

COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION

***ACCREDITATION OF COLLEGES OF
OSTEOPATHIC MEDICINE:
COM Accreditation Standards and Procedures***
(Effective: July 1, 2007)



AMERICAN OSTEOPATHIC ASSOCIATION

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ACCREDITATION OF COLLEGES OF OSTEOPATHIC MEDICINE: COM ACCREDITATION STANDARDS AND PROCEDURES

INTRODUCTION TO COM ACCREDITATION AND THE COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION

Role of Accreditation

The American Osteopathic Association Commission on Osteopathic College Accreditation (COCA) is the only accrediting agency for predoctoral osteopathic medical education, and is recognized by the United States Department of Education (USDE).

Accreditation action taken by the COCA means a college or school of osteopathic medicine (COM) has appropriately identified its mission, has secured the resources necessary to accomplish that mission, shows evidence of accomplishing its mission, and demonstrates that it may be expected to continue to accomplish its mission in the future. Accreditation of a COM means that the COM incorporates the science of medicine, the principles and practices of osteopathic manipulative medicine, the art of caring and the power of touch within a curriculum that recognizes the interrelationship of structure and function for diagnostic and therapeutic purposes; recognizes the importance of addressing the body as a whole in disease and health; and recognizes the importance of homeostasis and self-regulation in the maintenance of health.

Accreditation signifies that a COM has met or exceeded the AOA standards for educational quality with respect to mission, goals, and objectives; governance, administration, and finance; facilities, equipment, and resources; faculty; student admissions, performance, and evaluation; preclinical and clinical curriculum; and research and scholarly activity.

The process of accreditation is a cooperative activity calling for continuing self-assessment on the part of each COM, periodic peer evaluation through on-site visits and other reviews directed by the COCA.

A Brief History of AOA College Accreditation Activities

The history of the accreditation of colleges of osteopathic medicine shows that from the very start in the late nineteenth century the osteopathic profession has been interested and active in assisting colleges in the attainment and maintenance of high educational standards.

The American School of Osteopathy was established by Dr. Andrew Taylor Still, a registered physician and surgeon in the State of Missouri, at Kirksville, Missouri. The college's corporate charter (May 11, 1892) granted the right to confer the Doctor of Medicine (M.D.) degree. However, the governing body of the school chose to award the Doctor of Osteopathy (D.O.) degree.

A number of osteopathic colleges had been established by 1898. However, there was a lack of uniformity in the admission and graduation requirements of the various colleges. In these early years, osteopathic educators and leaders recognized the fact that the attainment and maintenance of high educational standards was essential. The American School of Osteopathy issued an invitation to all osteopathic colleges to attend a meeting in Kirksville, Missouri, June 28, 1898, to form an association of osteopathic colleges.

In 1897, the first Constitution of the American Association for the Advancement of Osteopathy (forerunner of the American Osteopathic Association) was adopted and among the several committees provided for was the Committee on Education. The 1901 Constitution of the American Osteopathic Association provided that the Committee on Education, together with the Executive Committee of the Associated Colleges of Osteopathy, should constitute a joint committee to:

- a. Investigate schools applying for membership in the Associated Colleges of Osteopathy;
- b. Make an annual investigation of schools who were already members; and
- c. Make an annual report on these schools to the Board of Trustees of the American Osteopathic Association.

The Committee on Education was charged with the duty of reporting annually on the condition of each school. The Board and members of the Association were primarily interested in the following:

- a. "Do the charter, equipment and work of a particular school correctly represent osteopathy?"
- b. "What kind of person, both as to general character and professional qualifications, who just from school, has opened an office near me for the practice of the same profession?"

In 1901, the joint committee adopted the policy of appointing a member of the profession to serve as "college inspector," sometimes referred to as "censor". In 1902, the Bylaws of the American Osteopathic Association for the first time provided machinery for the inspection and approval of osteopathic colleges. The first college inspection was made in 1903, and on the basis of the report to the Board of Trustees, the members of the Associated Colleges of Osteopathy were approved. By 1915, it was agreed that expenses of college accreditation would be borne by the American Osteopathic Association.

