Visitors. In such a case, a revised team agreement is sent to the program CAO for acceptance and return. The Site Team Chair is advised of any changes in team membership.

#### **F. Guest Observers**

With the approval of the Council Chair and program CAO, a guest may be invited to observe the site visit. An observer may be a representative of the Council, another accrediting organization, the Commission on Higher Education Accreditation (CHEA), or the U.S. Secretary of Education (or USDE designee). Trained member(s) of the Site Team Academy often attend as guest observer(s) to supplement training prior to being assigned to a site visit team.

#### **G. CCE Administrative Office**

The CCE Administrative Office will normally have one staff member present during comprehensive (initial and reaffirmation) site visits to assist and provide support to the site team and program. Any member of the staff could be present, to include, the President, Director of Accreditation Services or other staff members. In that the accreditation process emphasizes evaluation by peers, any CCE Administrative Office staff present at site visits will normally maintain a low profile. CCE staff may provide support services to assist the Site Team Chair and/or members to fulfill their responsibilities, clarifying “The Requirements for Accreditation” and explaining the application of Council procedures, but always refrain from any evaluation of any aspect of the program. If staff is present at interim or focused site visits, it is usually at the discretion of the CCE President or Council Chair.

### **Section IV           Types of Site Visits**

Various types of site visits are part of the Council evaluation process and are a very important component of the accreditation process.

#### **A. Comprehensive Site Visit (Status Review)**

The purpose of this visit is full review of a program applying for initial accreditation or reaffirmation of accredited status, and is scheduled for the spring or fall following submission of the self-study report. The length of the visit is normally four days. The team verifies and validates the information presented in the self-study document. The report developed identifies the program strengths and concerns regarding compliance with the CCE *Standards*.

#### **B. Interim Site Visit**

The interim site visit is normally scheduled midway through the routine accreditation cycle. The Council may address issues identified in the most recent status review, in the Program Characteristic Biennial Report (PCBR), in other reports required by the Council, or information from other sources. If no issues or possible concerns are identified, the Council may choose to forgo the interim site visit, but in most cases a visit will occur to ensure continuity and communication with the program.

#### **C. Focused Site Visit**

A focused site visit is normally conducted in follow-up to address areas of interest, concerns or any other issues needing attention, e.g., following a progress report or approval of a substantive change. A focused site team normally consists of a team member(s) from the previous visit along with a team member(s) not involved in the previous visit, the first to provide continuity and the latter to provide a new perspective. The team may also include CCE staff and in rare instances, Councilors.

#### **D. Joint Site Visits**

If a program requests and receives Council approval for a joint evaluation visit involving CCE and

another accrediting body, such a site visit may be arranged. Joint site visits include representatives from both accrediting bodies who conduct activities and write a single visit report, with supplementary documentation pertaining to the specific issues identified by each accrediting body. In the case of a joint visit, a program may determine if it wishes to consolidate its self-study in one report acceptable to both accrediting bodies. Both the Council and the other agency must approve a program request for a joint evaluation. The agreement for a joint evaluation, formulated by both accrediting agencies and the program, must include the following provisions:

1. Self-evaluation and self-study reporting that fulfills the requirements of both accrediting agencies. The program is responsible for developing an outline of the self-evaluation procedure and for producing a self-study that addresses the criteria of both agencies.
2. A site visit team that represents both agencies and is selected and approved according to the policies and procedures of both agencies.
3. Site team leadership that represents both agencies.
4. A site-visit process and site team report that meet the requirements of both agencies.
5. The Council Site Team Chair will assist in conduct of the visit in accordance with Council procedures and write the information necessary for the Council status decision. The Council Site Team Chair will represent the team during the Council status hearing involving the program.
6. Each agency will make an independent decision on status based on its own criteria. Neither agency is bound by the decision of the other.
7. All team personnel, staff and other individuals with access to communications and materials in the joint evaluation are bound by the confidentiality policy rules and guidelines of both agencies. If a difference in principle on confidentiality arises, the Council Site Team Chair and the CCE Administrative Office shall agree to confidentiality guidelines acceptable to both agencies, preceding the joint evaluation.
8. Each agency bills the evaluated program for expenses and fees according to its own policies.
9. The Council will review and evaluate the success of any such joint evaluations, making procedural changes as appropriate.

### **E. Concurrent Site Visits**

When a program requests and receives Council approval for a concurrent evaluation by CCE and another accrediting body, such a site visit will be arranged. The agreement for a concurrent evaluation, formulated by both accrediting agencies and the program, must include the following provisions:

1. The accreditation application, self-study report, site visit team and evaluation processes, are separate for each accrediting body.
2. A team from each accrediting body may visit the program concurrently. The teams may hold joint meetings and share information.
3. Separate team reports are to be written by each site visit team.

## **Section V            The Site Team Chair, Site Visit Preparation and Conduct of the Site Visit**

### **A. CCE Site Team Chair Role**

The Site Team Chair serves at the direction of and reports to the Council Chair, and works cooperatively with the President and Director of Accreditation Services in matters related to accreditation site visits. The Chair is a reporting member of the team and will have limited areas of responsibility regarding Council Matrix and Assignment report writing. However, responsibility for overall report completion is required. While responsible for assembly and editing of the site team report using assessment materials written by team members, the Site Team Chair does not

exercise judgment on the qualitative statements of team members.

## **1. Site-Team Chair Duties and Responsibilities**

### **a. Include, but are not limited to the following:**

- 1) Review submitted self-study reports to help insure completeness, accuracy and proper format in compliance with the CCE *Standards*.
- 2) If requested, assist the Council Chair and DAS in identifying appropriate site-team members.
- 3) Assist in the organization of site visit activities with the Director of Accreditation Services, lead and assist site-team members in preparation for and during accreditation visits, and interact with the CAO of the chiropractic program during the visit.
- 4) Inventory required policies, documents, credentials, qualifications, clinic numbers, admissions data, etc. as required, insuring complete and accurate assessment.
- 5) Assure that all areas of "The Requirements for Accreditation" are assessed and discussed by the team as necessary, direct team members in the timely compilation of all assigned written report materials prior to leaving the site and review the draft and final site team report following the Team Report Timetable.
- 6) As requested, present and discuss the findings of site teams at Council meetings.
- 7) If requested, assist with training of site team academy members.
- 8) Perform special assignments related to site visits, as requested by the Council Chair.

### **b. The following experience, education and training are required:**

- 1) Considerable and applicable experience conducting accreditation site visits and producing site visit reports.
- 2) Demonstrated ability to perform such responsibilities without supervision.
- 3) Excellent oral and written communication skills; expertise in word processing.
- 4) Senior level educational administrative experience, preferably in higher education.
- 5) Doctorate (or equivalent) preferred.
- 6) Recommended by Council Site Team Academy Committee and/or Council Chair.

## **2. Relationship to the Council and the CCE Administrative Office:**

The site team chair is encouraged to contact the President and/or the Director of Accreditation Services at any time with questions about any aspect of the visit, i.e., CCE Standards, Manual of Policies, Council procedures, unique situations, or to confirm that the team is conducting the evaluation as charged by the Council. The President and/or Director of Accreditation Services inform the Council Chair about any communication with the Site Team Chair and may forward any questions to the Council Chair for determination. The Council Chair may contact the Site Team Chair directly with comments concerning specific areas the Council feels the team should address during its visit.

## **3. Activities for the Site Team Visit**

### **a. Communicate**

- 1) Send copies of all correspondence and forward all email transmissions with the site team or the program to the Director of Accreditation Services and/or President.
- 2) Contact the Council Chair, if necessary, at any time during the accreditation visit process.

### **b. Prior to the site visit:**

- 1) Verify with the Director of Accreditation Services (CCE Administrative Office) that:
  - (a) Hotel reservations and transportation requirements have been made;
  - (b) Electronic processing of materials are available as needed during the visit;
  - (c) Properly equipped team meeting room is available on campus with materials required and or requested to support the program self-study;
  - (d) Meeting space is available at the hotel for the team meeting; and
  - (e) Tentative schedule of team meetings and on-campus interviews distributed to team members and program liaison. See Appendix XIII.
- 2) Clarify team assignments as shown in the "Site Visit Team Assignment Matrix," Appendices VI, VII (if applicable) and VIII, based on areas of expertise.
- 3) Establish the agenda and set the time for the initial team meeting Sunday evening. The Director of Accreditation Services (Administrative Office) will collaborate with the program and the Chair to inform the team chair and members in writing (copy to the Council Chair), regarding site visit details (arrival date/time, lodging, time and place of the initial team meeting, individual assignments, visit schedule and subsequent activities).
- 4) Require team members to review the *CCE Standards*, the *Council Manual* including Appendix XII, Site Visit Team Materials Checklist, and all related *CCE Policies* and insuring that these documents are available to team members during the visit.
- 5) Plan the agenda for the first on-campus team meeting with the CAO and other program personnel.

**c. During the visit, the Site Team Chair is to:**

- 1) Primarily function as a coordinator and team leader.
- 2) Ensure that all CCE accreditation requirements are reviewed by at least one team member and validated/verified by another.
- 3) Arrange for less experienced team members to work closely with those more experienced.
- 4) Request team members begin writing regarding their findings each evening, to enable timely completion of the composite team report. (See SS & Report Guide)

**d. The Site Team Chair coordinates and facilitates the team visit, including leadership of team discussions.**

**B. CCE Director of Accreditation Services (CCE Administrative Office) Role**

The Director of Accreditation Services serves at the direction of and reports to the President, and works cooperatively with the Council Chair and Site Team Chair in matters related to accreditation site visits. The Director of Accreditation Services is not a reporting member of the team, rather, the administrative support for the team. While responsible for assisting the Site Team Chair in the assembly and formatting of the draft and final site team reports, the Director of Accreditation Services does not exercise judgment and/or edit the qualitative statements of team members.

**1. Director of Accreditation Services (CCE Administrative Office) Duties and Responsibilities**

**a. Include, but are not limited to the following:**

- 1) As requested, assist the Council Chair in identifying appropriate site-team members.
- 2) Organize and distribute materials to Site Team Chair and team members prior to and during site visit activities.
- 3) Maintain communication with DCP accreditation liaison and program prior to, during and through the Council Status Review Meeting regarding the visit.
- 4) Verify and assist the DCP, in the arrangement of logistical and technical support for the site-team visit, i.e., scheduling, lodging, meeting rooms on campus and at the hotel, meals, appointments, hardware support, ground transportation, security, etc.

- 5) Assist the Site Team Chair to ensure all areas are assessed in accordance with the Council Matrix and Assignments document. Receive all assigned written report materials from site team members and compile draft site team report on site.
- 6) Coordinate (format and distribute) site-team report drafts and final report with Site Team Chair and team members in accordance with the Team Report Timetable.

