

**Council**  
  
**Chiropractic Education**

# Accreditation Manual

Designed for  
Programs

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## Foreword

The Council on Chiropractic Education (CCE) is an autonomous, programmatic accrediting agency. The Council administers the process of accreditation, renders accreditation decisions and establishes bylaws, policies, procedures and accreditation requirements. CCE maintains recognition by the United States Department of Education and the Council for Higher Education Accreditation (CHEA). CCE is also a member of the Association of Specialized and Professional Accreditors (ASPA).

Accreditation requirements focus on student and resident learning outcomes within Doctor of Chiropractic Degree Programs (DCP) and Chiropractic Residency Programs (residency) to prepare graduates to serve as competent, caring, patient-centered and ethical primary health care professionals.

CCE awards and continues accreditation through a dynamic process of review and evaluation for compliance with the “Principles, Processes & Requirements for Accreditation” as reflected in the current edition of the *CCE 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 *Accreditation Manual* is essential to the development and operation of CCE accredited Doctor of Chiropractic Degree and Chiropractic Residency Programs. This manual contains information about the Council, the CCE accreditation process and responsibilities of the participants in these processes. Any questions regarding the manual itself should be directed to the CCE administrative office.

Throughout the document the notation of “Standards” reflects either the 1) *CCE Accreditation Standards*, which outline the requirements for the Doctor of Chiropractic Degree Program (DCP), or, 2) the *Residency Program Accreditation Standards*, which outline the requirements for chiropractic residency programs, whichever is applicable.

## **Section I Council**

### **A. Mission and Values Statements**

The Council on Chiropractic Education (CCE) serves the interests of the public, the profession, students, and residents in general in alignment with its mission and values statements. These statements are contained in the CCE Accreditation Standards (*Standards*) and published on the official CCE website ([www.cce-usa.org](http://www.cce-usa.org)).

### **B. Purpose**

The Council conducts evaluation processes leading to the accreditation of programs that comply with the requirements for accreditation as outlined in the *Standards*. Council activities associated with program evaluation and accreditation include:

1. Implementation of policies and procedures set forth in the *Standards* and related accreditation documents (*Manual of Policies, Bylaws, Accreditation Manual, and Academy of Site Team Visitors Manual*).
2. Maintenance of communication with and conducting reviews of programs to address routine and special circumstances.
3. Evaluation of a program's adherence to stated mission and goals, assessment and planning processes, program outcomes, support services, and other elements within the Requirements for Accreditation.
4. Granting or denying initial accreditation, and granting, deferring, or revoking continued accreditation, along with other defined actions and decisions.
5. Encouragement of program improvement through continuous self-study and review.
6. Provision of advice and assistance to established and developing programs.

### **C. Organization**

The Council is composed of no fewer than thirteen (13) and no more than eighteen (18) Councilors: ten (10) who are full-time employees of the accredited programs (Category 1 and 4), four (4) practicing doctors of chiropractic (Category 2 and 5), and two (2) public members (Category 3). Detailed information regarding the composition of the Council appears in Article VI of the CCE *Bylaws*. The Council Chair, or designee, serves as the official Council spokesperson. The Council annual meeting is held in January, and the semi-annual meeting 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 Councilors.

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

The Council officers (*Bylaws*, Article VIII) are the Council Chair, Associate Chair, Treasurer, and the CCE President. These officers, along with the Councilor At Large, comprise the Council Executive Committee (CEC), a standing committee of the Council. The CEC addresses Council matters that may arise between Council meetings using a participative decision-making model. The CEC normally consults with the entire Council on major issues before taking action while never taking accreditation actions without the entire Council. The volunteer members of the CEC may be appointed to serve no more than two (2) consecutive two-year terms in their respective positions.

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

- a. Communicates regularly with the CCE President and the CEC regarding decisions to be made by the CEC and Council.

- b. Serves as the chair and voting representative on the CEC.
- c. Develops the agenda for CEC and Council meetings.
- d. Reviews, finalizes and directs distribution of all Council-related business and accreditation correspondence through the CCE administrative office.
- e. Conducts Council meetings, adhering to CCE Bylaws, policies and procedures and Robert's Rules of Order.
- f. Issues reports and requests for information through the CCE administrative office and shares received information with the CEC and Council.

## **D. Council Meetings**

### **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. The majority of Councilors entitled to vote, constitutes a quorum, and must be present for Council business to be transacted.

### **2. Confidentiality Agreements**

Upon appointment to the Council and before each Council Meeting, each Councilor must sign/date the "Councilor Confidentiality Agreement" and guests attending a Council meeting must sign/date the "Guest Confidentiality Agreement". These documents are maintained on file in the CCE administrative office in accordance with the Records Management and File Plan. Violations of the CCE confidentiality policy by a Councilor, agent or employee are addressed in CCE Policy 4 and also in the CCE Bylaws, Article VI.

### **3. Conflict of Interest**

Prior to regularly scheduled Council Meetings, councilors must declare to the Council Chair if they have an actual or potential conflict of interest regarding any program by completion of Council Form 9 and must leave the room during any discussion, deliberation or decision-making with regard to that program. CCE Policy 18, *Conflict of Interest*, and CCE Bylaws, Article VI, address these areas. The CCE administrative office maintains declarations of conflicts of interest and appropriate updates in accordance with the Records Management and File Plan.

### **4. Status and Progress Review**

The Council Chair conducts status review and progress review meetings unless the Chair has a conflict of interest. In such cases, the Associate Chair or other appointed Councilor will conduct the review. If conflict factors apply to both the Council Chair and Associate Chair, another Councilor appointed by the Council present will conduct the meeting.

## **E. Other Processes and Information**

### **1. Public Statements**

The Council verifies the accuracy of program's public statements, especially with regard to the accreditation status of the program. In all instances, the program should contact the Council for review and approval of any questionable statements not specific to CCE policies and procedures prior to publishing such statements. These requirements are outlined in CCE Policy 22, *Program Integrity & Representation of Accreditation Status*, where requirements for disclosure of information by the program to the Council are also referenced regarding the processes of accreditation.



## **2. Revision to the CCE Bylaws, Policies, and Standards**

The process for revisions to the CCE Bylaws and CCE Manual of Policies are outlined in CCE Policy 24 & 25, respectively. The process and revisions to the *Standards* are conducted on an eight-year cycle, by the Standards Review Task Force appointed by the Council. Proposed revisions regarding the *Standards* can be submitted by all stakeholders, to include the public at large, and the opportunity for public comment is allowed throughout the eight-year process as indicated in the policy. Policy procedures for the *Standards* are outlined in CCE Policy 23.

## **3. Complaints**

CCE Policy 64, *Complaints*, outlines the processes to follow in addressing complaints against CCE Councilors, Academy of Site Team Visitors, Administrative Office Staff, Member Representatives, other agents of the organization, *Standards* or *Policies* and CCE Accredited programs.

## **Section II CCE Administrative Office**

The activities of the CCE administrative office and responsibilities of the staff are primarily directed by the CCE President. In relation to accreditation matters, the President and other CCE staff operate at the direction of the Council Chair and in coordination with the Council Executive Committee (between annual/semi-annual meetings) and the Council.