In 1923, the AOA Department of Education was changed to "The Bureau of Professional Education," and two years later, "The Bureau of Colleges" was added. In 1928, the two bureaus were joined together, and in 1930, the Bureau of Professional Education and Colleges was established. In the following year the Board of Trustees approved a recommendation that the Chair of the Bureau of Professional Education and Colleges and the Chair of the Committee on College Inspection, a sub-committee of the Bureau, should be one and the same person.

In 1938, a policy was adopted to create official inspection committees of two or three members to inspect each osteopathic college at least once every two years. In 1949, a new policy of college inspection, known as the "Survey Committee," was adopted, which provided for a complete survey of each college to be performed by a survey team of from four to seven members at least every three years.

In 1952, the American Osteopathic Association was initially recognized by the United States Department of Education. In 1959 - 1960, after several years of study, a reorganization of the education structure of the American Osteopathic Association took place. In order to bring all facets of osteopathic education under one body, a new Bureau of Professional Education was organized.

The National Commission on Accrediting recognized the American Osteopathic Association in 1967. The National Commission on Accrediting was the predecessor to the Council on Postsecondary Accreditation. On January 1, 1994 the Council on Postsecondary Accreditation

reorganized as the Commission on Recognition of Postsecondary Accreditation. On January 1, 1997, the Commission on Recognition of Postsecondary Accreditation (CORPA) was reorganized as Council on Higher Education Accreditation (CHEA), which is the non-governmental agency recognized by higher education institutions to approve, and recognize national agencies for accreditation purposes.

Effective in 1993, the Bureau renamed its committees and currently coordinates four councils that deal with various phases of osteopathic education:

- a. The Council on Predoctoral Education, the evaluating unit of undergraduate medical education;
- b. The Council on Postdoctoral Training, the evaluating unit of internships, residencies, preceptorships and other post-graduate medical education programs;
- c. The Council on Continuing Medical Education, the unit which evaluates programs and recommends approval of CME credits; and
- d. The Council on International Osteopathic Medical Education and Affairs.

These councils were responsible for evaluating the programs under their purview and making initial recommendations to the AOA Bureau. The AOA Bureau served as the accrediting and final approval agency for colleges of osteopathic medicine. The Board of Trustees was the final appeal body for decisions of the Council on Postdoctoral Training, and was the final approving and appeal body for the Council on Continuing Medical Education.

In 2001, the Task Force to Study the Structure of the Department of Educational Affairs began to broadly review the structure of the Department of Educational Affairs, with an emphasis on the AOA Bureau. In February 2003, the Task Force presented its final report to the AOA Board of Trustees for approval. The result of this Task Force was to split the functions of the AOA Bureau into two separate decision making bodies.

The Bureau of Osteopathic Education (BOE) will be responsible for postdoctoral education and continuing medical education and will have five committees reporting to it. Of those five committees, three are new. The five committees are: 1) Council of Hospitals (new); Osteopathic Medical Educators Council (new); Council of Osteopathic Specialty Societies (new); Council on Postdoctoral Training; and Council on Continuing Medical Education. The BOE will begin its new functions by July 2004.

The college accreditation process was re-organized into the Commission on Osteopathic College Accreditation (COCA), a single purpose committee that will function as the final decision making body for college accreditation. The COCA, which began functioning with the present membership of the Bureau of Professional Education in January 2004, at least initially, will have the Council on Predoctoral Education as its review committee until a permanent structure of the COCA is established.

In February 2004, the AOA Board of Trustees voted to approve the recommended structure of the COCA, which included the elimination of the Council on Predoctoral Education. The COCA is the accrediting body for colleges of osteopathic medicine that reviews, evaluates and establishes the accreditation status of a COM.

Mission, Goals and Objectives of the COCA

The COCA serves the public by establishing, maintaining, and applying accreditation standards and procedures to ensure that academic quality and continuous quality improvement delivered by the COMs reflect the evolving practice of osteopathic medicine. The scope of the COCA encompasses the accreditation of COMs.

Goals and Objectives

Goal 1

To serve the public and the community of interest by ensuring the continued effectiveness of the COCA.

Objectives:

1. Maintain an independent and objective accreditation process.
2. Inform the public and the communities of interest regarding the accreditation status of programs and institutions.
3. Develop and implement policies with integrity and high ethical standards.
4. Continue to seek the most cost effective way to provide the services of the COCA.
5. Develop and disseminate information that demonstrates the effectiveness of the COCA's operations.
6. Maintain liaison between the COCA and its constituents.
7. Keep the community of interest informed of current trends and developments in specialized accreditation.
8. Serve as a resource on accreditation.