## **2. Activities for the Site Team Visit**

### **a. Communicate**

- 1) Send copies of all correspondence and email transmissions with the site team or the program to the Site Team Chair.
- 2) Determine if team members have special needs or wish additional documentation from the program, and relay such requests to the program.

### **b. Prior to the site visit:**

- 1) Collaborate with the program and the Council Chair to inform the team chair and members in writing (copy to the Council Chair), regarding site visit details (arrival date/time, lodging, time and place of the initial team meeting, individual assignments, visit schedule and subsequent activities).
- 2) Ensure hotel reservations for the team have been made.
- 3) Ensure transportation between the program and the hotel has been arranged or make the needed arrangements.
- 4) Verify that electronic processing of materials are available as needed during the visit.
- 5) Verify that a properly equipped team meeting room is available on campus with materials required and or requested to support the program self-study.
- 6) Verify that meeting space is available at the hotel for the team to meet in the evening and during post-discussion each day of the visit.
- 7) With review by the Site Team Chair and coordinated with the program liaison, prepare a tentative schedule for team meetings and on-campus interviews with program personnel to ensure coverage of the issues at hand. See Appendix XIII for the On-Campus Interview and Meeting Schedule.
- 8) Prepare Site Team Report Template based on the team assignments and current CCE Standards being utilized during the site visit.
- 9) Obtain approval of the time for the initial team meeting Sunday evening from the Site Team Chair.
- 10) Ensure site visit materials are provided to team members as required.

### **c. During the visit, the Director of Accreditation Services is to:**

- 1) Have available for site team member use, the CCE *Standards*, current edition of the CCE *Manual of Policies*, *Council Manual* and any other accreditation related documents required of the Site Team Chair.
- 2) Provide schedule of team meetings and interviews to all team members.
- 3) Coordinate and reschedule team meetings and interviews as necessary.
- 4) Arrange any unforeseen logistical changes while ensuring team activities are not affected and/or interrupted.
- 5) Primarily functions as the administrative support for the team.

### **d. The Director of Accreditation Services acts as the right hand of the Site Team Chair and team members during the coordination and scheduling of the site visit activities and processes.**

## **C. Preparation of Team Members**

Prior to beginning the visit, each team member must become familiar with all related documents,

especially the self-study report with updates, and the Council report format shown in this manual. The self-study report is the guide for the site team visit. The analysis of this report and related documents, especially those sections relevant to areas assigned, enables team members to develop an important overview of the program mission and priorities. During the visit, the team must verify and validate the content and accuracy of the self-study report, noting any significant omissions or inaccuracies. It is important to focus on:

1. Mission, goals and objectives as related to each area of “Doctor of Chiropractic Degree Program Accreditation Standards”.
2. The degree to which these goals and objectives are being met.
3. Relevant plans for the future.

The self-study report is intended to demonstrate that a program is complying with Section 2.III Doctor of Chiropractic Degree Program Degree Accreditation Standards” by pursuing its mission and meeting its goals and objectives through the implementation and control of a planning process. Reviewing program inputs/resources processes and outputs verifies implementation. Control is verified by reviewing program self-evaluation and assessment of outcomes.

#### **D. The Site Visit**

The Site Team Chair and DAS coordinate and facilitate the team visit, including leadership of team discussions by the Site Team Chair. On-campus time requirements average about twenty-four hours during a four-day visit. Team members are expected to participate for the duration of the site visit. Site visit teams usually remain on campus from 8:00 a.m. to 5:00 p.m. daily. At the discretion of the Site Team Chair, these times may be adjusted to accommodate the program, or to meet special team needs for extended hours.

##### **1. Precautions**

- a. All matters associated with a site team visit are confidential as individual team members participate in the service of the Council. All communication between the program and team as a whole must occur through the Site Team Chair. Team members and individuals in the program will not correspond or communicate on matters other than the status of the program and self-study materials. Should a team member receive unsolicited correspondence or documents from the program being evaluated, the communication must be referred to the Site Team Chair.
- b. Team members must not discuss their evaluations outside of team meetings.
- c. Team members must respect the confidentiality of self-study reports and any other internal program documents, including the team report.
- d. Team members must abide by all relevant CCE policies, especially CCE Policy 18, Conflicts of Interest; CCE Policy 19, Official Documents & CCE Spokespersons and HIPAA requirements.
- e. Team members must not recruit faculty or staff for service elsewhere or suggest their own availability as a consultant or employee.
- f. Team members must not accept gifts, favors or services from the program. Souvenir gifts, restricted to inexpensive items representative of the program or its geographic location, are permissible.
- g. Team members must not side with interest groups or individuals in the program, or allow them to be drawn into debate on program issues.
- h. Libel, in its broadest sense, is defined variously as any written statement, shown or published, that is defamatory; maliciously or damagingly misrepresents, or will harm, a person's reputation; or will hold a person up to contempt or ridicule.
- i. Slander is a spoken statement having the same result. Accordingly, site team members must be sure that all statements, written or spoken about a program, its resources, programs and personnel are accurate, fair and reasonable professional judgments based on factual information and careful observation.

- j. Significant problems, particularly those reflecting possible lack of compliance with Council accreditation requirements, must be reported responsibly. Team members must not be swayed by stated “good intentions” if unsupported by official commitment and responsible planning driven by assessment outcomes.
- k. Team members must not let personal biases influence fact-finding and evaluation.
- l. Team findings must be supported by reference to documents and to interviews with as many administrators, faculty, staff and students as possible. Interviews should involve the board of governors; self-study, planning and other key committees; student body and faculty organizations; alumni association; and any other important constituencies. Team members must list the names and titles of all persons interviewed individually. Groups of students or faculty may be identified as such. The Site Team Chair will retain these lists.
- m. Team members are to cross check, validate data and verify with others any strong views expressed by program personnel.
- n. Teams have a responsibility to identify problem areas regardless of the size or reputation of the program.
- o. Teams are to focus their attention on identification of significant issues, and not waste time on minor matters. In reporting concerns, the team must take care neither to delineate the disposition of a concern, nor to state how any concern is related to specific accreditation requirements. The Council alone determines the nature, degree, and disposition of any concerns. As Council representatives, team members must be clear with program personnel so that the site team does not prescribe specific actions.
- p. The team report may give a recommendation or suggestion on an issue, and team members must understand the distinction between a “recommendation” and a “suggestion” as these terms are used in the team report. Team recommendations regarding concerns must be limited to those having major impact on the program. Any notation of strengths and concerns must be factually representative of the program; there must be no attempt to balance the number of strengths with any number of concerns. Commendations may be given for strengths.

## **2. Initial Team Meeting**

The purpose of this first organizational meeting is to:

- a. Acquaint site visit team members with one another.
- b. Meet and receive briefing from CCE Administrative Office staff, if present.
- c. Review arrangements for meeting accommodations, meals and transportation.
- d. Distribute expense vouchers.
- e. Review the role of the Site Team Chair and Director of Accreditation Services.
- f. Review overall team responsibilities.
- g. Review the roles of individual team members, including specific individual assignments.
- h. Review the role of observers if any are present.
- i. Review the schedule of team meetings, interviews, open-door discussions with program constituents and the exit session.
- j. Relay any special information regarding location of materials, facilities or personnel.
- k. Discuss preliminary impressions based on prior review of program documents, including:
  - 1) The self-study report, self-study update and ancillary materials;
  - 2) Observations made at the time of any preliminary visit; and
  - 3) Any specific directions from the Council. No effort is made to reach any conclusions at this meeting.

## **3. Opening Session with Program**

Site Team Orientation with CAO and his/her designated representatives/attendees.

- a. Site Team Chair introduces team and explains role of each member (observer, training, staff, etc.)
- b. Site Team Chair describes purpose of visit in accordance with letter from Council
- c. Site Team Chair describes function of team
  - 1) Eyes and ears of Council
  - 2) Verify/validate
  - 3) Is the program as described in the Self-study
  - 4) Is the program fulfilling its mission, goals, and objectives
  - 5) Are all elements of the *Criteria* being addressed
- d. Site Team Chair describes process
  - 1) Evaluation based on Standards
  - 2) Snapshot in time
  - 3) Quality improvement
  - 4) Communication both ways – open dialogue
  - 5) Exit session on last day of visit
  - 6) Draft report; opportunity to correct factual errors; final report; response; meeting with the Council; Council decision

Site Team Chair invites CAO to introduce DCP representatives and provide brief introductory comments and then Site Team Chair closes session by reviewing Schedule of Events. NOTE: The opening session is generally designed to take less than 30 minutes.

#### **4. Team Meetings**

Closed team meetings are held regularly to review progress, share findings and observations, confirm impressions, develop understanding of potential problem areas and possibly have additional team members study certain areas. These meetings normally include brief team member reports on individual areas, discussion by the entire team and general review of team progress. This exchange enables team members to pool experiences and resources, stimulate thoughts, question one another, confirm impressions, determine additional areas for examination and discuss issues toward consensus, which is the preferred method for reaching decisions.

By the second day, team members should have begun to organize their observations about the basic strengths and any concerns in the program, and to identify ideas about team activities during the remainder of the visit. The summary list of strengths and concerns should be discussed and developed progressively at daily team meetings.

#### **5. Document Availability**

The documents needed during the site visit normally are available in the on-campus room devoted to team use during the visit. Certain documents may be located elsewhere on campus. The program will provide the team with a list of supporting documents and their location. The program is required to maintain on site, and update as necessary, all Council eligibility documents. Site visit teams must verify and validate eligibility documentation of the program during the site visit. If relevant and significant changes occur, such as changes to the charter or authority from the state to grant the doctor of chiropractic degree, the eligibility documents must be revised or supplemented accordingly. (See Appendix XII, Site Team Visit Onsite Materials Checklist, regarding documents available for review.)

#### **6. Evaluating Program Effectiveness**

During the visit, team members are to:

- a. Refer to the *Standards* in discussion and in evaluating effectiveness, especially in the context of "Doctor of Chiropractic Degree Program Accreditation Standards" in Section 2.III of the Accreditation Standards.
- b. Discuss the important elements of effective evaluation and planning.
- c. Discuss the extent to which any concern pervades the program.

- d. Discuss key questions (outlined in the “Council Report Format,” Appendix III) about the overall commitment to, support for, and implementation of evaluation and planning procedures in the program.
- e. Discuss key questions (in the “Council Report Format”) asked of faculty and staff by team members in their respective areas of evaluation.
- f. Understand that dynamic and documented on-going evaluation and planning are often more important than a written plan that may be static and may tend to become stagnant.