### **A. Council Support**

The CCE administrative office administers technical and procedural 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 maintains the CCE Schedule for Accreditation Activities, which outlines the routine accreditation cycles and reporting for each program, which includes comprehensive site visits, interim site visits, and monitoring reports. The CCE administrative office coordinates all site visits and monitoring report activities, and related communications between the programs, site teams, and the Council. The office also ensures the implementation of all accreditation processes and provides procedural details, information, recommendations, and services related to accreditation.

### **C. Directory of CCE Accredited Programs**

The CCE administrative office maintains the Council on Chiropractic Education's directory of accredited programs. This list is posted on the CCE web page at [www.cce-usa.org](http://www.cce-usa.org) and includes the program name, contact information, dates of the next scheduled Council status review meeting, address, and identifies the college president or program director. Listed programs must inform the CCE administrative office immediately regarding updates to contact information on this list.

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

The CCE administrative office updates and maintains official CCE documents and also makes them available to the public via the CCE website (with the exception of the Articles of Incorporation) in accordance with CCE policies and procedures and includes the following:

1. *Articles of Incorporation/Domestication*: Provide the legal basis for CCE.
2. *CCE Bylaws*: Define the governance, operations, and role of the CCE and its basic components,

including its member representatives, councilors, and officers.

3. *CCE Accreditation Standards*: Document the criteria the doctor of chiropractic degree programs must meet in order to achieve and maintain CCE accreditation.
4. *CCE Residency Program Standards*: Document the criteria the chiropractic residency programs must meet in order to achieve and maintain CCE accreditation.
5. *CCE Manual of Policies*: Contains guidance and procedural documents consistent with the rules, regulations, and procedures in other CCE publications.
6. *Accreditation Manual*: Designed to assist programs in understanding the concepts, processes, procedures, and roles of CCE and the Council.
7. *Academy of Site Team Visitors Manual*: Designed to assist site team chairs, team members, and observers of the processes and procedures of pre-visit, visit, and post-visit activities.

## **Section III Requirements for Initial & Continued Accreditation**

### **A. Letter of Intent**

#### **1. Initial Accreditation**

Since accreditation is a volunteer peer-review process, the program must send a letter of intent from its governing body to the CCE administrative office stating its intention to pursue accredited status. For programs seeking initial accreditation or development of an additional location (in accordance with CCE Policy 1, *Substantive Change*), the Council establishes the self-study report and site visit requirements for those programs not already accredited by the Council after a formal application and the required initial eligibility documentation has been submitted and approved by the Council.

After review and approval of the application and eligibility documentation, the Council will determine when the first cohort is scheduled to graduate based on the information provided by the program in its application. Once the graduation date has been established, the Council will then notify the program when its self-study report is due and when it can anticipate its first comprehensive site visit to take place. In this instance, the Council affords the program the right to have two Status Review Meetings with the Council at its regularly scheduled Council Meetings prior to its first cohort graduation.

#### **2. Continued Accreditation**

The Council submits a notice to the program approximately 18 months prior to the scheduled comprehensive site visit and 12 months prior to the submission of the self-study, requesting a letter of intent from the program's president/director regarding their intentions to continue accreditation status with the Council. Once the program acknowledges its intent to continue accreditation with CCE, the Council informs the program of the requirements for submission of its self-study and site visit preparation.

### **B. Eligibility Documentation**

To continue accreditation, the program need not submit evidence of eligibility documents required for initial accreditation unless eligibility requirements have changed from the last comprehensive visit. However, the program must maintain documentation that it complies with the eligibility requirements outlined in the *Standards*, Section 1. This information must be available for review by the site team during their visit and also the Council, as required.

### **C. Self-Study Process**

The self-study report is a comprehensive document addressing all aspects of the requirements for

accreditation as outlined in the *Standards*. The program is required to submit one (1) electronic version to the CCE administrative office for review and distribution.

Following submission of the letter of intent from the program, CCE officially notifies the program in a letter with specific detail regarding the process, including the date the self-study is due to the CCE administrative office. The program forwards the completed self-study for review by the CCE administrative office staff six months prior to the scheduled site visit. If the report format and content are determined to be unsatisfactory, the program may be required to submit a revised report before further review is conducted. After the review, an Executive Summary Report (ESR) is sent to the program, along with a list of required site visit documents, notifying the program whether a self-study update is optional or required and to provide feedback to the program regarding the format and content of the self-study. The program reviews the ESR and takes the appropriate action(s) to prepare for the site visit.

It is important to note that, by accepting the self-study, the Council does not imply that all statements in the document satisfy the requirements for accreditation in the *Standards*.

The required site visit documents, along with any new or updated ancillary documents, are submitted to the CCE administrative office for distribution to all team members, no later than 30 days prior to the site visit. At this time, if warranted, the program also submits a self-study update report addressing items identified in the ESR and/or describing any important changes that have occurred since the original report was submitted.

The CCE administrative office then sends the self-study and the Executive Summary Report (ESR) to the assigned site team in preparation for the site visit.

The Council also completes a review of the self-study report no later than 30 days prior to the scheduled annual or semi-annual Council Meeting in preparation for the Status Review Meeting with the program.

#### **D. Self-Study Content**

Development of the self-study report is a major step in the application for initial or continued accreditation. It is an honest self-analysis of the educational program's effectiveness, including program strengths and areas in need of improvement, prepared with input from its own people—board members or governing officials, staff, faculty, administrators, and students or residents.

The self-study report must:

1. Provide clear evidence that the program complies with the CCE requirements for accreditation.
2. Provide an objective appraisal of program strengths and challenges based on the requirements of the *Standards*.
3. Illustrate how the various activities of the program meet the *Standards*.
4. Focus attention on the ongoing assessment of outcomes to demonstrate individual student achievement of the meta-competency outcomes/competencies and for the continuing improvement of program quality.
5. Demonstrate that the program has processes in place to ensure that it will continue to comply with the CCE requirements for accreditation.

**The report should include, at minimum, the following:**

**Cover/Introduction**

Cover page design may include logo, photos and/or graphics (but not required), followed by a completed Accreditation Status form (Council Form 15 or 16, Appendix I and II), which can be obtained by contacting the CCE administrative office.

The program should provide a brief summary of the reason for the report (i.e., seeking initial or continued accreditation). The introduction should provide a brief narrative on the current state of the program, including a description of efforts undertaken to obtain information to produce the report, as well as the names of key individuals involved in the self-study process.

**Requirements of Accreditation – CCE Standards**

The program should identify each area of the *Standards* and provide the necessary narrative and supporting documentation to evidence compliance. Areas that are not as compliant with the *Standards* should be identified by reporting the current status and also future planning processes the program will implement to achieve compliance with the *Standards*.

NOTE: It is important to report in all areas of the *Standards* and not to omit any area. Appendices and/or exhibits should be attached appropriately. Regarding appendices/exhibits, excerpts from large documents are preferred rather than attaching an entire document. Care should be taken to provide the Council with the program's best supporting evidence rather than a preponderance of evidence in consideration of reviewers focusing on and interpreting meaningful information that may be missed by wading through voluminous documents.