Goal 2

To develop, maintain, apply and periodically review the COCA's accreditation processes and the accreditation standards for COMs.

Objectives:

1. Review COMs programs and institutions and make accreditation decisions in accordance with COCA's standards and procedures and the COM's mission, goals and objectives.
2. Establish and disseminate standards, policies and procedures in the accreditation manual for the COMs accredited by the COCA.
3. Comprehensively review the accreditation standards at least every five years.
4. Solicit suggestions from accrediting teams relative to standards, procedures, and process.
5. Solicit suggestions from the community of interest relative to standards, procedures, and process.
6. Identify competent individuals and provide appropriate training so they can participate in accreditation on-site visits.
7. Evaluate the performance of all evaluators and use the results of the evaluations to identify areas needing emphasis in the training process.
8. Monitor programs in the interim between on-site visits through the use of annual reports, progress reports, interim progress reviews, and focused visitations.

Goal 3

To foster continuous quality improvement of osteopathic medical education by encouraging innovation and creativity in COM's programs and institutions.

Objectives:

1. Communicate to the community of interest that the COCA encourages innovation and creativity in the COM.
2. Ensure that the policies and the procedures of the COCA do not inhibit innovation.
3. Ensure that the COCA and *Evaluators Registry* members perceive innovation as a necessary and positive approach to foster continuous quality improvement in osteopathic medical education.
4. Create standards which tie institutional planning to ongoing assessment of COM effectiveness.

Goal 4

To assure the continued effectiveness of the accreditation process by the development and application of continuous quality assurance, self-assessment, and external review of the COCA.

Objectives:

1. Maintain recognition by the USDE.
2. Seek external review by organizations that recognize accrediting bodies and follow accepted codes of good practice.
3. Engage in planning and conduct periodic self-assessments.
4. Evaluate and test the validity and reliability of the COCA's processes.
5. Maintain a committee structure that involves COCA members, and other experts in planning, quality improvement, and self-assessment.
6. Seek regular input from the community of interest relative to planning, quality improvement, and self-assessment.

United States Department of Education (USDE) Recognition

The COCA will submit the following information to the Secretary of the USDE, either as a matter of course or on request:

1. Notice of final accrediting action taken by COCA with the respect to the COMs it accredits.
2. A copy, updated annually, of the directory of accredited COMs.
3. A summary of the COCA's major accrediting activities during the previous year (an annual data summary), and any additional information if so requested by the Secretary to carry out the Secretary's responsibilities in specific federal legislation and regulation.
4. The name of any COM the COCA accredits that COCA has reason to believe is failing to meet its Title IV Higher Education Act (HEA) program responsibility or is engaged in fraud or abuse, including the reason for the concern.

CHAPTER I: COM ACCREDITATION STANDARDS

Introduction

This chapter defines the accreditation standards against which COMs are evaluated for accreditation by the COCA. The AOA, COCA and each accredited COM are required to adhere to the policies, procedures and standards contained in the official COCA document: *Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures*.

Standard One: Mission, Goals, and Objectives

- 1.1 The COM must have a clearly defined mission statement, including goals and objectives appropriate to osteopathic medical education that addresses teaching, research, service, including osteopathic clinical service, and student achievement.

Guideline: The mission statement should be clear and concise, and provide in a concise format what the COM does. The mission statement should be communicated to faculty, staff, students and other communities of interest. The mission statement should be periodically reviewed and revised as necessary.

- 1.2 Each COM must maintain in effect any charter, licenses or approvals required for it to function as a college of osteopathic medicine in the jurisdiction in which it operates.

- 1.3 The COM must connect its learning outcomes assessment to mission plans and objectives in order to continuously improve the educational quality of its osteopathic medical education program.

- 1.3.1 The planning processes must incorporate formative and summative reviews of student achievement including, but not limited to: COMLEX-USA Level 1 and COMLEX-USA Level 2 passage rates; licensure, geographic area of practice, obtainment and completion of a postdoctoral program, and AOA or ABMS board certification.

Guideline: Strategic planning is essential to ensure the quality of the osteopathic medical education program. An assessment program should be an ongoing, systematic process that provides the means for assessing student achievement, program effectiveness, and opportunities for improvement.