#### **7. Site Team Chair updates/visits with CAO/President**

The Site Team Chair meets with the CAO/President on a daily basis to update and share information. At the discretion of the Chair, the Director of Accreditation Services is normally invited to these daily briefings. NOTE: Normally, these briefings begin on the second day, first thing in the AM, so the Chair can have an opportunity to meet with the team following the first day’s activities.

During the visit, items discussed may include, but not limited to:

- a. Overview of the CCE Standards
- b. Areas investigated and findings
- c. Assistance from CAO in obtaining information/documents, if applicable
- d. Feedback from CAO, i.e., how visit is going, questions, etc.
- e. Determine type of exit interview
  - 1) Open forum, concerns/recommendation and strengths, open discussion about process
  - 2) Open forum, concerns/recommendations and strengths only
  - 3) Limited session (site team and selected DCP reps), concerns/recommendations and strengths only

#### **8. Site Team Chair/CAO Briefing, Last day of visit (immediately preceding exit session), items discussed may include:**

- a. Brief CAO on all aspects of Standards and/or purpose of visit
- b. Provide CAO with opportunity for clarification/discussion
- c. Opportunity to provide private advice to CAO from Chair
- d. Explanation of selected concerns to provide context for the concern
- e. Provide CAO with summary list of concerns/recommendations and strengths

#### **9. Exit Session with Program**

At the discretion of the CAO, the site team and the Site Team Chair meet with the CAO of the program, and any others the CAO wishes to have present in accordance with item 7.e above.

- a. The Site Team Chair briefs attendees on type and scope/format of exit session
- b. The Chair restates purpose of accreditation and visit
- c. The Chair explains terminology of report (i.e., concerns/no context, suggestions/optional, etc.) as outlined in the Council Manual
- d. The Chair presents, without further review, oral statements regarding any concerns/recommendations and strengths/commendations that will appear in the draft site team report.
- e. The Chair reviews the timetable for producing the draft team report, correcting errors-in-fact, producing the final team report, and obtaining the program response prior to the status review meeting involving the program and the Council.
- f. (If applicable) The Chair begins the open forum discussion (process only) paying particular attention to facilitate and advise regarding questions to team members.
- g. The Chair thanks the DCP and along with entire site team, exits the college.

## Section VI            Site Team Report and the Response

### A. The Report

The Site Team Chair is responsible for ensuring that individual team member contributions appear in proper sequence in the team report according to the “Council Report Format”. In preparing the team report, the Site Team Chair may seek advice from the President and/or Director of Accreditation Services about report organization and content.

The Site Team Chair writes the introduction, compiles the composite report, and insures the accuracy of the summary listing of any concerns and recommendations. The report is a qualitative assessment of the entire program, but it need not be lengthy. The historical development of the program, its operation, curriculum and requirements for degrees is to be addressed in summary fashion. The report addresses the mission statement of the program, noting any unique characteristics and/or strengths. Validated and verified problems are addressed as concerns. The report is to be frank and constructive in order to help the program. The evidence used to arrive at such conclusions must support any evaluative statements. The report also focuses on the goals and objectives of the program, how well they are being met, and how they may have been revised.

The report must set forth any concerns, limitations or difficulties being experienced by the program, as well as the plan and potential for overcoming such challenges. The report must not contain critical material not supported by findings.

The site team does not stipulate whether or not the program is meeting the “Doctor of Chiropractic Degree Program Accreditation”; this is the prerogative of the Council. However, the team must determine how well the program is addressing and fulfilling each requirement, how well it has met its goals and objectives, how well it has reviewed the outcomes of its activities, and how it has subsequently modified its goals and objectives to better meet the requirements. The questions implied by “The Requirements for Accreditation,” and the examples provided in the Council Self-Study & Report Guide will help the team meet this responsibility.

Reports must provide accurate, fair, constructive evaluations and critiques, not just descriptions of current program activity.

The Site Team Chair must ensure that the report addresses only significant strengths and concerns that have impact on fulfillment of the program mission. Stated concerns must be accompanied by the *Standard* citation, specific documentation and explanation. Attempts to assist with resolution of concerns must be stated in the form of a *recommendation*. Team members should note that there might be several acceptable solutions to a *concern*. The *recommendation* should help guide the program toward resolution.

Examples of recommendations and suggestions are located in Appendix XIV.

The statements of concern and recommendation in the report are parallel to the summary statements given by the Site Team Chair at the Exit Session. All concerns, recommendations and commendations are underlined in the report.

The Site Team Chair must ensure that reported recommendations are firmly grounded in the “must” statements of “The Requirements for Accreditation,” and are adequately supported in the narrative, as based on team consensus.

### B. Initial Draft

The report is prepared using the Site Team Report Format in Appendix III. The team report focuses on any unusual program characteristics or factors and effective aspects of program organization and instruction. The report may also set forth any limitations and/or difficulties the program is

experiencing, along with plans and potential for overcoming these.

### 1. Confidentiality

The site team report is kept confidential at all times. Team members, except for the Site Team Chair, are to destroy their copies of the draft report and the final report immediately after review. The Site Team Chair retains all documentation for the report until completion of the status review hearing and a Council decision, at which time the Site Team Chair materials are to be destroyed. The report then becomes the property of the program. A copy of the final team report with program response is secured in the CCE Administrative Office.

### 2. Drafting of Sections

Team members will be responsible for drafting language for one or more sections or subsections of the draft report. Writing is to be brief and specific, emphasizing:

- a. Qualitative assessment.
- b. Strengths, including progress since the previous evaluation.
- c. *Concerns*, including citations, supporting evidence, with associated *recommendations*.
- d. The extent to which the program is meeting its stated goals and objectives.
- e. How realized outcomes are used in modification of goals and objectives, and development of new ones.

### 3. Final Draft Language

Prior to the conclusion of the visit, the Site Team Chair must receive from all team members the final draft language fully addressing all components of the site team report. The Site Team Chair will review and edit the language with the team on site to the extent permitted by time. It is essential that all report material be in electronic version and in the hands of the Site Team Chair/CCE Staff before the team leaves the site.

### 4. Nature of the Report

#### a. The site visit team report *must*:

- 1) Reflect the consensus of the team.
- 2) Be fair, accurate, thorough and forceful.
- 3) Analyze, interpret and provide perspective from a detached point of view.
- 4) Discuss significant items in useful detail, while remaining succinct.
- 5) Address significant issues or problems, avoiding the temporary and trivial.
- 6) Provide a balanced analysis, recognizing accomplishments as well as problems.
- 7) Weigh the quality of the achievements of the program.
- 8) Comment regarding the quality of the self-study report.
- 9) Comment on the planning and evaluation activities of the program.
- 10) Be written in the third person.
- 11) Use the words "team members," "visitors" and "visit."

#### b. The site visit team report *must not*:

- 1) Include unverified information, assumptions or unsupported generalizations.
- 2) Include first-person statements or personal references to team members or program personnel, except in introductory acknowledgements.
- 3) Include a list of persons interviewed individually and in-group meetings. The Site Team Chair is the only person who maintains this reference material.
- 4) Indicate compliance or non-compliance with "The Requirements for Accreditation."
- 5) Contain any team recommendations for, or judgments about, possible Council actions.
- 6) Contain the words "inspector" or "inspection."

## 5. Concerns With Recommendations and Suggestions

The program is obligated to comply with “Doctor of Chiropractic Degree Program Accreditation Standards.” Any comment regarding failure to meet these requirements must be stated in terms of the type and amount of evidence examined and the **concern** revealed.

Stated **concerns** must be bold/underlined, clarified with documentation and explanations, and accompanied by a Standard citation, and a notation of the evidence, or lack of evidence, leading to the *concern*.

The report must include a *recommendation* for action that would appropriately address the **concern**. Recommendations are intended to help guide the program toward compliance with the “The Requirements for Accreditation.” Please see Appendix XIV Site Team Report Recommendations and Suggestions for further detail.

- a. A **recommendation** must accompany every **concern** identified in the report. *Although a team must never state in its report that a program is not in compliance, a concern does identify potential noncompliance issues. The team must give specific evidence in the narrative portion of the report to support the recommendation.*
- b. A **suggestion** is a statement regarding advice on action that *should* be taken, for the best interest of the program. Suggestions are provided only in the body of the report, not in the summary section.
  - 1) Suggestions need not be related to any part of the requirements.
  - 2) The team may give advice to the program throughout the narrative of the report, but putting advice in the form of a suggestion can give it added weight and visibility.
  - 3) Suggestions may indicate ways the program can take advantage of an opportunity to build on a strength or may pertain to weaknesses in the program.
  - 4) Suggestions do not appear in the supplemental summary list of strengths and concerns.
  - 5) The report must provide sufficient evidence to support all suggestions.
  - 6) Because suggestions do not always indicate potential noncompliance, the program is not required or requested to respond to them.
  - 7) However, the Council may decide later that the evidence supporting a suggestion indicates that it really reflects a concern in which case the suggestion may become a recommendation with an identified concern, and subsequently require a response.

## 6. Strengths with Commendations

**Commendations** are laudatory statements regarding areas of exemplary performance indicating program strengths, not simply good intentions. The report must provide evidence for any commendation.

## C. Review Process – Correction of Errors in Fact

### 1. Distribution

The draft report is distributed to each team member either by the Site Team Chair or the CCE Administrative Office.

- a. Within seven days of receipt of the draft, team members must review the report and provide clarifications, suggestions and/or edits to the Site Team Chair.
- b. The Site Team Chair then assembles the final version of the draft report and sends it to the DAS, who in turn, forwards it to the program CAO with the appropriate letter requesting the correction of errors in fact response in accordance with the Site Team Report Timetable.

### 2. Program Response

- a. The program CAO may respond with correction of errors in fact only. Other than substantiated factual errors, the context of the draft site team report is not open to editing by the program CAO at this time.

- b. The CAO must communicate and substantiate any errors of fact to the Site Team Chair within ten days of receipt of the draft. If such substantiation is extensive, the Site Team Chair may need to communicate with team members before completing the final site team report.

#### **D. Distribution**

Once the Site Team Chair has reviewed the Correction of Errors in Fact response from the program and consulted appropriate team members (if applicable), he/she provides the CCE Administrative Office with the final site team report in electronic version to be distributed to the appropriate personnel. In many cases, if the corrections of errors in fact are minimal, the Site Team Chair will notify the DAS of the appropriate changes to the report and the DAS will make the necessary corrections.

1. The CCE Administrative Office then distributes both a paper and electronic copy of the final team report to the CAO of the program with the appropriate cover letter.
2. A copy of the report is also sent to the Governing Board Chair of the program, the site visit team members and Council Chair, all in accordance with the Site Team Report Timetable.

#### **E. Program Response**

Upon receipt of the final team report, the program must submit a formal written response to the content, if the report contains any **concerns**. The response is submitted in accordance with the Site Team Report Timetable.