**Supporting Documentation**

In providing supporting documentation and/or evidence for the self-study report, reference the *Standards Guidance* document for *examples of evidence*. *Example of evidence* are provided to assist the programs in identifying appropriate artifacts to include with reports submitted to CCE, but do not represent an exhaustive list of evidence, nor a list of required documentation for each Standard. Examples of evidence may vary based on the unique circumstances of each program.

**Section IV Site Team Selection, Observers & Staff**

**A. Academy of Site Team Visitors**

The Council Site Team Academy Committee collaborates with the CCE staff to maintain and, as necessary, supplement membership to the Academy of Site Team Visitors (*Academy*). Policy and procedures regarding the Academy are provided in CCE Policy 10, *Academy of Site Team Visitors*. The Council organizes and implements training and workshop activities for site team candidates and current Academy members on an annual basis or as needed based on categories of expertise requirements and/or major revisions to CCE publications.

**B. Site Team Composition**

The CCE staff establish the site team composition based on availability, absence of conflicts of interest, experience/training, and categories needed to conduct the visit.

### **C. Team Agreement Form**

The team agreement form, listing the proposed team members with position titles, affiliation, and contact information, is submitted to the president/program director, who may accept the list as presented or provide reasons why any proposed team member should not serve for the site visit. The decision of the program will not be based on personal reasons, but rather, if any of the team members have a conflict of interest with the program that is unknown to the Council, e.g., has been a paid consultant at the program in the past 8 years or a candidate for a position of hire at the program in the past year.

The program 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) business days of the program's receipt of the list of proposed team members.

NOTE: All Academy members are bound by the confidentiality conditions set forth by the Council. In addition, each site team member signs conflict of interest declarations prior to site visit activities.

### **D. Site Team Agreement to Serve**

Upon the program's agreement on team composition, the CCE staff issues a written letter, the Team Agreement to Serve form, and applicable materials to team members. The CCE staff then contacts team members regarding site visit details and travel arrangements.

### **E. Guest Observers**

With the approval of the CCE President and notification to the president/program director, 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). New 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.

In the case of an approved observer, generally a site team academy member in training or a new councilor, the observer shall comply with the following procedures when accompanying a visit:

1. Will adhere to the same confidentiality requirements as site visit team members
2. Will not participate in the decision-making or consensus process of the team
3. Will not offer critiques or analytical reviews of the 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 will convey any relevant information to the team
8. If identified as intrusive or interfering with the site team process by either the program or the site team chair, the individual may be required to leave or be limited in their scope.

#### **F. CCE Administrative Office Staff**

A CCE administrative office staff member is assigned to site visits to assist and provide support to the site team and the program. Staff members provide guidance to the site team chair and team members regarding their assigned responsibilities on the visit, assist in clarification and consistent application of the requirements for accreditation as listed in the *Standards*, monitor and guide consistency of processes, provide draft report compilation, and explain Council policies and procedures to team members and program personnel, as needed. CCE staff attend meetings between the team and program personnel, assist the team in obtaining and reviewing information, and participate in team discussions, but do not evaluate the program.

### **Section V Type of Site Visits**

Various types of site visits are part of the peer-review evaluation process and are a very important component of the accreditation processes. Additional information regarding site visits and evaluators may be found in the CCE Manual of Policies, within CCE Policy 10, *Academy of Site Team Visitors* and CCE Policy 11, *CCE Site Visit Teams*.

#### **A. Comprehensive Site Visit (Initial or Continued Accreditation)**

A comprehensive site visit is a full review of a program applying for initial accreditation or continued accreditation 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 for a DCP. For residency programs, the length of the visit varies depending on the size and structure of the program. The team verifies and validates the information presented in the self-study document. The team report identifies the program's strengths and any deficiencies in meeting the requirements of the *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 DCP's Program Characteristic Report (PCR), in other reports required by the Council, or information from other sources. In most cases a visit will occur to promote communication, monitor compliance, and ensure continuous quality improvement with the DCP. The length of this visit varies based on the review needed by the Council, but generally, two to three days is appropriate with the exit briefing on the last day of the visit. (Note, interim site visits do not apply to chiropractic residency programs.)

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

A focused site visit is normally conducted in follow-up to address a deficiency needing attention regarding the CCE Standards or policy requirements following a progress report or as a follow-up to a substantive change, etc. The length of this visit varies based on the review needed by the Council, but generally, two to three days is required, with the exit briefing on the last day of the visit. A focused site team normally consists of a team member(s) from the previous visit and a team member(s) not involved in the previous visit.

### **Section VI On-Site Evaluation (Site Visit)**

#### **A. Self-Study Review by Team Members**

Prior to beginning the visit, team members thoroughly review the program's self-study report, with updates (if applicable), and all related documents. The self-study report and the *Standards* are the guiding

documents for the site visit. The analysis of this report and related documents, especially those sections relevant to the areas assigned, enables team members to develop an important overview of the program and supporting evidence regarding the requirements of each Standard. During the visit, the team will verify and validate the content of the self-study report and additional information gathered during the site visit as related to the Standards.

The self-study report is intended to demonstrate and evidence that the program is complying with Section 2, CCE Requirements for Accreditation, in the *Standards*.

### **B. On Campus/On-Site**

The site team chair and CCE staff coordinate and facilitate the team visit. Site visit teams usually remain on campus/site from 8:00 a.m. to 4:30 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.

### **C. Initial Team Chair Meeting & Precautions**

An initial team chair meeting is conducted the day prior to the scheduled first day of the site visit and is mandatory for all team members to attend. The team chair and staff brief the team regarding the logistics, responsibilities, documentation, etc., and provide updates or additional information to the team as necessary.

One of the important topics discussed during this meeting is the review of precautions. These items are of particular importance to the Council as they give general guidance for some of the “what to do” and “what not to do” issues during the site visit process. Many of these items are outlined in relevant CCE policies and procedures and/or identified in the Site Team Agreement form signed by all team members prior to the site visit. They are listed below for reference and information.

#### **Precautions**

1. 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 must occur through the site team chair and/or CCE staff. Team members and individuals from 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 will be referred to the site team chair and CCE staff.
2. Team members do not discuss their evaluations outside of team meetings.
3. Team members will respect the confidentiality of self-study reports and any other internal program documents, including the team report.
4. Team members will abide by all relevant CCE policies, specifically CCE Policy 18, *Conflicts of Interest*; CCE Policy 19, *Official Documents & CCE Spokespersons* and HIPAA requirements.
5. Team members will not recruit faculty or staff for service elsewhere or suggest their own availability as a consultant or employee.
6. Team members will 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.
7. Team members will not side with interest groups or individuals in the program or allow themselves to be drawn into debate on program issues.
8. Refrain from libel or slander statements (written or spoken, respectively); accordingly, site team members must be sure that all statements about a program, its resources, programs, and personnel are accurate, fair, and reasonable professional judgments based on factual information and careful observation.