- 1.4 The COM must have a process that will contribute to the advancement of knowledge through research and scholarly contributions in the fields of the basic biomedical sciences, clinical medicine and osteopathic principles and practice.

Guideline: Contributing to the existing body of knowledge is an important component to osteopathic medical education and higher education.

- 1.5 A COM must provide to the community distinctive osteopathic healthcare including osteopathic manipulative medicine.

Guideline: Understanding the importance of clinical service is essential in training osteopathic physicians. Such contributions will enable students and faculty an opportunity to interact with various communities and contribute to the mission of the COM.

- 1.6 The COM must have a process that addresses the development and planning for the appropriate affiliations necessary to provide predoctoral clinical experiences sufficient in scope to accommodate the clinical curriculum for its students.

Guideline: The COMs should embrace the educational continuum of its students from predoctoral education, which leads to the professional degree, to completion of that graduate's postdoctoral education at the internship and residency level.

Standard Two: Governance, Administration, and Finance

- 2.1 The COM, and/or its parent institution, must develop and implement bylaws, or equivalent documents, that clearly define the governance and organizational structure that enables the COM to fulfill its mission and objectives.

- 2.1.1 Responsibilities of the COM administrative and academic officers and faculty must be clearly defined in the COM, and/or its parent institution's, bylaws, or other equivalent documents.

Guideline: Clearly defining the COM's, and/or its parent institution's, governance and organizational structure enables others to clearly identify lines of authority and to understand how the COM will meet its mission and objectives.

- 2.1.2 The COM's, and/or its parent institution's, bylaws or equivalent documents must include, but not be limited to, conflict of interest, due process, disclosure, non-discrimination, confidentiality of records, and fiscal accountability.

- 2.1.3 The COM, and/or its parent institution, must satisfy such provisions as may be required by applicable law and regulations.

- 2.2 The governing body will confer the degree Doctor of Osteopathy (D.O.) or Doctor of Osteopathic Medicine (D.O.) upon those students who have satisfactorily completed the requirements for graduation and have been recommended for graduation by faculty.

- 2.3 The COM must have financial resources and reserves to achieve and sustain its educational mission and objectives.

- 2.4 The Chief Academic Officer must have the responsibility and authority for fiscal management of the COM.

2.5 The Chief Academic Officer must have relevant training and experience.

Guideline: This experience will usually include but is not limited to: dean, associate dean, assistant dean, or chair of an academic unit at a college of osteopathic medicine, college of allopathic medicine, military or public health facility.

2.5.1 The Chief Academic Officer must have an earned DO degree from a COCA accredited COM.

2.5.2 The Chief Academic Officer must have AOA board certification.

2.5.3 The Chief Academic Officer must be employed full time by the COM and will *not* engage in other gainful employment outside the institution.

2.6 The COM must have a Chief Financial Officer who has training and experience relevant to the position.

2.7 The COM's senior administrative leadership must collectively demonstrate experience and training in higher education and medical education.

Guideline: The senior administrative leadership includes, but is not limited to the Chief Executive Officer, Chief Academic Officer, and Chief Financial Officer.

2.8 The selection of administrative personnel must not discriminate on the basis of race, gender, color, religion, creed, national origin, age, or disabilities.

Guideline: A diverse administrative staff provides the richness necessary for medical education. A COM should make every effort to hire administrative staff from a diverse background to foster that richness while meeting its mission and objectives.

Standard Three: Facilities, Equipment, and Resources

3.1 A COM must have available sufficient and appropriate facilities for the program of instruction that enable students and faculty to successfully pursue the educational goals and curriculum of the COM.

Guideline: Facilities should include appropriate classroom and laboratory space to facilitate attainment of the curricular objectives.

3.1.1 The COM must have a continuous assessment process that reviews all facility resources appropriate to achieve the COM's mission and objectives.

3.2 The COM must provide access to appropriate learning resources necessary to support the curriculum.

Guideline: Resources should include, but not be limited to: Library resources; computer technology to access online databases; use of other media and other technology as appropriate.

- 3.3 The learning resources of all campuses and affiliated teaching sites must be reviewed by the COM to ensure delivery of the curriculum.