1. The program must use the entire site team report text and insert the program response text in larger, bold type at appropriate places within the report narrative. The program *must* respond to any team concerns accompanied by *recommendations*.
2. Proper documentation must support and clarify the program response. Team *suggestions* should also be addressed, but the program is not required to do so.
3. Updates of the Program Characteristic Biennial Report (PCBR) forms and any ancillary documents submitted prior to the site team visit must also be appended to the response.
4. The narrative of any response to the Site Team Report must also describe any major program changes made since the site team visit. If the program has identified current or potential major issues or concerns since the team visit, explanation of these must be provided in the narrative of the program response to the team report.
5. The program must send one (1) paper copy and one (1) electronic version of its response to the CCE Administrative Office for distribution to all Councilors, the Site Team Chair and the President, all in accordance with the Site Team Report Timetable. This response must be received at least thirty calendar days prior to the appearance of the program for status review.
6. The team report then becomes the property of the program.
7. In the event that the site team report is released to any third party, *the team report must be published only in its entirety, never in an excerpt format*; as such unsupported excerpts might distort the intent of the report and compromise the process of accreditation.

#### **F. Review of Response**

The Site Team Chair, President, DAS and Council review the program response in preparation for the status review meeting.

## **Section VII Post Visit Activities and Review**

#### **A. Site Visit Team Process Evaluation**

To improve the site visit team process and refine team member training, program representatives, team members and the Site Team Chair are asked to evaluate the process. The DAS will distribute site visit evaluation forms requesting completion and return following the conclusion of the site visit to team members and the Site Team Chair. Council Form 11 enables the Site Team Chair to

evaluate the performance of each team member, make recommendations about future site team service and provides comments regarding the overall process. Council Form 12 enables each team member to evaluate the Site Team Chair, the CCE Administrative Office and the process. And finally, after the Council Status/Progress Review Meeting, the DAS will distribute the site visit questionnaire form (Council Form 13) to the CEO of the program to evaluate the pre-visit, visit and post-visit activities and also allowing for comments/suggestions regarding the overall process. All such comments are confidential to the Council and CCE Administrative Office.

### **B. Status Review Meeting**

The Site Team Chair and/or designated team members attend the Council status review meeting to respond to Council questions regarding the visit and team report.

### **C. Disposition of Documents**

Except in the case of an adverse accrediting decision, the Site Team Chair destroys all materials and computer files pertaining to the visit immediately after the status decision by the Council. If an adverse accrediting decision is made, the Site Team Chair submits all documentation to the President for reference in the case of an appeal. In both instances, the DAS and/or President notify the Site Team Chair.

## **Section VIII Council Review of Reports**

### **A. Review of Self Study Reports**

Councilor receipt of a self-study report indicates that the Council Chair, with the assistance of the CCE Administrative Office, has determined the report to be acceptable in form and content, and indicates the program submitting the report is ready to undergo an accreditation site visit.

Councilors must review the self-study report prior to the site visit and in preparation for the status review. In an initial reading, Councilors focus on the degree to which:

1. The report demonstrates that the program is in compliance with “Doctor of Accreditation Program Standards.”
2. The program has measured the program's performance against its mission, goals and objectives.
3. The report addresses any Council concerns conveyed to the program prior to report preparation.
4. After a second reading, with focus on areas assigned each Councilor by the Council Chair, Councilors are asked to:
  - a. Identify any issues or questions for the site team. The Council Chair will communicate such matters to the team through the Site Team Chair.
  - b. List significant items for discussion with Councilors during the status review meeting.

### **B. Council Review of Eligibility for Initial Accreditation**

The ‘Council Review of Eligibility for Initial Accreditation’, Appendix V, may be utilized by the Council Chair and DAS when conducting a review and evaluation of eligibility documents submitted by a program as part of its application for initial accreditation. The Council Chair determines if the program is in compliance with the criteria stated in the CCE *Standards*, Section 1.III., Eligibility for Initial Accreditation.

### **C. Site Visit Team Assignment Matrix**

Appendix VI “Program Review” and Appendix VII “Institution Review” are completed by the Council Chair and DAS prior to each site visit for initial primary and secondary reviewer assignment responsibilities within each area of the CCE Standards while evaluation on a site visit. The Site

Team Chair, during the initial team meeting, reviews the documents with team members and adjusts assignments of responsibilities (if necessary) based upon updates from the Council Chair, experience of team members, etc.

#### **D. Review of Reports Other Than Self Studies**

Councilors are to review other reports from programs as soon as possible after receipt. Councilors review and evaluate the entire report, but focus on those areas assigned to them.

Councilors determine if the report properly addresses any Council concerns conveyed to the program prior to report preparation, and are responsible for leading discussion and questioning for their assigned areas of the report. In doing so, Councilors refer to specific items in such reports to provide the Council with perspective.

### **Section IX                    Status and Progress Review Meetings    With Appearance Before the Council**

#### **A. Council Status Review**

##### **1. Intent Notice**

Since accreditation is a volunteer peer-review process, the Council submits a notice to the program approximately eighteen months prior to the scheduled status review meeting, seeking their intention to reaffirm accreditation with the Council. The CCE Administrative Office and Council are available to provide planning assistance.

##### **2. Letter of Intent**

Programs seeking reaffirmation of accreditation must send an official letter of intent (signed by the President/CAO) to the CCE President stating their desire to maintain accredited status. The program need not resubmit eligibility documentation unless any eligibility factors have changed since the previous review. **See *Standards, Section 1.III.B., Submission of Evidence of Eligibility.***

##### **3. Review of Application Documentation**

In preparation for the status review meeting, Councilors review and evaluate the documents comprising the application for initial, or reaffirmation of, accreditation. These include the self-study report, the site team report, the response of the program and all other documents relevant to potential accreditation. Councilors review and evaluate all accreditation documents, but focus on specific areas as assigned by the Council Chair, and must be prepared to lead discussion and ask questions of program representatives in their assigned areas.

#### **B. Meetings With Program Representatives**

##### **1. The Pre-Status Review and/or Pre-Progress Review**

a. During this review session, the DAS or CCE President may offer a brief review including:

- 1) A list of outstanding concern(s) or area(s) of interest from any Council action letter in the current accreditation cycle, including any issues not resolved since previous accreditation cycles, with historical perspective and a source for each concern/issue.
- 2) Activities undertaken by the program and the extent to which the program may have addressed and/or resolved the concern(s) or area(s) of interest.
- 3) CCE Administrative Office recommendations.

b. Primary and secondary reviewers (assigned Councilors by the Council Chair) offer a

brief analysis of their findings and state any questions that are raised as a result of overall and specific review of the application or report documents. All documentation received by the Council during the initial or reaffirmation of accreditation or progress review processes are open to review and discussion with program representatives. The Council Chair assigns individuals to question the program representatives in the status or progress review meeting.

**2. Welcome**

- a. The Council Chair introduces Councilors and CCE Administrative Office (*optional*).
- b. The Council Chair asks the program CAO to introduce his or her delegation.

**3. Meeting Purpose is Stated**

- a. Status review
- b. Progress review
- c. Initial accreditation

**4. Time Constraints and Meeting Protocols**

The Council Chair reiterates meeting time available, and discloses policies and procedures regarding meeting proceedings, i.e., documents for handout must be approved by Council Chair, documents not related to the accreditation process are not permitted, etc.

**5. Interaction, Using the Council Report Format**

- a. The Council Chair invites the program CAO to make an opening statement.
- b. Questions by Councilors directed by the Council Chair to the program CAO, who may refer them to one or more of the program delegation.
- c. Questions by Councilors directed by the Council Chair to the Site Team Chair, or other members of the site team present at the meeting.
- d. The Council Chair invites concluding remarks by program CAO.

**6. Close of Meeting**

Council Chair thanks program representatives and indicates that the Council will deliberate and report to the program via:

- a. Council letter for status decisions regarding initial or reaffirmation of accreditation; or
- b. Council letter, in response to a progress report.

NOTE: Numerous letters are sent to programs/institutions following decisions made at annual and semi-annual meetings. In all cases, those programs under status review and/or making an appearance before the Council are typically the first priority of letters sent.

**7. Post-Meeting Session**

Following the status or progress review meeting with program representatives, the Council Chair requests any further questions from the Council directed to the Site Team Chair and then excuses the Site Team Chair upon completion. The Council Chair then facilitates discussion among the Council until a consensus decision is made on each item. And finally, the Council, with the President and DAS in attendance, considers all documentation and oral presentations and comes to a consensus on the application for initial accreditation, reaffirmation of accreditation or the progress of the program.

**8. Outcomes**

Possible Council decisions and actions are described in the CCE *Standards and Manual of Policies* regarding initial accreditation, reaffirmation of accreditation, interim activities and Progress Reports. Any questions regarding decisions and actions should be directed to the Council Chair or the CCE Administrative Office.

# Appendix I

## The Process of Accreditation

Page 1 of 2

Steps and Work Activities	Action By	Reporting Time
<b>I. Initial Accreditation</b>		
Phase One: Documentation of Eligibility to Apply for Accreditation	Program	
Step 1. Program Submission of Evidence of Eligibility to CCE Administrative Office with fee	Program	Jan 1 or June 1
Step 2. Council Chair (with CCE Administrative Office Staff) Decision Regarding Sufficient Evidence of Eligibility in the Documents	Council Chair/CCE Staff	Jan 20 or June 20
Phase Two: Application Section.		
Step 1. Program Development and Implementation of a Comprehensive Self-Study	Program	
Step 2. Program Submission of a Self-Study Report to CCE Administrative Office	Program	May 1 or Oct 1
Step 3. Council Chair (with CCE Administrative Office Staff) Review Self-Study Report	Council Chair/CCE Staff	June 15 or Nov 15
Self-Study Submission to Council	Program	After notification from Council Chair
Phase Three: Council Evaluation, Review, and Determination of Status		
Step 1. Council Examination of Self-Study Report and Eligibility Documentation	Council/CCE Staff	
Step 2. Site Team Visit	Site Team supported by CCE Staff	Mar-Apr or Sept-Oct (Dates TBA)
Report to Council	Site Team Chair	On site
Step 3. Program Response to Site Team Report to Council	Program	Within 55 days of visit
Step 4. Council Evaluation of Submitted Documentation	Council/CCE Staff	Upon receipt
Step 5. Council Status Review Meeting	Council	Jan or July
Step 6. Council Decision	Council	Jan or July
Step 7. Council Identification of Interim Activities	Council	Continuous
Interim Activities:		
Step 1. Program Engagement in Interim Activities	Program	Continuous
Step 2. Program Reporting on Interim Activities	Program	Continuous
Step 3. Council Evaluation of Submitted Documentation	Council/CCE Staff	Nov or Apr
Step 4. Council Progress Review Meeting	Council	Jan or July
Step 5. Council Decision and Identification of Interim Activities	Council	Jan or July