9. Team members place primacy on evidence and data that support compliance with Standards.
10. Team members must not let personal biases influence fact-finding and evaluation.
11. Team findings will be supported by reference to documents and to interviews with as many program personnel as necessary.
12. Team members should verify, cross-check, and validate data that is reviewed.
13. Team members are responsible for identifying areas of deficiency where evidenced.
14. Teams will focus their attention on the identification of significant issues that pertain to the program's ability to demonstrate compliance with the Standards and not waste time on minor matters that are outside the purview of the Standards.
15. Team members are required to identify deficiencies, when applicable, and the Council will determine the nature, degree, and disposition of these deficiencies. As Council representatives, team members must be clear with program personnel so that the site team does not prescribe specific actions. Notations of strengths or deficiencies must be factually representative of the program.

#### **D. Introduction Meeting with Program**

The site team chair provides an orientation briefing regarding the specifics, purpose, and function of the site visit to the president/program director, his/her designated representatives, site team members, and any observers and staff present to begin the on-site evaluation process. The briefing includes, but is not limited to, the following:

1. Site team chair introduces the team and explains the role of each member, observer, staff, etc.
2. Site team chair describes the purpose of the visit (comprehensive, interim or focused site visit).
3. Site team chair describes the function of the team.
  - a. Eyes and ears of the Council,
  - b. Verify/validate the information and evidence provided in the self-study, and obtain additional evidence, as needed, in relation to the requirements of the Standards.
4. Site team chair describes the process:
  - a. Evaluation based on the *Standards*
  - b. Snapshot in time
  - c. Quality improvement
  - d. Communication both ways – open dialogue
  - e. Exit interview on last day of visit
  - f. Draft report; opportunity to correct factual errors; final report; program response report; meeting with the Council; Council decision.

The site team chair invites the president/program director to introduce program representatives and provide brief introductory comments, and then the site team chair closes the session by reviewing initial meetings in accordance with the Schedule of Events. NOTE: The opening session is generally designed to last approximately 15 minutes.

#### **E. Schedule of Events and Meetings/Interviews with Program Personnel**

The CCE staff, working with the team chair and program accreditation liaison, prepares a Schedule of Events (SOE) for the visit activities prior to the visit. The schedule consists of, as appropriate, various meetings and/or interviews with program personnel. Team members are provided with the schedule prior to the visit and may provide the staff and team chair with additional meetings they deem necessary. The program accreditation liaison will also be provided a copy of the SOE (prior to the team's arrival) for distribution to program personnel as they deem appropriate. During the visit, team members may add or



delete meetings/interviews, in coordination with the team chair and staff. The staff will maintain the master schedule and utilize it as the record of all persons/groups interviewed (names, titles, etc.), facilities visited, and activities directly observed.

The interactions of team members with members of the administration, faculty, staff, and student or resident body are vital components of the visit. The site visit allows team members to validate findings through personal observations, meetings with personnel and students/residents, and other direct interactions. One or more team members may meet with selected individuals or groups; the type of site visit conducted will determine which of these meetings will be most appropriate. The content of interviews depends upon the information and evidence provided in the self-study. Interviews should be structured to answer key questions the site team must address rather than follow a set format. Review the requirements outlined in the Standards (DCP or Residency) and the Standards Guidance document to prepare for meetings/interviews between the site team and the program personnel.

### **1. Off-Campus/Sites (if needed)**

Many programs operate clinics at remote (off-campus) sites. The CCE staff contacts the program accreditation liaison to obtain information for each clinic site (e.g., required or optional site, number or percentage of student-interns and faculty-clinicians, operational times, distance from campus, etc.), to determine if/which of the clinic sites should be visited during the site visit, in accordance with the site visit schedule. Prior to the arrival of the team, the CCE staff and the DCP personnel coordinate and arrange the logistics of the clinic visits. Sufficient time is provided to visit with students/residents at the clinic, meet with the director, and review patient records, (if applicable, if not electronic). Because of time limitations, it may be necessary to concentrate on larger clinical operations. In particular, if a program relies upon a specific clinic location to accomplish clinical competency assessments, that site should be visited.

### **2. Group/Committee Meetings**

#### **Self-Study Steering Committee**

This committee is responsible for preparing the self-study report. Team members meet with this group briefly at the beginning of the site visit (usually immediately following the introduction meeting if scheduling permits). Potential topics for discussion at meetings with the self-study steering committee:

- Committee composition (particularly, representation of major groups and constituencies of the program);
- Involvement of faculty, staff, students or residents
- Distribution of responsibilities among committee members
- Methods used to collect and compile information
- Process for writing and editing the self-study report

#### **Faculty**

Potential topics for discussion during an open meeting with the program faculty include:

- Involvement of faculty in the self-study process
- Involvement of faculty in the development, assessment, and refinement of the curriculum
- Faculty workload (adequate FTEs)
- Involvement of faculty in program decision-making and faculty-related policies
- Effective channels of communication and data sharing, e.g., committees, in-services, etc.

- Opportunities and support for professional development
- Expectations regarding research, community service, and professional service
- Accomplishments of the faculty and its governing body
- Academic freedom
- Mechanism(s) to convey faculty concerns to the administration
- Knowledge and involvement in the assessment of student learning and program effectiveness
- Quality of instructional support/resources.

### **Students or Residents**

Most often, at least two team members will be present, and an open meeting in which program students (or residents) are invited to attend is scheduled. Potential topics for discussion at meetings with the students include:

- Involvement of students (or residents) in the self-study process
- Effectiveness of program communication
- Program strengths and challenges
- Quality of instructional support/resources (e.g., classrooms, laboratories, internet access, learning resource center/library, etc.)
- Opportunities for community involvement/service activities
- Quality and effectiveness of clinical training and MCO assessment (e.g., faculty feedback on assessment performance, adequate patient experiences/opportunities, adequate faculty supervision, ability of students (or residents) to meet meta-competency and clinical requirements, if applicable)
- Mechanism(s) to convey student (or residents) concerns to the administration (i.e., complaint and grievances policies/processes).

### **Curriculum and Assessment Committees (or similar committees or groups)**

This is the body assigned the responsibility of ongoing review, modification, and implementation of the program curriculum, program improvements, as well as the assessment of student/resident learning and meta-competency achievement. Depending on the program, these duties may be distributed to more than one committee and may include a program effectiveness or planning committee. Potential topics for discussion at meetings with the curriculum and assessment committee(s):

- Designated responsibility for curriculum changes and/or program improvements
- Methods/sources for assessment data, including both internal (student learning/MCO assessments, clinical entrance/exit exams, program completion, and retention rates, etc.) and external (NBCE exams, Canadian board scores, state licensing exam boards, alumni surveys, etc.)
- Feedback loops/mechanisms (i.e., methods used to implement needed curriculum change following analysis of assessment data)
- Interaction with other committees (e.g., student/resident progress/review committee, faculty governing body, program and/or institutional effectiveness, and planning, etc.)
- The extent to which faculty are knowledgeable of and supportive of, the program's formal assessment plan and program effectiveness processes.