Guideline: The COM should identify the specific learning resources necessary for their students at each affiliated site. COMs should conduct an evaluation of all affiliated sites to ensure each site has the necessary space, technology, and other material as identified by the COM.

Standard Four: Faculty

- 4.1 The COM must have sufficient and appropriately trained faculty at the COM and at its affiliated and educational teaching sites to meet its mission and objectives.

- 4.1.1 Faculty must include osteopathic physicians, basic scientists, and other qualified faculty to carry out the COM's mission and objectives.

Guideline: The COM should develop a faculty adequacy model appropriate to the COM's mission and objectives and curriculum delivery model. The method used by the COM to calculate the model should be fully described and documented.

- 4.1.2 The COM must academically credential or approve the faculty at all COM and COM-affiliated and educational teaching sites.

Guideline: The process should be consistent with the COM's established faculty academic credentialing or approval procedures and should include regular reviews based upon the COM's established methods of faculty evaluation.

- 4.2 The department chair must have proven experience in teaching and academic leadership in a medical education setting.

- 4.2.1 In the clinical departments or disciplines of family medicine, internal medicine, and pediatrics, chairs must be AOA board-certified.*

Guideline: The COM should have an organizational structure that can provide faculty leadership. This can be done through faculty departments or divisions.

- 4.2.2 In those specialty clinical disciplines represented on the AOA Bureau of Osteopathic Specialists, the chair must be AOA Board-certified or ABMS-certified in one of the disciplines included within the department.

- 4.3 The COM must develop and implement an assessment process that reviews faculty resources to ensure that these resources continue to meet the COM's mission and objectives.

* As of January 2004, those physicians, who are not AOA board-certified, and are currently serving as chair, may continue to serve in that position. However, when the chair position becomes open, Standard 4.2.1 must be implemented.

- 4.4 The selection of faculty must not discriminate on the basis of race, gender, color, religion, creed, national origin, age, or disabilities.

Guideline: A diverse faculty provides a richness necessary for medical education. A COM should make every effort to hire faculty from a diverse background to foster that richness while meeting its mission and objectives.

- 4.5 In the discipline of osteopathic manipulative medicine, at least one full-time faculty member must be AOA board-certified through the American Osteopathic Board of Neuromusculoskeletal Medicine in Neuromusculoskeletal Medicine or have received Certified Special Proficiency in Osteopathic Manipulative Medicine.

- 4.6 COMs must develop and implement an ongoing faculty development program, which includes a performance evaluation process, and is in keeping with the COM's mission and objectives.

Guideline: The ongoing faculty development program should ensure that faculty have adequate knowledge and educational resources to deliver the current curriculum. In addition, research and scholarly activity should be included in the faculty development program.

- 4.6.1. The faculty development program must include the knowledge and understanding of osteopathic philosophy and principles.

Guideline: All faculty, on-campus and off-campus, should participate in a comprehensive osteopathic philosophy and principles faculty development program.

- 4.7 A faculty organization that serves as a representative forum for the free exchange of ideas and concerns of all faculty must be developed and implemented.

- 4.8 Faculty polices and procedures must be developed, adopted, and implemented.

Guideline: Faculty policies and procedures should address faculty recruitment, promotion, appointments, re-appointments, tenure, academic assignments and responsibilities, sabbaticals, reporting relationships, grievance, conflicts of interest, and benefits.

- 4.9 The COM must have adopted the Code of Ethics established by the American Osteopathic Association.

Standard Five: Students

- 5.1 The COM must adopt admissions policies and criteria designed to meet its mission and objectives.

5.1.1 To ensure the COM meets its mission and objectives, the COM must tie its admission process and criteria to the outcome performance of its graduates.

Guideline: Tying the admission process and admission criteria to the outcome performance should validate that the COM is admitting students who may be expected to have the ability to complete the curriculum of study in accordance with the COM's mission and objectives.

5.2 The COM must develop and implement a student recruitment process that attracts and maintains a qualified applicant pool.

5.2.1 The minimum requirement for admission to a COM must be no less than 75 percent of the credits needed for a baccalaureate degree from a college or university accredited by an agency recognized by the United States Department of Education.

Guidelines: The COM should document alternative educational experiences that they will accept for admission.

If a COM chooses to admit a candidate with credentials from a college or university outside the U.S., the COM should document that the candidate has met the COM's minimal admission requirements.