**Appendix I**  
**The Process of Accreditation**  
Page 2 of 2

<b>Steps and Work Activities</b>	<b>Action By</b>	<b>Reporting Time</b>
<b>II. Reaffirmation of Accreditation</b>		
Phase One: Application	Program	
Step 1. Continuous Program Evaluation and Planning	Program	Continuous
Step 2. Program Submission of a Self-Study Report	Program	May 1 or Oct 1
Step 3. Council Chair (& CCE Admin Office) Review Self-Study Report	Council Chair/CCE Staff	June 15 or Nov 15
Self-Study Submission to Council	Program	After notification from Council Chair/Pres
Phase Two: Council Evaluation, Review and Determination of Status		
Step 1. Council Evaluation of Self-Study Report	Council	Upon receipt
Step 2. Site Team Visit	Site Team supported by CCE Staff	Mar-Apr or Sept-Oct (Dates TBA)
Report to Council	Site Team Chair	On site
Step 3. Program Response to Site Team Report to Council	Program	Within 55 days of visit
Step 4. Council Evaluation of Submitted Documentation	Council/CCE Staff	Upon receipt
Step 5. Council Status Review Meeting	Council	Jan or July
Step 6. Council Decision	Council	Jan or July
Step 7. Council Identification of Interim Activities	Council	Continuous
Step 8. Notification of Decision	Council	Jan-Feb or July-Aug
Special Actions:		
1. New Programs	Program	
2. Withdrawing from the CCE	Program	
3. Sanctions	Council	
4. Appeal Process	Initiated by Program	
Step a. Program Submission of Notice of Intent to Appeal	Program	Within 30 days of Council Decision
Step b. CCE Administrative Office Response to Notice of Appeal	CCE Staff	Immediate, upon receipt
Step c. Program Submission of Response to Appeal Document	Program	Within 30 days of Step a
Step d. Council Distribution of Response to Appeal Document	Council/CCE Staff	Within 60 days of Step c
Step e. Appeal Panel Decision	Appeal Panel	Within 30-60 days of Step d
5. Reinstatement of Accreditation	Program and Council	As determined
6. Special Appearances of the Program before the Council	Program	Jan or July
7. Special Reports and Site Visits	Council and Program	As determined
8. Publication of the Directory of CCE-Accredited Programs and Institutions	Council/CCE Staff	Jan-Feb and July-Aug

## Appendix II

### Accreditation Status Form

For

\_\_\_\_\_  
*[Insert Type of Report]*

Prepared for the Council on Chiropractic Education,  
8049 North 85<sup>th</sup> Way, Scottsdale, AZ 85258-4321. Tel: 480-443-8877. Fax: 480-483-7333.

Submitted by \_\_\_\_\_  
Name of Program

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Program Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Prepared for the \_\_\_\_ / \_\_\_\_ meeting of the Council.  
Month and Year

Based on *CCE Standards for Chiropractic Programs and Institutions* dated \_\_\_\_ / \_\_\_\_  
Month and Year

#### Data Summary

Year program was initiated \_\_\_\_\_

Current status with the Council \_\_\_\_\_

Type of accreditation status currently held (program, or program with institutional) \_\_\_\_\_

Date of most recent status review: \_\_\_\_\_

Date of progress report \_\_\_\_\_

Date of meeting with the Council: \_\_\_\_\_

Date of self-study report \_\_\_\_\_

Date of next self-study report, if known: \_\_\_\_\_

\_\_\_\_\_  
Name of Chief Executive Officer Telephone Number

\_\_\_\_\_  
Name of Governing Board Chair

\_\_\_\_\_  
Board Chair Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Chief Executive Signature Date

**Council Report Formats and Procedures for Reports Submitted to the Council**

Accuracy and completeness of reports submitted to the Council are essential factors in the accreditation process. Descriptions, analyses and assessments provided in such reports must be clearly and succinctly stated, and organized in a manner conducive to the work of all the individuals and groups involved in the accreditation process. The following requirements and guidelines are intended to guide successful completion of reports.

<b>Report</b>	<b>Date Due</b>
Self Study *	May 1 or October 1 Requests for extension of submittal dates must be made in writing to the Council Chair by the CAO of the program.
Self Study Update *	Received (ALL) at least 30 days prior to site visit
Progress Report *	Mar/June or Aug/Dec
Response to Requests for Information *	Determined by Council
Response to Site Team Reports *	See Site Team Report Timetable
Program Characteristic Biennial Report (PCBR) * **	April or October, as scheduled
Substantive Change Application * **	Follow CCE Policy 1
Special Report distributed or requested by the Council * **	Determined by the Council

\* Send two paper copies and one electronic copy to the CCE Administrative Office for review by the Council Chair with assistance from the CCE Administrative Office Staff. Following review and notification, the program/institution is required to make any needed revisions and/or submit two final paper copies and one electronic copy to the CCE Administrative Office. The CCE Administrative Office will, in turn, distribute one copy of the report to each site team member and/or Councilor as directed by policies and procedures or the Council Chair. If a conflict of interest has been noted or declared, a copy will not be sent.

\*\* Formatted reports distributed and prepared by the Council may not be altered by any program/institution.

## Appendix III - Page 2 of 8

### Council Report Formats and Procedures for Reports Submitted to the Council

#### A. Report Construction

**1. All reports must:**

- Be bound
- Contain tabs marking narrative and appendices

**2. Reports must contain:**

- A transmittal letter to the Council Chair
- A title page
- An Accreditation Status Form
- An overview sheet addressing concerns or information requested by the Council

**3. Appendices limited to:**

- Specific and necessary evidence to illustrate a specific point in the report
- The most recent Program Characteristic Biennial Report (PCBR) forms.
- Current audited financial reports including the audit letter
- Current college catalog and/or student handbook.
- Current web page references for the program/institution

**4. All reports in formats not provided by the Council must:**

- Be free of typographical and grammatical errors.
- Be typed in high-quality black print on 8.5" x 11" paper for easy duplication.
- Have margins to allow for punching and binder insertion.
- Be double-spaced.
- Have a page number on each page.
- Cite the relevant section/subsection and page number of the *Standards* when responding to a *Standards* issue.

**5. The CCE Administrative Office provides the Site Team Chair with a template for the report**

In addition to use of the template and the applicable instructions above, site team reports must:

- Have bold/underlined in the body of the report every **concern/recommendation**, have underlined every commendation and have bold/italicized the word "***suggests***" in connection with every team *suggestion*.
- Have the appropriate number and letter references of the applicable criteria from the "Doctor of Chiropractic Degree Program Accreditation Standards" in the summary list of strengths and concerns.
- Follow the same outline as the CCE Standards and procedures within this *Manual*.

## Appendix III - Page 3 of 8

### Council Report Formats and Procedures for Reports Submitted to the Council

#### B. Self-Study – Outline for Program Self Study and Site Team Report

##### Section 2 - Accreditation Information

#### III. Doctor of Chiropractic Degree Program Accreditation Standards

##### A. Mission, Self-Assessment and Planning

1. Mission
2. Goals
3. Objectives
4. Self-Assessment
5. Planning

##### B. Minimum Requirements of DCP Organization

1. Accreditation
2. Conflict of Interest
3. Administration
4. Public Disclosure

##### C. Required DCP Curriculum Characteristics

1. Instructional Hours
2. Curriculum
3. Course Management

##### D. Required DCP Resources

1. Financial Resources
2. Learning Resources
3. Physical Resources

##### E. Programmatic Integrity

##### F. Governing Board Integrity

##### G. Faculty

1. Education and Licensure Requirements for Faculty
2. Professional Development of Faculty
3. Course and Curriculum Development Role of Faculty
4. Ethics and Integrity Requirement for Faculty

##### H. Minimum Admission Requirement for Students

1. Students Admitted to the DCP from United States Institutions
2. Students Admitted to the DCP from International Institutions
3. Students Transferring from Another Institution or Seeking Advanced Standing

##### I. Outcomes

## Appendix III - Page 4 of 8

- J. Clinical Education
  - 1. Core Clinical Training Curriculum Design
  - 2. Supplemental Clinical Training Programs and Associated Facilities
  - 3. Student Assessment and Evaluation
  - 4. Quality Patient Care
  - 5. Required Clinical Competencies
    - a. History Taking
    - b. Physical Examination
    - c. Neuromusculoskeletal Examination
    - d. Psychosocial Assessment
    - e. Diagnostic Studies
    - f. Diagnosis
    - g. Case Management
    - h. Chiropractic Adjustment or Manipulation
    - i. Emergency Care
    - j. Case Follow-up and Review
    - k. Record-Keeping
    - l. The Doctor-Patient Relationship
    - m. Professional Issues
    - n. Wellness
    - o. Ethics and Integrity
  - 6. Optional Clinical Competencies
- K. Research and Other Scholarly Activity
- L. Service

Summary List of Strengths and Concerns with Recommendations (Site Team Report Only)

**C. Self Study – Outline for *Institutional* Self-Study and Site Team Report  
(In addition to Program self-study components)**

IV. Requirements for Institutional Status

- A. Mission and Scope of Service, Self-Assessment and Planning
- B. Authorization
- C. Governance
- D. Administration
- E. Student Services
- F. Financial Resources
- G. Public Disclosure

**D. Self-Study – Submission Requirements For Initial or Reaffirmation of Accreditation**

**Note: Initial Self-Study Reports must contain accreditation eligibility documentation.**

The self-study report is a comprehensive document addressing all aspects of “The Requirements for Accreditation.” The program must deliver the entire report, as follows, on or before the due date.

1. CCE Administrative Office - one paper copy + one electronic copy.
2. The Council Chair with assistance from CCE Administrative Office Staff reviews the self-study for form and content. If the self-study report form is determined to be unsatisfactory, the program is requested to submit a reformatted report. If the report content is found unsatisfactory, the program will be notified that the report does not contain sufficient evidence to determine if “The Requirements for Accreditation” are being met, and the report is returned to the program with deficiencies identified and recommendations indicated. When the self-study report is determined to be satisfactory, the program is notified and requested to submit two final paper copies and one final electronic copy (and eligibility documents if it is an initial report), to the CCE Administrative Office. The CCE Administrative Office will, in turn, ensure each site team member and/or Councilor without a conflict of interest receives a copy of the report for review.
3. **If no Self Study Update is necessary:** One month before the site team visit, the program must submit its original self study report, an organizational chart, mission statement, faculty, student and clinic manuals or handbooks, and faculty and staff position descriptions to the site team members. Two paper copies of this material and one electronic copy must be sent to the President. The CCE Administrative Office will ensure one copy is sent to each Councilor and site visit team member. (Duplicate copies of unchanged documents previously sent to Councilors are not required.)
4. **If a Self Study Update is required:** One month before the site team visit, the program must submit its updated self-study report describing any important changes that have occurred since the original report was submitted. Any new or updated ancillary documents, as listed above, also are to be resubmitted with the report update. Two paper copies and one electronic copy must be sent to the President. One copy will be sent to each Councilor and site visit team member by the CCE Administrative Office.