### **Sponsoring Organization's Governing or Administrative Authority/Official of the Residency Program**

The structure of the residency program's sponsoring organization may differ from program to program. However, the sponsoring organization's governing or administrative authority/official(s) is responsible for resources, policies, and quality of education/training provided by the residency program. This could be the sponsoring organization's senior administrator overseeing the residency director and/or responsible for the residency program's resources, policies, and educational/training program. This body, or administrator, typically approves the residency program's mission/purpose, and budget. Additionally, they may hire, oversee, and evaluate the residency director. One or more team members will meet with the residency program's sponsoring organization's governing or administrative authority/official(s). Potential topics for discussion at meetings with the Sponsoring Organization's Governing or Administrative Authority/Official:

- Level of involvement in operation/administration of the residency program, as applicable
- Involvement/awareness of processes for program effectiveness/evaluation and data/results, as applicable
- Involvement in budgeting for the residency program
- Org structure, interaction with the residency director
- Resources and facilities that support the residency program
- Involvement in the self-study process/review/awareness
- Evaluation of residency director.

### **Affiliate Organization or Academic Affiliate of the Residency Program**

An affiliated organization or academic affiliate to the chiropractic residency program is an institution or organization that operates independently of the residency program but is directly or indirectly involved with the residency program. The academic affiliate or organization may provide guidance to the residency program and/or formal services such as instruction, resident support services, library and information technology to support research and scholarship, etc. One or more team members may meet with representatives of the academic affiliate organization.

- Discussion topics are dependent on the type and scope of services provided to the residency program
- Formal services provided by the academic affiliate organization are outlined in a contractual agreement.

### **3. Team Room, Team Meetings and "Open Meeting Room"**

Closed team meetings are held regularly to review progress, share findings and general observations about the requirements for accreditation within the *Standards*, develop an understanding of potential deficiencies, identify strengths, and discuss follow-up in specific areas. These meetings normally include brief team member reports on individual areas, discussion by the entire team, and a general review of progress on the draft team report in assigned areas. 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.

Prior to the site visit and in accordance with the Schedule of Events, the program is informed of their requirement to notify all constituencies of the program when the CCE site visit team is scheduled to be on campus, the location of the team room, and the "open meeting" times available. The "open meeting"

time is typically scheduled at the end of the day during each day of the visit (with the exception of the last day) to allow for informal confidential meetings with students or faculty who were unable to attend the open student-faculty meetings or to speak privately with the team. Team members make themselves available for these meetings, and they occur under the direction of the site team chair or his/her designee.

The program should provide the team with appropriate meeting room space and logistical requirements while on campus conducting the site visit. The CCE staff and program accreditation liaison will coordinate these efforts prior to the visit. Appendix V, Team Room Setup Requirements, provides guidance for this process.

#### **F. Document Review and Availability**

The documents required during the site visit normally are available in the team room devoted to team use during the visit. These documents should include items listed in the Required Site Visit Documents, as provided with the Executive Summary Report (ESR); items requested by the team; and items identified by the program that supplement their self-study report. Program documents should be provided in electronic format (e.g., USB flash drive, SharePoint access, etc.) and include a list and/or table of contents identifying the file name and file location.

The program is also required to maintain on-site and update, as necessary, all eligibility documents as outlined in Section 1 of the *Standards*. If these documents are not located in the team room, the program should identify their location. CCE staff or the site team must verify the program's eligibility documentation.

NOTE: In submitting materials for initial accreditation, continued accreditation, or other reporting procedures, the program agrees to comply with CCE requirements, policies, guidelines, decisions, and requests. During the processes of accreditation, the program must evidence full and candid disclosure and shall make readily available all relevant information. The program shall provide the CCE with unrestricted access to all parts and facets of its operations, with full and accurate information about program affairs, including evidence of institutional accreditation status and state authorization/licensure, as requested.

#### **G. Site Team Chair meetings with President/Dean/Program Director (during the visit)**

The site team chair meets with the president/program director to update and share information in an open dialogue. These briefings begin on the second day of the visit, the first meeting of the day, after the team chair has the opportunity to meet with the team following the first day's activities and discuss findings and/or observations. The CCE staff is also in attendance at these briefings to answer questions with regard to the accreditation process or CCE policies and procedures. During the meeting with the president/program director, communication may include requests for assistance or advice in obtaining information/documents required for site team review or questions from the president/program director.

Also, during these meetings with the president/program director, both parties will discuss and determine what type of exit meeting the team chair will provide at the end of the visit. In all instances, the team chair and president/program director will agree to the format of the exit briefing following the below examples:

1. Open forum; oral presentation of deficiencies and strengths, and open discussion about the process only (no questions relating to findings); or
2. Limited session (site team and selected program reps), oral presentation of deficiencies and strengths only.

#### **H. Site Team Chair Briefing with President/Program Director (last day of visit)**

The site team chair also meets with the president/program director on the last day of the visit, immediately preceding the exit briefing, to discuss the team's final findings in an open dialogue. The CCE staff also attend this meeting to answer questions with regard to the accreditation process or CCE policies and procedures. During the briefing, items discussed include:

1. Provide the president/program director with an opportunity for clarification/discussion
2. Provide collegial advice to the president/program director from the site team chair (if applicable)
3. Explanation of deficiencies to provide context for the deficiencies
4. Questions regarding CCE accreditation processes and timelines
5. Provide the president/program director with a verbal summary of commendations and deficiencies.

#### **I. Exit Briefing with Program**

The format of the exit briefing will be determined as outlined in Section G above, at the discretion of the president/program director and site team chair. The team and site team chair will then meet with program personnel, and the site team chair will conduct the exit briefing following the guidelines below:

1. Provides an opportunity for the president/program director to address attendees
2. Briefs attendees on type and scope/format of exit briefing (in accordance with Section G)
3. Restates and explains the purpose of accreditation and visit
4. Explains terminology of the report (i.e., deficiencies, etc.) as outlined in the Accreditation Manual
5. Review 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
6. Presents, without further review, oral statements regarding any deficiencies and/or strengths/commendations that will appear in the draft site team report
7. (If applicable) begins the open forum discussion regarding process only
8. Closes exit briefing by thanking the program for hosting the site visit. The site team exits the campus/site.

#### **J. DCP - Summary of Daily Schedule**

The following summary depicts a typical daily schedule during a comprehensive site visit to a DCP. Interim and focused site visits follow similar procedures with adjustments to the scope and the length of the schedule.

##### **Day One**

1. Arrive on campus; acquaint team with team room, facility, and document locations (normally 8 a.m.)
2. Complete a campus orientation tour (if necessary; limited to 15-20 minutes)
3. Conduct introductory meeting
4. Conduct individual and group interviews/meetings
5. Review the documents provided in the team room and others, as requested
6. Conduct informal confidential "open meeting" (if applicable)
7. Hold an evening team meeting (closed meeting, in the team room or at the hotel).

##### **Day Two**

1. Arrive on campus (approximately 8 a.m.)

2. Site team chair meeting with president/program director (first meeting of the day for chair, usually at 8:30 a.m.)
3. Continue conducting interviews/meetings
4. Verify evidence, data, and documentation as applicable to the requirements of the *Standards*
5. Conduct informal confidential “open meeting” (if applicable)
6. Hold an evening team meeting (closed meeting in the team room or at the hotel).

### **Day Three**

1. Arrive on campus (approximately 8 a.m.).
2. Site team chair meeting with president/program director (first meeting of the day for chair, usually at 8:30 a.m.)
3. Conclude interviews/meetings and scheduled follow-up(s) as necessary
4. Continue verification and validation of data, information, and documentation
5. Finalize data collection and source documentation
6. Conduct informal confidential “open meeting” (if applicable)
7. Hold an evening team meeting (closed meeting, in the team room or at the hotel to discuss deficiencies and commendations).