A COM should specify prerequisite requirements for admission, including the need for all official transcripts to be obtained directly from all colleges and universities the student attended.

5.2.2 Recruiting and selection of students for admission to a COM must not discriminate on the basis of race, color, gender, religion, creed, national origin, age or disabilities.

Guideline: A diverse student body provides the richness necessary for osteopathic medical education. A COM should make every effort to recruit students from a diverse background to foster that richness while meeting its mission and objectives.

5.3 Each COM must develop transfer credit and waiver policies and procedures in accordance with its educational mission and objectives.

5.3.1 Credits may be transferred only from medical schools and colleges accredited either by the COCA or by the Liaison Committee on Medical Education (LCME).

5.3.2 When a student transfers from one COM to another COM, the last two years of instruction must be completed within the COM granting the D.O. degree.

5.3.3 When students transfer from an LCME accredited medical school or college to a COM at least two years of instruction must be completed within the COM.

5.3.4 In the case of LCME transfers, the COM requirement for osteopathic manipulative medicine must be completed prior to graduation.

Guideline: Transfer credits should only be given if the student is eligible for readmission to the previously attended COM or other LCME medical school.

- 5.4 The COM, and/or its parent institution, must provide services devoted to student affairs, financial aid, academic counseling, administrator and faculty access, and access to physical and mental health care.

Guidelines: The COM, and/or its parent institution, should have sufficient full-time employees to deliver these services.

Opportunities to consult with faculty should be available and made known on a regular and ad hoc basis.

Opportunities to consult with members of the administration should be available and made known to each student.

Physical and mental health care should be available in confidence to all students.

COMs should provide, on an annual basis, counseling to its students regarding their level of indebtedness.

- 5.5 The COM, and/or its parent institution, must develop an orderly, accurate, confidential, secure, and permanent system of student records.

- 5.6 The COM, and/or its parent institution, must publish, at least every other year, via paper document or on its website, information on policies and procedures on academic standards, grading, attendance, tuition fees, refund policy, student promotion; retention; graduation; academic freedom; students' rights and responsibilities, including a grievance policy and appeal procedures; and other information pertinent to the student body.

- 5.7 The COM, and/or its parent institution, must publish policies and procedures regarding student complaints related to accreditation standards and procedures, and must maintain records of the receipt, adjudication, and resolution of such complaints.

Guideline: The COM should utilize student complaints in its ongoing performance improvement processes, as appropriate.

Standard Six: Curriculum

General Requirements

- 6.1 The COM must develop and implement curricula designed to achieve its mission and objectives.

Guideline: The education should at least include, but not be limited to, the following areas of biomedical sciences and disciplines related to osteopathic medicine: principles, history and practice of osteopathic medicine, human anatomy, biochemistry, pharmacology, genetics, physiology, pathology, microbiology, physical and differential diagnosis, medical ethics and legal aspects of medicine; internal medicine, family medicine, pediatrics, geriatrics, obstetrics and gynecology, preventive medicine and public health, psychiatry, surgery, radiology.

A COM can implement their curriculum utilizing different curriculum models. Two organizational models used most frequently by osteopathic medical schools are discipline-based and system based medicine, or a combination of both. Curricula delivery can also vary, but the most frequently used models are: lecture-discussion, problem based, and independent study.

- 6.1.1 The minimum length of the osteopathic medical curricula must be at least four academic years or its equivalent as demonstrated to the COCA.

Guideline: The curriculum should provide at least 130 weeks of instruction.

- 6.2 The COM must develop and implement ongoing review and evaluation of the curricula, and demonstrate application of the findings towards improvement of the educational program.

Guideline: The COM should have a Curriculum Committee to conduct the curricula review and evaluation. The Curriculum Committee should be comprised of sufficient faculty representation to ensure a thorough review of the curriculum. Students should also be represented on the Curriculum Committee.

- 6.3 The COM must provide for integration of osteopathic philosophy principles and practices throughout the entire curricula, including its clinical instruction.

- 6.4 A COM may offer a portion of its curricula at affiliated or educational clinical sites not owned or operated by the COM.

Core Competencies

- 6.5 The COM must stipulate specific educational objectives to be learned in its educational program.

Guideline: The COM should also stipulate the course of instruction designed to address the educational objectives, and the faculty responsible for offering the instruction.