## Appendix III - Page 6 of 8

5. **Council responses to site visit team reports are provided to the Site Team Chair by the President.**

### **E. Self-Study – Content**

Development of the self-study report is a major step in the application for initial or reaffirmation of accreditation. It is an honest self-analysis of the total educational effectiveness, including program strengths and areas in need of improvement, prepared with input from its own people—board members, staff, faculty, administrators and students. The self-study report must conform to the Council Reporting Format.

#### **The successful self-study report:**

1. Demonstrates that the program can discriminate between the significant features of its educational program and the less important details of its operations.
2. Provides a critical and objective appraisal of program strength, weaknesses, and problems, based on careful analysis of facts.
3. Illustrates how the various activities of the program meet their stated purposes.
4. Reflects participation of students, faculty, administration, board of control and other appropriate constituencies in its preparation.
5. Exhibits the intellectual maturity and expository skill properly expected of a college or university faculty.
6. Includes the items required for all reports that must be linked to the content of the narrative in the self-study report.

The report comprises an introduction and 12 to 19 sections intended to review all areas of the program:

#### **Introduction**

Includes, but is not limited to, the purpose of the report and general statements regarding the current state of the program.

#### **Doctor of Chiropractic Degree Program Accreditation Standards:**

1. Mission, Self-Assessment and Planning
2. Minimum Requirements of DCP Organization
3. Required DCP Curriculum Characteristics
4. Required DCP Resources
5. Programmatic Integrity
6. Governing Board Integrity
7. Faculty
8. Minimum Admission Requirements for Students
9. Outcomes
10. Clinical Education
11. Research and Other Scholarly Activity
12. Service

#### **Requirements for Institutional Status:**

1. Mission and scope of service, Self-Assessment and Planning
2. Authorization

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3. Governance
4. Administration
5. Student Services
6. Financial Resources
7. Public Disclosure

### **Ancillary Documents**

Must be included as part of the self-study report. Their relationship to the planning process must be explained in the self-study report narrative and be updated, as necessary, prior to the site team visit.

1. The Program Characteristic Biennial Report (PBCR) forms
2. The latest audited financial report
3. A current catalog
4. An organizational chart
5. Mission statement.
6. Faculty, student and clinic manuals or handbooks
7. Faculty and staff position descriptions

### **F. The Self Study Update**

The program must submit its updated self-study report describing any important changes that have occurred since the original report was submitted including any new PCBR and updated ancillary documents.

1. Material sent with the original self-study is not to be submitted twice. Two paper copies and one electronic copy of the update must be sent to the CCE Administrative Office.
2. One copy is also sent directly to each Councilor, the CCE Site Team Chair and each site team member by the CCE Administrative Office.

### **G. Site Visit Report Response – By the Program**

This response is due no later than the 55th calendar day after conclusion of the team visit and at least 30 calendar days prior to the Council for status review meeting.

1. Two paper copies and one electronic copy are to be sent to the CCE Administrative Office, who in turn will forward one copy to each Councilor (without a Conflict of Interest) and the Site Team Chair.
2. The program response will be contained within the narrative of the report and in larger and bolded text font. The program *must* respond to team **concerns** accompanied by **recommendations**.
3. Documents, attached as appendices, must be included to support responses.
4. The program may, but is not required to, address team **suggestions**.
5. Updates of ancillary documents previously submitted, including new Program Characteristic Biennial Report, forms must be appended to the report response.
6. Major program changes occurring since the site team visit, and/or potential major issues or concerns identified since the team visit, must be addressed in the narrative of the program response to the team report.

## **Appendix III - Page 8 of 8**

### **H. Progress Reports**

The program submits any required progress report to the President and the Council Chair no later than the date specified by the Council. The Council Chair will notify the program CAO if the report is not sufficient and may request additional or clarifying information. The Council Chair will also notify the program CAO if an appearance by program representatives will be required at the next Council meeting.

The progress report is not as detailed or in-depth as a self-study report. The program is required to address the following three areas as they apply to the concern(s) and/or area of interest:

1. Outstanding Council concerns or areas of interest about either non-compliance with "The Requirements for Accreditation" or effects on the quality of the educational program of the program.
  - a. State the concern or area of interest with citation identified in relationship to "The Requirements for Accreditation."
  - b. Describe how program planning could be used to resolve the concern or area of interest.
  - c. Discuss actions taken to resolve the concern or area of interest.
  - d. Provide the anticipated outcomes of actions taken to resolve the concern/area of interest and the date by which those outcomes should be realized.
  - e. Provide a program assessment of efforts to resolve the concern/area of interest, using an outcome-oriented measurement of the effectiveness of program plans.
  - f. Provide specific ancillary documentation to assure resolution of the concern/area of interest.
2. Major program changes related to "The Requirements for Accreditation" that have occurred since the last report to the Council.
3. A brief description of current and potential major issues or concerns, and discussion of program efforts to deal with each.

The program must show how its plans are evolving based on evaluation of implementation and outcomes, and reference any changes that may have occurred in the program master plan. Major variances between planned and actual data must be explained.

### **I. Requests for Information**

Requested information must be provided in a succinct and efficient manner.

### **J. Special Reports**

The Council may require a special report addressing identified issues. Unless otherwise specified by the Council, the usual Council report format is expected.

## **Appendix IV**

### **Guest Observers On Council Site Visits**

In the case where an approved Guest Observer, generally a site team academy member or a CCE Staff person who is approved to attend a Council Site Visit, the Observer:

1. Must adhere to the same confidentiality requirements as site visit team members.
2. May not participate in the critique, decision-making or consensus process of the team.
3. May not offer critiques or analytical reviews of the program, program documents or team functions.
4. May not actively solicit input or data from program personnel or students.
5. May observe the process and procedures of team activities and functions, accompany team members to on-campus visits and attend team meetings.
6. May view any materials made available to team members.
7. May discuss with team members facts and information about which they may become aware, and must convey to the team any relevant information they encounter.
8. If an observer is identified as intrusive or interfering with the site team process by either the program or the Site Team Chair, the individual shall be required to leave.

## Appendix V

### Council Review of Eligibility for Initial Accreditation

Eligibility Requirements for Initial Accreditation	In accordance with CCE Standards, Section 1.III.C
<p><b>In its application for initial accreditation, the DCP must have:</b></p> <p>a. Formal authorization from the appropriate governmental agency to award the D.C. degree from the state that is considered to be the principal residence of the DCP for legal purposes.</p>	
<p>b. A charter indicating it is incorporated under the laws of the state of its residence as a non-profit, non-proprietary institution exempt from taxation due to its devotion to educational purposes.</p>	
<p>c. A governing board that includes representation reflecting the public interest.</p>	
<p>d. A full-time chief administrative officer of the DCP who is qualified for the position by education and/or experience.</p>	
<p>e. In place for the most recent two-year period, the following items as described in detail in the CCE <i>Standards</i>.</p> <p>(1) Formal action taken by its governing board at a legally constituted meeting that commits the DCP to follow the <i>Standards, Policies</i> and procedures for accreditation, as set forth in various official CCE documents.</p>	
<p>(2) DCP mission, goals and objectives that embrace those stated in the <i>Standards</i>, Section 2.</p>	
<p>(3) A DCP that complies with the CCE <i>Standards</i>.</p>	
<p>(4) Published statements, available to all interested publics, showing commitment to follow accepted standards of professional ethics, especially with respect to student recruitment and public information.</p>	
<p>(5) Published statements, available to all interested publics, regarding admissions requirements in compliance with the <i>Standards</i>.</p>	
<p>f. A written plan, and a description of a functioning process of planning and evaluation that identifies and integrates future educational, physical and financial development and incorporates procedures for review and improvement.</p>	

**APPENDIX VI. - Site Visit Team Assignment Matrix Based on January 2007 CCE Standards**

**PROGRAM REVIEW**

<b>STANDARDS Report Format</b>	<b>Page 1 of 2</b>	<b>Primary Person</b>	<b>Secondary Person</b>
<b>CCE Standards</b>			
<b>Section 2. Accreditation Information</b>			
<b>III. Doctor of Chiropractic Degree Program Accreditation Standards</b>			
<b>A. Mission, Self-Assessment and Planning</b>			
1. Mission			
2. Goals			
3. Objectives			
4. Self-Assessment			
5. Planning			
<b>B. Minimum Requirements of DCP Organization</b>			
1. Accreditation			
2. Conflict of Interest			
3. Administration			
4. Public Disclosure			
<b>C. Required DCP Characteristics</b>			
1. Instructional Hours			
2. Curriculum			
3. Course Management			
<b>D. Required DCP Resources</b>			
1. Financial Resources			
2. Learning Resources			
3. Physical Resources			
<b>E. Programmatic Integrity</b>			
<b>F. Governing Board Integrity</b>			
<b>G. Faculty</b>			
1. Education and Licensure Requirements for Faculty			
a. Basic Sciences Faculty Requirements			
b. Clinical Sciences and Clinician Faculty Requirements			

**APPENDIX VI. - Site Visit Team Assignment Matrix Based on January 2007 CCE Standards**

**PROGRAM REVIEW**

<b>STANDARDS Report Format</b>	<b>Page 2 of 2</b>	<b>Primary Person</b>	<b>Secondary Person</b>
<b>Section 2. Accreditation Information</b>			
<b>III. Doctor of Chiropractic Degree Program Accreditation Standards</b>			
<b>G. Faculty (cont.)</b>			
2. Professional Development of Faculty			
3. Course and Curriculum Development Role of Faculty			
4. Ethics and Integrity Requirement for Faculty			
<b>H. Minimum Admissions Requirements for Students</b>			
1. Students Admitted to the DCP from US Institutions			
2. Students Admitted to the DCP from Int'l Institutions			
3. Students Transferring from Another Institution or Seeking Advanced Standing			
<b>I. Outcomes</b>			
<b>J. Clinical Education</b>			
1. Core Clinical Training Curriculum Design			
2. Supplemental Clinical Trng Prgms and Assoc Facilities			
3. Student Assessment and Evaluation			
4. Quality Patient Care			
5. Required Clinical Competencies			
6. Optional Clinical Competencies Required in the Curriculum			
<b>K. Research and Other Scholarly Activity</b>			
1. Purpose Statement			
2. Policies/Procedures			
3. Inputs			
4. Outcomes			
<b>L. Service</b>			
1. Purpose Statement			
2. Policies/Procedures			
3. Inputs			
4. Outcomes			