### **Day Four**

1. Arrive on campus (approximately 8 a.m.)
2. Site team chair briefing with president/program director (immediately preceding the exit interview)
3. Exit meeting (typically at 9 a.m.; earlier at the discretion of the team chair and president/program director).

## **K. Residency - Summary of Daily Schedule**

Residency program site visits may vary in length and the number of site team members depending on the size and structure of the residency program. The following summary illustrates the daily schedule for a 1.5-day site visit, as an example.

### **Day One**

1. Arrive on site; acquaint team with team room, facility, and document locations (approximately 8 am);
2. Complete a site orientation tour (if necessary; limited to 15-20 minutes)
3. Conduct introductory meeting
4. Conduct individual and group interviews/meetings
5. Review documents provided in the team room and others as requested
6. Hold an evening team meeting (closed meeting in the team room or at the hotel).

### **Day Two**

1. Arrive on site (approximately 8 a.m.)
2. Site team chair meeting with residency program CEO (first meeting of the day, usually 8:30 a.m.)
3. Conclude interviews/meetings and scheduled follow-up(s) as necessary
4. Continue verification and validation of data
5. Finalize data collection and source documentation
6. Hold 10 a.m. team meeting (closed meeting in the team room to discuss deficiencies and commendations)
7. Site team chair briefing with the residency program director at 11:30 a.m. (immediately preceding the exit interview)
8. Exit briefing (approximately at 12 p.m.)

## **Section VII Site Team Report and Program Response**

### **A. Site Team 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 *Standards*, Section 2. In preparing the team report, the site team chair may seek advice from the CCE staff about report organization, formatting, and content.

The site team chair ensures the clarity of the composite report and the accuracy of the summary listing of any strengths and deficiencies. The report is a qualitative assessment of the entire program, but it need not be lengthy. The report addresses how the program meets the *Standards*, noting unique characteristics and/or strengths. Validated and verified areas that do not meet the *Standards* are addressed as deficiencies, and program strengths as commendations. The report must be clear and constructive to assist the program. The evidence used to arrive at such conclusions must support evaluative statements.

The report clearly describes any deficiencies. The report must *not* contain critical material not supported by findings or outside of the scope of the *Standards*.

The site team does not stipulate whether or not the program is in compliance with the *Standards*, as this is the prerogative of the Council. However, the team must describe in the narrative the activities and supporting data to determine how the program addresses and fulfilling each requirement of the *Standards*, including any subsequent deficiencies and/or commendations.

### **B. Site Team Report Review & Distribution Process**

#### **1. Draft Report & Corrections of Errors in Fact**

The draft report is distributed to each team member either by the site team chair or the CCE administrative office within 5 days of the last day of the visit.

- a. Within six days of receipt of the draft report, team members review the report and provide narrative clarifications and/or edits to the site team chair and CCE staff.
- b. Within four days of the team member's response, the site team chair, with assistance from the staff, assembles the final version of the draft report, and the CCE administrative office sends it to the president/program director with a Corrections of Errors in Fact letter/email.
- c. Within seven days of receipt of the letter/email, the president/program director responds to the CCE administrative office and site team chair with correction of errors in fact. Other than factual errors, i.e., title/name designation, number corrections, etc., the context of the draft site team report is not open to editing by the president/program director at this time. (Note: The program will be granted an opportunity at a later date to provide feedback on the entire process, this is not the time for the program to respond to identified deficiencies. See Section VIII.A, Site Visit Team Process Evaluation.)
- d. If such substantiation is extensive, the site team chair may need to communicate with team members before completing the final report.

#### **2. Final Report**

Once any indicated errors of fact have been verified and corrected by the site team chair, an electronic version of the final report is sent to the CCE administrative office.

- a. Within five days of receipt of the corrections of errors in fact, the CCE administrative office sends a cover letter/email and an electronic version (email) of the final report to the president/program director and Accreditation Liaison. An electronic version of the report is also sent to the site team. This normally occurs within four weeks of the conclusion of the site visit.
- b. The CCE administrative office also sends a copy of the cover letter/email to the DCP governing board chair or residency governing/administrative official, as an FYI notice of the scheduled status review meeting with the Council.

### **3. Program Response**

Upon receipt of the final report, the program must submit a formal written response to the content. This response is normally submitted 55 days following the conclusion of the site visit and must be received in the CCE administrative office no later than 30 days prior to the Council Status/Progress Review Meeting.

- a. The program response must include the entire site team report text with response text in larger, bold type or blue font at the appropriate places within the report narrative. The program *must* respond to any deficiencies identified in the team report.
- b. Proper documentation and/or attachments must support and clarify the program response.
- c. The narrative of any response to the site team report must also describe any major program changes made since the site team visit. An explanation of these must be provided in the narrative of the program response to the team report.
- d. The program must send one (1) electronic version (email or SharePoint) of its response to the CCE administrative office in accordance with the cover letter and Team Report Timetable.
- e. The Council is provided a copy of the program's *Response to the Final Site Team Report*, approximately 30 days prior to the scheduled Council meeting.
- f. The team report then becomes the property of the program.
- g. 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.

### **4. Review of Program Response to Final Report**

Program responses to final site team reports are submitted to the CCE staff and reviewed at the annual and semi-annual meetings by the Council for discussion and required action. Prior to each meeting, the Council Chair assigns primary and secondary review responsibilities to councilors regarding program response reports. Following the meeting, the Council provides correspondence to the program regarding the action of the Council.

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

### **A. Site Visit Team Evaluations**

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 CCE staff distribute site visit evaluations and request completion of the evaluations following the conclusion of the site visit. The site team evaluations enable the site team chair to evaluate the performance of each team member, make recommendations about future site team service, and provide comments regarding the overall process. Additionally, each site team member evaluates the site team chair and the CCE staff and has the opportunity to provide feedback on the site visit process. In addition, following the site visit, the CCE staff provides the *Site Visit Questionnaire* form (Council Form 13) to the Accreditation Liaison for feedback



regarding the pre-visit, visit, and post-visit activities, allowing for comments/suggestions from the program concerning the overall process. All such comments are confidential to the Council and CCE staff.

## **B. Disposition of Documents**

Except in the cases where the Council places the program on warning or probation or makes an adverse accrediting decision (denial, withdrawal, or revocation), the CCE staff notifies the site team chair and team members to destroy all materials and electronic files pertaining to the visit following the status decision by the Council. If an adverse accrediting decision is made, the site team chair and team members are notified to maintain and/or submit all documentation to the CCE administrative office for reference and information in the case of an appeal and in accordance with the CCE Records Management and File Plans.

## **Section IX Review of Monitoring Reports**

### **A. Progress Reports**

Progress reports address previously identified areas of deficiencies or non-compliance with a Standard and/or Policy that require monitoring. Progress Reports must be submitted to the Council, on a date established by the Council (reference Appendix III, DCP Reporting Requirements). CCE staff will notify the program if the report is not in the proper format and/or missing elements, as established in the Council letter to the program, and may request additional information prior to submission to the Council. The Council will notify the program if an appearance by program representatives will be required at the next Council meeting.