- 6.5.1 At minimum, a graduate must be able to:

1. Demonstrate basic knowledge of osteopathic philosophy and practice and osteopathic manipulative treatment;
2. Demonstrate medical knowledge through one or more of the following: passing of course tests, standardized tests of the NBOME, post-core rotation tests, research activities, presentations, and participation in directed reading programs and/or journal clubs; and/or other evidence-based medical activities;
3. Demonstrate interpersonal and communication skills with patients and other healthcare professionals;
4. Demonstrate knowledge of professional, ethical, legal, practice management, and public health issues applicable to medical practice;
5. Demonstrate basic “basic support skills,” as assessed by nationally standardized evaluations.

6.6 The COM must define, publish, and implement educational outcomes, based on its own educational objectives that will prepare students for osteopathic graduate medical education.

6.6.1 The COM must establish clinical core competencies and a methodology to ensure they are being met.

Guideline: Osteopathic medical students should have the basic skills and competencies defined by COM faculty as the prerequisites to osteopathic graduate medical education.

Integration of basic skills and competencies should be developed through the use of standardized patients, skills testing, and clerkship training.

The COM should, at minimum, consider the Seven Core Competencies required of all AOA-accredited postdoctoral training programs. The seven competency areas include: medical knowledge; osteopathic philosophy and osteopathic manipulative medicine; patient care; professionalism; interpersonal & communication skills; practice-based learning and improvement; and systems based practice. For details on the requirements and guidelines of the core competency program, please refer to the AOA's Core Competency Compliance Program (CCCP) located on the website at https://www.do-online.org/index.cfm?PageID=lcl_opticcp or contact the AOA's Division of Postdoctoral Training directly at 312.202.8074.

6.7 A longitudinal record marking the career tracks, choices, and achievements of the graduates must be included in an assessment system.

6.8 The COM must develop and publicize a system, in keeping with the COM's mission and objectives, to assess the progress of each student toward acquiring the competencies essential to effective performance as an osteopathic physician.

6.8.1 All students must take and pass the National Board of Osteopathic Medical Examiners, Inc. (NBOME) Comprehensive Osteopathic Medical Licensing Examination COMLEX-USA Level 1 prior to graduation. All students must take COMLEX-USA Level 2 Cognitive Evaluation (CE) and Performance Evaluation (PE) components prior to graduation. All students who enter in the 2004-2005 academic year, and all students who graduate after December 1, 2007, must also pass NBOME Cognitive Evaluation (CE) and Performance Evaluation (PE) components of COMLEX-USA Level 2 prior to graduation.*

6.8.2 A component of this assessment must include the student performance and the COM's overall performance on the NBOME COMLEX-USA Levels 1 and 2.

* Note. Students graduating prior to December 1, 2007 **must take** COMLEX-USA Level 2 CE and PE prior to graduation.

- 6.8.3 The COM must track COMLEX-USA Levels 1 and 2 results as part of a process to determine how well students accomplish the COM's educational goals.

Guidelines: The assessment process should provide assurance that the COM's students have met all requirements for the D.O. degree prior to conferral of that degree.

The system of assessment should clearly define procedures for the evaluation, advancement and graduation of students. It should provide feedback to each student and should serve as a motivating factor in improving student performance.

Clerkship Training

- 6.9 Written affiliation or educational agreements, which clearly define the rights of both parties, must be obtained between the COM and each clinical clerkship teaching facility not owned or operated by the COM, or in the case where an institutional agreement is not applicable, between the COM and the individual preceptor.
- 6.10 The COM must develop and implement its clinical clerkship training curricula to achieve the COM's mission and objectives.
- 6.11 All instruction at the affiliated or educational sites must be conducted under the supervision of COM academically credentialed or approved faculty.
- 6.12 Planning and implementation of instruction at affiliated or educational sites must be a cooperative activity between COM academically credentialed or approved faculty at those sites and the administration and faculty at the COM.
- 6.13 The COM must develop and implement an assessment process that reviews student achievement in the clinical education program at its affiliated or educational sites to ensure that these programs meet the COM's mission and objectives.
- 6.14 The COM must develop a process that evaluates the clerkship in regards to meeting the COM's mission and objectives.