**Appendix VII. - Site Visit Team Assignment Matrix Based on January 2007 CCE Standards**

**INSTITUTION REVIEW**

Page 1 of 2		Primary Person	Secondary Person
<b>Section 2. Accreditation Information</b>			
<b>IV. Requirements for Institutional Status</b>			
<b>A.</b>	<b>Mission and Scope of Service, Self Assessment &amp; Planning</b>		
	1. Statement of Mission indicating only the offering of the D.C Degree. Inst. may have other Educ., Rsch. & Service.		
	2. Institutional and DCP statement of mission must be consistent and provide for Educ. Rsch. & Service.		
	3. The institution must seek and maintain accreditation of its DCP by the CCE.		
	4. Self-Assessment and Planning requirements for institutional accreditation must be consistent with those described for DCP accreditation.		
<b>B.</b>	<b>Authorization</b>		
	1. Must be incorporated within the U.S. as a not-for-profit corporation.		
	2. Must hold legal authorization to grant the D.C. Degree.		
	3. Must meet all legal requirements to conduct its business...in all jurisdictions in which it operates.		
<b>C.</b>	<b>Governance</b>		
	1. Must have established a governing board which has legal authority for the institution.		
	2. The governing board must act in agreement with the following requirements:		
	a. The governing board must be comprised of representatives of both chiropractic and the public.		
	b. No member of the board may serve in any administrative or teaching position at the College, except for occasional service without compensation.		
	c. No member of the governing board may use board membership for any personal or private gain.		
	3. Governing board adopted bylaws must call for establishment and review of policies regarding:		
	a. Conduct of governing board business.		
	b. Administration, faculty and staff.		
	c. Facilities, learning resources and finance.		
	d. Students and student services.		
	e. Management control & conduct of the academic program, including credit, non credit courses & others.		
	f. Public disclosure		
	g. Service		
	h. Research		
	i. Academic resources		
	j. Admissions requirements		
	k. Assessment of instructional outcomes and student academic achievement.		

**Appendix VII. - Site Visit Team Assignment Matrix Based on January 2007 CCE Standards**

**INSTITUTION REVIEW**

Page 2 of 2	<i>Primary Person</i>	<i>Secondary Person</i>
<b>Section 2. Accreditation Information</b>		
<b>IV. Requirements for Institutional Status</b>		
<b>D. Administration</b>		
1. Governing Board must designate a non-member as the CEO of the institution, responsible for board policy.		
2. CEO must hold educational credentials and have experience appropriate for the position.		
3. The CEO or governing board must appoint administrative staff with appropriate credentials and experience.		
<b>E. Student Services</b>		
1. The institution must establish appropriate admissions requirements and procedures.		
2. The institution must provide appropriate learning resources support services.		
3. Regarding Title IV, the institution must maintain compliance, including but not limited to:		
a. Administrative and fiscal standards.		
b. Record-keeping and disclosure requirements.		
c. Default prevention measures, including maintenance of a FELC Default Rate that is beneath the threshold established by the U.S. Secretary of Education.		
<b>F. Financial Resources</b>		
The institution must have its financial statements audited by a C.P.A. annually.		
1. The financial statements of the institution must demonstrate appropriate allocation and use of financial resources.		
2. Financial statements and practices must demonstrate adequate resources to operate in a reasonable period of time in light of obligations to admitted students and the ability to graduate the most recent entering class.		
<b>G. Public Disclosure</b>		
1. In addition to the public disclosure items required to be published for DCPs, the institution must publish in official documents available to the public at least the following:		
a. Institutional statement of mission		
b. Educational activities conducted		
c. Description of admissions, attendance and graduation requirements for each educational activity		
d. Accredited status with CCE and all other accrediting bodies with which it is affiliated		
2. Must make available, upon request, information that accurately describes its financial condition		

## Appendix VIII

### Checklist of Materials Sent By the CCE Administrative Office to Site Team Members

The DAS sends the following materials to site visit team members, including the team chair, approximately sixty days before a visit:

- Invitation letter providing an overview of the team charge, site visit details and the team member role. (Sent under Council Chair signature.)
- "Agreement to Serve" form for completion and return to the President. (Sent as enclosure w/invitation letter.)
- CCE Standards for Chiropractic Programs and Institutions* version on which the program self-study is based.
- Council Self-Study & Report Guide*
- Manual of Policies* of the Council On Chiropractic Education
- "Site Visit Team Report Timetable" setting deadlines for completion of the site visit team report and other activities occurring after the site team visit
- Council Assignment Matrix. (Comprehensive & Interim Site Visits Only)
- List of team members.

## Appendix IX

### Checklist of Materials Sent by the CCE Administrative Office to the Site Team Chair:

- Invitation letter providing duties and responsibilities, site visit details and the team chair role. (Sent under Council Chair signature.)
- “Agreement to Serve” form for completion and return to the President. (Sent as enclosure w/invitation letter.)
- CCE Standards for Chiropractic Programs and Institutions* version on which the program self-study is based.
- Council Manual* (Current edition)
- Council Self-Study & Report Guide* (Current edition)
- Manual of Policies* of the Council On Chiropractic Education (Current edition)
- A copy of the Council letter to the program following the previous progress review, if the program has any open concerns or areas of interest still being followed by the Council.
- (For Interim Site Visit Only) A copy of the Council letter to the program regarding the primary areas of review conducted by the team.
- The most recent program progress report, if applicable.
- “Site Visit Team Report Timetable” setting deadlines for completion of the site visit team report and other activities occurring after the site team visit
- Council Assignment Matrix. (Comprehensive & Interim Site Visits Only)
- List of Team Members
- Curriculum vitae of each team member to help familiarize the chair with the team make-up and experience (upon request of the chair).

## Appendix X

### Checklist of Materials Sent by the Program to Site Team Chair and Team Members

The program sends the following materials to the CCE Administrative Office who in turn ensures a copy is forwarded to the Site Team Chair and each site team member at least thirty days before a visit:

- The self-study report
- The self-study update (if necessary)  
The update includes materials noting significant areas of change since the self-study report was published.

Other documents:

- The program catalog
- The audited financial statement
- Current Program Characteristic Biennial Report
- The program organization chart
- The program mission statement
- Faculty, student and clinic manuals or handbooks
- A sample/general description of each type of faculty and staff position

## Appendix XI

### Site Team Report Timetable

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<b>Last day of visit</b>	<b>Exit Conference:</b> Site Team Chair and site team members meet with the CAO of the program, and any administrative staff or others the CAO wishes to have present, at which time the Site Team Chair provides accurate and general oral statements regarding any concerns, w/recommendations and commendations that will be in the draft site team report.
<b>Visit conclusion + 5 days</b>	<b>Draft Report Assembled:</b> Team chair immediately assembles a complete draft site team report and distributes to all team members and the CCE Administrative Office.
<b>Visit conclusion + 12 days</b>	<b>Team Members Respond:</b> Team members immediately and thoroughly review the draft site team report and respond to the team chair.
<b>Visit conclusion + 20 days</b>	<b>Final Draft Team Report Completed by The Team Chair Assembled by the Director of Accreditation Svcs and Sent to:</b> Program CAO.
<b>Visit conclusion + 30 days</b>	<b>Corrections of Errors in Fact:</b> Corrections of errors in fact are due from the program and sent to the Site Team Chair through the CCE Administrative Office for review and action.
<b>Visit conclusion + 35 days</b>	<b>Final Team Report Sent by Director of Accreditation Svcs to:</b> Program CAO, Governing Board Chair, site team members, and Council Chair.
<b>Visit conclusion + 55 days*</b>	<b>Program Response to the Team Report Due to:</b> Councilors, CCE President, and Site Team Chair.

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*\* Must be at least thirty days prior to the Council status review meeting with the program.*

**Site Team Visit  
Onsite Materials Checklist**

**The program *must* make available on site the following materials for review:**

1. \_\_\_\_\_ Updated eligibility requirement documents including charter, articles of incorporation, bylaws, state authority to award the doctor of chiropractic degree, board minutes subscribing to CCE "Requirements for Accreditation," policies and procedures
2. \_\_\_\_\_ Program self-study report with update
3. \_\_\_\_\_ Master plan and other materials pertaining to the program planning and evaluation procedures including educational, facilities and financial planning documents
4. \_\_\_\_\_ Catalog(s)
5. \_\_\_\_\_ Governing board published policies
6. \_\_\_\_\_ Governing board meeting minutes
7. \_\_\_\_\_ Faculty manual
8. \_\_\_\_\_ Admissions publications
9. \_\_\_\_\_ Current budget
10. \_\_\_\_\_ Current audit
11. \_\_\_\_\_ Other published financial reports
12. \_\_\_\_\_ Faculty dossiers
13. \_\_\_\_\_ Student records
14. \_\_\_\_\_ Student handbook
15. \_\_\_\_\_ Clinic records
16. \_\_\_\_\_ Clinic handbook
17. \_\_\_\_\_ Organizational charts and related documents
18. \_\_\_\_\_ Most recent regional site team report
19. \_\_\_\_\_ Latest DCP Response to CCE site team report (Focused/Interim Visits only)

**Site Team Visit  
Onsite Materials Checklist**

The program *may* also be requested to make available on site the following materials for review:

1. \_\_\_\_\_ Administrative committee meeting minutes and minutes of faculty, faculty senate/committee meetings and student government meetings
2. \_\_\_\_\_ Program brochures and other publications
3. \_\_\_\_\_ Program development profile
4. \_\_\_\_\_ Reports on program research, including enrollment statistics, studies of grading practices and distributions, studies of current students, and follow-up studies of former students
5. \_\_\_\_\_ Alumni records, publications, surveys/results by or about alumni
6. \_\_\_\_\_ Course syllabi and/or outlines and course final examinations
7. \_\_\_\_\_ Class schedules
8. \_\_\_\_\_ Inventories
9. \_\_\_\_\_ Library acquisition and circulation statistics
10. \_\_\_\_\_ Library handbooks
11. \_\_\_\_\_ Financial aid records and statistics
12. \_\_\_\_\_ Student government charter, constitution and/or bylaws
13. \_\_\_\_\_ Student publications
14. \_\_\_\_\_ Descriptive community information from the local chamber of commerce and area newspapers and publications

## Site Team Visit On-Campus Interview and Meeting Schedule

### A. Suggested Meetings

The following is a general schedule of meetings that are usually held between members of the site visit team and program personnel:

Group	Time
<input type="checkbox"/> Administrative Cabinet	Early Day One
<input type="checkbox"/> Board of Trustees	Early Day Two/Lunch Day Two
<input type="checkbox"/> Faculty Senate or Equivalent	Lunch/Late Afternoon Day Two
<input type="checkbox"/> Alumni Board	After Breakfast Day Two
<input type="checkbox"/> Student Council	Late Day Two/Early Day Three
<input type="checkbox"/> Research Committee	Early Day Two
<input type="checkbox"/> Self-Study/Evaluation/Planning	Individual Team Members Meet w/ Committees

Schedule "open meeting time" when team members will be available to meet informally with anyone who wants to speak with them. One or more team members must be on duty at a certain time and place each day on campus for confidential interviews with students, alumni, or program personnel.