The program is required to address the following areas as delineated in the Council letter:

- a. Reference the appropriate Standard(s)/Policy(ies) (non-compliance or deficiency) requiring monitoring.
- b. Provide a narrative describing actions taken by the program to resolve the deficiency or improve the deficiency.
- c. Provide the evidence and outcomes data to demonstrate the deficiency is resolved, or evidence outcomes data to demonstrate significant progress, including the date by which those results should be realized.
- d. Major variances between planned and actual data must be explained.
- e. Provide specific supporting documentation and/or data to evidence resolution of the deficiency.

### **B. DCP - Program Characteristic Reports (PCRs)**

Periodic Program Characteristic Reports (PCRs) are submitted to the Council in accordance with the CCE policies and procedures. The CCE staff provides notification letters and report templates to the DCP in the spring and fall, approximately 90 days prior to the PCR submission date, in accordance with the CCE Schedule of Accreditation Activities. PCRs are required as one of the reporting requirements the Council utilizes to continuously monitor and evaluate its accredited programs at regularly established intervals to ensure the programs remain in compliance with the CCE *Standards* and policies.

PCRs are coordinated with the CCE staff and reviewed at the annual and semi-annual meetings by the Council for discussion and required action. Prior to each meeting, the Council Chair assigns primary and secondary review responsibilities to Councilors regarding PCRs. Following the meeting, the Council will provide correspondence to the DCP regarding the Council's action.

### **C. DCP - Program Enrollment & Admissions Reports (PEARs)**

Annual Program Enrollment & Admissions Reports (PEARs) are submitted to the Council in accordance with the CCE policies and procedures. The CCE staff provides notification letters and report templates to the DCP in the fall, approximately 60 days prior to the PEAR submission date. PEARs are required as one of the reporting requirements the Council utilizes to continuously monitor and evaluate its accredited programs, at regularly established intervals, to ensure the programs remain in compliance with the *Standards*, policies, and in accordance with the annual enrollment reporting requirements established by the U.S. Department of Education.

PEARs are coordinated with the CCE staff and reviewed at the annual Meetings by the Council for discussion and required action. Prior to each meeting, the Council Chair may assign review responsibilities to Councilors regarding PEARs. Following the meeting, the Council provides correspondence to the DCP regarding the action of the Council.

### **D. DCP - Interim Site Visit Reports**

CCE staff provides the program with a notification letter approximately nine (9) months prior to an interim site visit, in accordance with the CCE Schedule of Accreditation Activities. The notification letter also addresses potential dates for the site visit.

Following receipt of the interim site visit date(s), the program is provided with instructions and the due date to submit an Interim Report, addressing specific areas of the *Standards*. The Council utilizes interim site visits to monitor and evaluate accredited programs, at regularly established intervals, to ensure programs remain in compliance with CCE *Standards* and policies.

Interim Site Visit Reports are initially forwarded to the site visit team for review, no later than 30 days prior to the date of the site visit to the program. The Interim Site Visit Report, along with the Program Response to the Site Team Report, are then coordinated with the CCE staff and reviewed at the annual or semi-annual meetings by the Council for discussion and required action. Prior to each meeting, the Council Chair assigns primary and secondary review responsibilities to Councilors regarding interim site visits. Following the meeting, the Council provides written notification to the program regarding the accreditation decision and Council action.

### **E. Special Reports**

In extenuating circumstances, the Council may request special reports from the program outside of the normal Council Meeting schedule in preparation for a Special Meeting of the Council to discuss and deliberate regarding the information provided in the report. In these instances, the Council usually convenes these meetings for the benefit of the program to provide expeditious action for various reasons. In other instances, the Council may convene these meetings due to matters requiring emergent action as determined by the Council.

Formatting for PCRs, PEARs, and Interim Site Visit Reports is specific to those reports and provided to DCPs in advance of scheduled submission dates.

## **Section X Program Appearance before the Council**

### **A. Review of Application Documentation**

In preparation for the status review meeting, Councilors review and evaluate the documents comprising the application for initial or continued accreditation. Reviews include the self-study report, the site team report, the program's response to the site team report, and any other documents relevant to the accreditation process. Councilors focus on specific areas as assigned by the Council Chair in preparation for the entire Council to discuss and ask questions of the program representatives.

### **B. Meetings with Program Representatives**

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

- a. The Council Chair (or designee)
  - Excuses Councilors with previously identified conflicts of interest and requests the remaining Councilors inform the Council Chair if any other known or perceived conflicts of interest may exist regarding the program
  - Determines eligibility of Councilors to participate in the evaluation of the program based on any disclosure of conflicts of interest (that had not been previously identified) and in accordance with CCE Policy 18, *Conflicts of Interest*
  - Introduces primary and secondary reviewers of the program to provide a briefing
  - Assigns Councilors to ask questions of the program representatives during the appearance (if applicable).
- b. Primary and secondary reviewers (assigned Councilors by the Council Chair) provide a brief analysis of their findings and recommendations to the Council.
- c. CCE staff provide the Council with a summary of each program with required reporting, which includes, history/background for the current report, list of outstanding deficiencies from any Council accreditation letter in the current accreditation cycle, and the next routine accreditation activity for the program. Furthermore, CCE staff provide an analysis of applications for eligibility (Initial Accreditation), Program Changes, and/or Progress Reports when deemed appropriate by the CCE President.

#### **2. Welcome/Appearance**

The Council Chair (or designee):

- a. Introduces/recognizes the Council, CCE staff, and any other representatives/observers
- b. Requests the president/program director introduce his or her delegation
- c. States the purpose of the meeting (e.g., status review, progress review, or initial accreditation) and identifies the program report(s) under review by the Council
- d. Reiterates meeting time limits, and discloses policies and procedures regarding meeting proceedings, i.e., a one-hour time limit is recognized for the appearance; however, the Council Chair reserves the right to adjust the time accordingly. NOTE: The appearance with the Council is designed to provide another opportunity for the program to explain its processes and/or as outlined in the program response report. Additional written materials from the program are not allowed during the appearance unless approved by the Council Chair prior to the meeting date.

#### **3. Meeting Protocol – Interaction and Communication**

- a. The Council Chair invites the president/program director to make an opening statement

- b. Questions are posed to any of the program representatives by the Councilors. The program representatives may refer questions to other members of their delegation, if appropriate
- c. During the appearance session with the program, the meeting is under the direction and guidance of the Council Chair (or designee)
- d. The Council Chair invites concluding remarks by the president/program director.

**4. Close of Meeting**

The Council Chair thanks the program representatives and informs them that the Council will deliberate and provide a written decision to the program regarding any accreditation actions (typically within 30 days following the meeting).

**5. Post-Meeting Session**

Following the status or progress review meeting with program representatives, the Council Chair then facilitates discussion among the Council until a consensus decision is made regarding any deficiency(ies). Finally, the Council considers all documentation and oral presentations and makes a consensus decision regarding all accreditation actions for the program.

**6. Outcomes**

The various options for Council accreditation decisions and actions are described and outlined in the *CCE Standards*, *Residency Standards*, and/or *Manual of Policies*, as applicable. In all cases, the Council provides a written decision regarding the accreditation status of the program. Questions regarding decisions and actions should be directed to the Council Chair and/or CCE President.

## Appendix I – Council Form 15, Accreditation Status Form - DCP

### Accreditation Status

Prepared for *The Council on Chiropractic Education*,  
10105 E. Via Linda, Suite 103 - 3642, Scottsdale, AZ 85258-4321. Tel: 480-443-8877. Email: cce@cce-usa.org.

Program Name: \_\_\_\_\_

Address \_\_\_\_\_

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

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

Prepared for the \_\_\_\_\_ (Month/Yr) meeting of the Council, based on the [Month, Year] *CCE Accreditation Standards, Principles, Processes & Requirements for Accreditation*

#### DCP Summary

Type of accreditation status currently held: Programmatic

Date accreditation with CCE began (Mo/Yr): \_\_\_\_\_

Date of last status review meeting with Council (Mo/Yr): \_\_\_\_\_

Date of next self-study report due to Council (May/Oct Yr): \_\_\_\_\_

Date of next comprehensive site visit review (Spring/Fall Yr): \_\_\_\_\_

Date of next status review meeting with the Council (Jan/Jul Yr): \_\_\_\_\_

Date of next PCR due to Council: \_\_\_\_\_

Date of next Progress Report due to Council (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Name of Chief Executive Officer

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

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

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

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

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

\_\_\_\_\_  
Chief Executive Officer Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## Appendix II – Council Form 16, Accreditation Status Form - Residency

### Accreditation Status - Residency

Prepared for the Council on Chiropractic Education (CCE),  
10105 E. Via Linda, Suite 103 - 3642, Scottsdale, AZ, 85258-4321 - Phone: 480-443-8877

Program Name: \_\_\_\_\_

Address \_\_\_\_\_

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

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

Prepared for the \_\_\_\_\_ (Month/Year) Meeting of the Council based on the [Month, Year] CCE Residency Program Accreditation Standards; Principles, Processes and Requirements for Accreditation.

#### Residency Summary Verification

Date accreditation with CCE began (Mo/Yr): \_\_\_\_\_

Date of last status review meeting with Council (Mo/Yr): \_\_\_\_\_

Date of next self-study report due to Council (May/Oct Yr): \_\_\_\_\_

Date of next comprehensive site visit review (Spring/Fall Yr): \_\_\_\_\_

Date of next status review meeting with the Council (Jan/Jul Yr): \_\_\_\_\_

Date of next Monitoring Report due to Council (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Name of Residency Program CEO (or equivalent) Telephone Number

\_\_\_\_\_  
Name of Governing/Administrative Official Title of Governing/Administrative Official

\_\_\_\_\_  
Governing/Administrative Official Email Address

\_\_\_\_\_  
Governing/Administrative Official Address

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

\_\_\_\_\_  
Residency Program Director Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## Appendix III – Program Reporting Requirements

### Deadline Dates 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 due dates are intended to guide successful completion of reports and assist Programs in preparation and planning; in many cases, correspondence and/or instructions to the Program will provide exact dates for submission.

<b>Report</b>	<b>Date Due *</b>
Application for Initial Accreditation	by May 1 (for review at July meeting) by November 1 (for review at January meeting)
Self-Study	April 1 or October 1
Self-Study Update	No later than 30 days prior to the site visit
Interim Site Visit Reports**	February 1 or August 1
Progress Report (No site visit)	June 1 or December 1
Progress Report (Site Visit required)	February 1 or August 1
Response to Requests for Information	Determined by Council
Response to Site Team Reports	Reference Team Report Timetable (Appendix IV)
Program Characteristic Report**	May 31 or November 30
Program Enrollment & Admissions Report**	December 1
Program Change Application Notification and/or Reporting	See CCE Policy 1, Program Changes Requiring
Special Report Requested by Council	Determined by Council

\* **Due dates that fall on a weekend or holiday are extended to the next business day**

\*\* **Reports not applicable to the Residency Programs**

**All reports:** Send one (1) electronic version (email, SharePoint, etc.) to the CCE administrative office for review. Following review and notification, the Program may be required to make revisions and submit final copies (electronic) to the CCE administrative office. The CCE administrative office will, in turn, distribute 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, the report is not provided to those individuals.

NOTE: Requests for extension of submittal dates must be made in writing to the Council Chair by the president/program director). Documents distributed and prepared by the Council may not be altered by the Programs.

## Appendix IV– Example Team Report Timetable

### TEAM REPORT TIMETABLE

(Program)  
(Dates of Visit)

(Date)

**Exit Interview (Last Day of Visit)**

Site team chair and team members meet with the president/program director and any administrative staff or others the president/program director wishes to have present, at which time the site team chair provides an oral presentation regarding any strengths and/or deficiencies.

(Date)

**Draft Report Assembled (Last Day + 5 days)**

Site team chair and CCE administrative office staff assembles the draft site team report and distributes to all team members for their review.

(Date)

**Team Members Respond (Last Day + 11 days)**

Team members review draft site team report and provide edits to site team chair and CCE administrative office staff. Site team chair approves draft site team report for distribution.

(Date)

**Draft Report (Last Day + 15 days)**

CCE administrative office staff sends draft site team report to president/program director for review of Corrections of Errors in Fact.

(Date)

**Corrections of Errors in Fact (Last Day + 22 days)**

Corrections of Errors in Fact are sent from the DCP to the site team chair and CCE administrative office. Site team chair approves final site team report for distribution.

(Date)

**Final Report (Last Day + 27 days)**

CCE administrative office staff sends final site team report to president/program director, accreditation liaison, DCP governing board chair, site team members and Council Chair.

(Date)

**DCP Response (Last Day + 55 days)**

Response to the final site team report is sent from the DCP to the CCE administrative office for distribution to the Council.

**NOTE: \*Due dates that fall on a national holiday/weekend are adjusted accordingly. The DCP Response to the final site team report must be at least 30 days prior to the Council Status Review Meeting in accordance with CCE policies and procedures.**



## **Appendix V – Team Room Setup Requirements**

### **Site Team Visit - Team Room Setup Requirements**

**The following items/systems should be available in the team room (on campus/site):**

**Note: Adjust according to the number of site team members**

1. Keys to the Team Room
  - one (1) for **each** team member and CCE staff
2. Team member access to a printer:
  - log-in/password for team members' own devices, or one computer set-up in the team room with printer access
3. Power cord/surge protector for CCE site team's and staff's personal laptops (6-8) on team room table
4. Secure Wi-Fi access
  - provide log-in and password information and instructions
5. Copier (easy access for team members, not required in team room)
6. pens and pencils, post-it notes, and pads of paper
7. Nametag for each team member (preferably with lanyard)

Name Tag Example:           Dr. Chris Smith  
  CCE Site Team

**Typically, the college provides snacks and beverages in the AM and PM in the Site Team Room, e.g., coffee, tea, water, juice, pastries, chips, nuts, etc.**

**If the college campus does not have a cafeteria, please arrange to order take-out lunches for the site team each day.**