### B. Day One

- Acquaint team with team meeting room, facility and document locations.
- A campus tour, limited to no more than a half hour, may be necessary.
- Conduct an initial full team conference with CAO and/or administrative cabinet.
- Individual and group interviews of campus personnel. Suggested individuals include:
  - President
  - Vice President(s)/Provost
  - Dean(s)
  - Clinic Director
  - Research Director
  - Director of Admissions
  - Director of Alumni
  - Director of Financial Aid
  - Chief Financial Officer
  - Faculty Senate President or Equivalent
  - Director of Buildings and Grounds
  - Individual Faculty Members
  - Individual Students
  - Department Secretaries/Assistants
  - Registrar
  - Librarian
  - Other Staff Members

### C. Team Meetings

These normally occur in the late afternoon or early evening. Avoid late evening, and lengthy, meetings. Use time carefully, placing reasonable limits on discussion times. Executive session activities may include:

- General observations about each standard
- Identification of problem areas and strengths
- Possible suggestions and recommendations
- Areas of concern that require follow-up the next day
- Review of program personnel remaining to be interviewed
- Next day responsibilities
- Drafting preliminary report sections on assigned areas

**Site Team Visit  
On-Campus Interview and Meeting Schedule**

**D. Day Two**

- Site Team Chair/CAO update/visit (first meeting of day, usually 8:30 AM).
- Continue conducting interviews.
- Verify data. Examine faculty, student and patient files and board and committee minutes for complete documentation in keeping with "The Requirements for Accreditation" and program policies.
- Schedule "open meeting time" for confidential interviews.
- Hold evening executive session.

**E. Day Three**

- Site Team Chair/CAO update/visit (first meeting of day, usually 8:30 AM).
- Conclude interviews with program personnel.
- Continue evaluation of data using "Council Report Format" as a guide.
- Solidify data and source documentation.
- At evening executive session, reach consensus on, and prepare, list of major program strengths and concerns and finalize draft team report according to the report format.

**F. Day Four**

- Site Team Chair briefing w/CAO (immediately preceding exit session)
- With entire team in attendance, meet with the CAO and/or key personnel to present oral summary of commendations and concerns with skeletal recommendations.

## Site Team Report Concerns, Recommendations and Suggestions

When identifying areas for advised improvement, the team must decide whether the issue:

1. appears to be a violation of “The Requirements for Accreditation,” and would therefore indicate a **concern** and require a team **recommendation**; or
2. does not appear to be a violation of “The Requirements for Accreditation,” but rather a need for program improvement, therefore calling for a **suggestion**.

### A. Examples of **Concerns with Recommendations**

In the body of the report:

- Write the findings of the team
- Include supporting evidence
- Identify the standard relating to the **concern**
- State the team **concern** and bold/underline it
- Follow with a numbered team **recommendation** statement (also bold/underlined)

Standard 1.C.2.b. requires that no member of the board may serve in any administrative or teaching position. **The team found that a present board member is presently teaching a course in the institution. [Recommendation # \_\_\_\_]. The team recommends that the program have the board member removed from either the teaching position or the board.**

Standard 1.B.4.i. requires that a program have a policy and procedure for ...handling student complaints. **The team was unable to find a formal written policy regarding the handling of student complaints. [Recommendation # \_\_\_\_]. The team recommends that a formal written policy addressing responsibilities of the program regarding the handling of student complaints be developed and disseminated campus-wide.**

Standard 1.E.1.a. requires that each person teaching basic science courses must hold an earned graduate or professional degree in an appropriate discipline from an institution accredited by a nationally recognized agency, or its foreign equivalent. **An examination of faculty files reveals that, in the basic science department, only 50% of the full-time faculty members possess a graduate or professional degree in a basic science discipline appropriate to their primary instructional assignment. [Recommendation # \_\_\_\_]. The team recommends that the program employ additional full-time basic science faculty members with graduate or professional degrees closely related to the primary instructional assignment.**

**Site Team Report Concerns, Recommendations and Suggestions (cont.)**

**Examples of *Suggestions***

If the team finds a significant issue related to program improvement that is not a violation of "The Requirements for Accreditation," the team offers a suggestion. Suggestions help a program take advantage of an opportunity to build on a strength or improve its processes. Team suggestions are located in the body of the narrative of the team report and not repeated in the summary list at the end of the team report.

In the body of the report:

- Write the findings of the team
- Follow with supportive information
- Follow with the team suggestion, ***suggests*** "suggests" in the narrative report

At present, there are no adequate and visible policies and procedures for a sound financial management plan. The recently hired dean of administration and finances will be assisting the president in initiating, developing and implementing financial plans with target dates and values to meet the monetary needs of the program. The team ***suggests*** that such a completed plan include timing and price tags as an indication of how soon, and at what budget values, the plans are accomplishable, as well as mechanisms for assessing outcomes.

A faculty leader expressed the opinion that faculty members do not play a significant role in determining the content of the curricula and courses offered by the institution. An informal survey of fifteen faculty members indicated that the majority felt as if they had little to no input into curricular content. The team ***suggests*** that the college develop an ongoing system of curriculum review that requires input from faculty and students.

## **ASPA - Member Code of Good Practice**

**An accrediting organization holding membership in the Association of Specialized and Professional Accreditors (ASPA):**

### **1. Pursues its mission, goals, and objectives, and conducts its operations in a trustworthy manner.**

- Focuses primarily on educational quality, not narrow interests, or political action, or educational fashions.
- Demonstrates respect for the complex interrelationships involved in the pursuit of excellence by individual institutions or programs.
- Exhibits a system of checks and balances in its standards development and accreditation procedures.
- Maintains functional and operational autonomy.
- Avoids relationships and practices that would provoke questions about its overall objectivity and integrity.
- Analyzes criticism carefully and responds appropriately by explaining its policies and actions and/or making changes.

### **2. Maximizes service, productivity, and effectiveness in the accreditation relationship.**

- Recognizes that teaching and learning, not accredited status, are the primary purposes of institutions and programs.
- Respects the expertise and aspirations for high achievement already present and functioning in institutions and programs.
- Uses its understanding of the teaching and learning focus and the presence of local expertise and aspirations as a basis for serving effectively at individual institutions and programs.
- Keeps the accreditation process as efficient and cost-effective as possible by minimizing the use of visits and reports, and by eliminating, whenever possible, duplication of effort between accreditation and other review processes.
- Works cooperatively with other accrediting bodies to avoid conflicting standards, and to minimize duplication of effort in the preparation of accreditation materials and the conduct of on-site visits.
- Provides the institution or programs with a thoughtful diagnostic analysis that assists the institution or program in finding its own approaches and solutions, and that makes a clear distinction between what is required for accreditation and what is recommended for improvement of the institution or program.

### **3. Respects and protects institutional autonomy.**

- Works with issues of institutional autonomy in light of the commitment to mutual accountability implied by participation in accreditation, while at the same time, respecting

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the diversity of effective institutional and programmatic approaches to common goals, issues, challenges, and opportunities.

- Applies its standards and procedures with profound respect for the rights and responsibilities of institutions and programs to identify, designate, and control (a) their respective missions, goals, and objectives; (b) educational and philosophical principles and methodologies used to pursue functions implicit in their various missions, goals, and objectives; (c) specific choices and approaches to content; (d) agendas and areas of study pursued through scholarship, research, and policy developments; (e) specific personnel choices, staffing configurations, administrative structures, and other operational decisions; and (f) content, methodologies, and timing of tests, evaluations, and assessments.
- With respect to professional schools and programs, recognizes the ultimate authority of each academic community for its own educational policies while maintaining fundamental standards and fostering consideration of evolving needs and conditions in the profession and the communities it serves.

### **4. Maintains a broad perspective as the basis for wise decision making.**

- Gathers and analyzes information and ideas from multiple sources and viewpoints concerning issues important to institutions, programs, professions, publics, governments, and others concerned with the content, scope, and effectiveness of its work.
- Uses the results of these analyses in formulating policies and procedures that promote substantive, effective teaching and learning, that protect the autonomy of institutions and programs, and that encourage trust and cooperation within and among various components of the larger higher education community.

### **5. Focuses accreditation reviews on the development of knowledge and competence.**

- Concentrates on results in light of specific institutional and programmatic missions, goals, objectives, and contexts.
- Deals comprehensively with relationships and interdependence among purposes, aspirations, curricula, operations, resources, and results.
- Considers techniques, methods, and resources primarily in light of results achieved and functions fulfilled rather than the reverse.
- Has standards and review procedures that provide room for experimentation, encourage responsible innovation, and promote thoughtful evolution.

### **6. Exhibits integrity and professionalism in the conduct of its operation.**

- Creates and documents its scope of authority, policies, and procedures to ensure governance and decision making under a framework of "laws not persons."
- Exercises professional judgement in the context of its published standards and procedures.
- Demonstrates continuing care with policies, procedures, and operations regarding due process, conflict of interest, confidentiality, and consistent application of standards.

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- Presents its materials and conducts its business with accuracy, skill, and sophistication sufficient to produce credibility for its role as an evaluator of educational quality.
- Is quick to admit errors in any part of the evaluation process, and equally quick to rectify such errors.
- Maintains sufficient financial, personnel, and other resources to carry out its operations effectively.
- Provides accurate, clear, and timely information to the higher education community, to the professions, and to the public concerning standards and procedures for accreditation, and the status of accredited institutions and programs.
- Corrects inaccurate information about itself or its actions.

### **7. Has mechanisms to ensure that expertise and experience in the application of its standards, procedures, and values are present in members of its visiting teams, commissions, and staff.**

- Maintains a thorough and effective orientation, training, and professional development program for all accreditation personnel.
- Works with institutions and programs to ensure that site teams represent a collection of expertise and experience appropriate for each specific review.
- Conducts evaluations of personnel that involve responses from institutions and programs that have experienced the accreditation process.
- Conducts evaluations of criteria and procedures that include responses from reviewers and those reviewed.