Guideline: The COM should hold the affiliated or educational site to its established goals and objectives, and conduct routine, periodic visits to ensure the goals and objectives are being met. The COM may also wish to utilize the OPTI to ensure the COM's OPTI's goals and objectives of the clerkships are being met.

Standard Seven: Research and Scholarly Activities

- 7.1 The COM must make contributions to the advancement of knowledge and the development of osteopathic medicine through scientific research.

Guideline: Contributions may include, but not be limited to: Bench research; clinical trials; patient care research; educational research; health services research; and scholarly publications.

Standard Eight: Prerequisites for Accreditation (for Pre-Accreditation evaluations only)

- 8.1 Each applicant must obtain any charter, licenses or approvals required for it to function as a COM in the jurisdiction in which it intends to operate.
- 8.2 Each applicant must have a governing body, or be part of a higher education institution with a governing body, which defines the mission of the institution and the intended COM.
- 8.3 Each governing body will adopt bylaws, or equivalent documents, which will:
 - 8.3.1 Ensure that the governing body will be composed of persons with demonstrated expertise required to implement the mission of the college.
 - 8.3.2 Define responsibilities of the governing body, the administrative and academic officers and the faculty and set forth the organizational structure of the COM; and
 - 8.3.3 Satisfy such provisions as may be required by applicable law and regulations.

Revision of Standards

The COCA, in establishing procedures for the review of the accreditation documents, recognizes the need for an ongoing review process. Therefore, the *COM Accreditation Standards and Procedures* will be reviewed for relevancy on a continuous basis, with a major review in three (3) years. That review will be precipitated by a survey to determine whether the intent of the standard is clear and whether it is relevant to osteopathic education. The COCA will announce the review process via the AOA website, the *DO*, the *JAOA*, and the Division of Predoctoral Education publications. This announcement will include information about the process and its timeline.

A survey of the standards, policies and procedures will be conducted prior to the initiation of the accreditation document review process. The survey document will query respondents to evaluate the accreditation document as it relates to the a) quality of osteopathic medical education, and b) the relevancy of the educational training needs of the osteopathic medical student. The COCA will solicit comments from the following constituents: 1) COM Presidents; 2) COM Deans; 3) COM Faculty; 4) Site Team Evaluators; 5) Directors, Medical Education; 6) Directors, Residency Program; 7) Members, Specialty College Evaluator Committee; 8) COM Students; 9) recent COM Graduates; 10) State Licensure Boards; 11) NBOME; 12) Hospital Administrators; 13) AOA Board of Trustees; and 14) COCA Members.

Once the COCA has initiated the accreditation document review process, that review will be completed within twelve months. Changes to the document *Accreditation of Colleges of Osteopathic Medicine*, including the policies, procedures, and scope of accreditation of the COCA, will be made when necessary only after providing advance notice and opportunity for comment by affected persons, institutions, and organizations, including, but not limited to: The Secretary of the USDE, AACOM, the NBOME, and each COM.

CHAPTER II: APPLICANT AND ACCREDITATION PROCEDURES

Applicant Status

Applicant status is the initial step in seeking accreditation. This status is offered without rights or privileges of accreditation, and does not establish or imply recognition by the COCA. Applicant status is granted upon the formal request for evaluation submitted by the chief executive officer of the applicant COM. Upon receipt of a request for evaluation the COCA Assistant Secretary will mail an application packet containing:

- A cover letter including a copy of *Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures*
- All necessary forms
- Instructions for submission of application fees
- A checklist to assist the applicant COM in preparing this application

Pre-Accreditation Status

Pre-accreditation status is the second step in seeking accreditation by an applicant COM and is conferred with the privilege of registration with the COCA, information that will be publicly announced. A feasibility study must be prepared and submitted by the chief executive officer of the applicant COM in order for a COM to be evaluated for the pre-accreditation status. Applicants should also note time lines for the provisional accreditation application process.

Upon receipt of a completed application, with feasibility study, the COCA chair, vice-chair, Secretary, and Assistant Secretary will review the application. The applicant COM will be notified as to the acceptance of the application and feasibility study within thirty (30) days of receipt. After this review a special on-site visit will be conducted to assess the accuracy of the feasibility study and compliance with requirements and procedures for pre-accreditation status. This on-site visit will be conducted during an interval of sixty (60) to ninety (90) days after notifying the applicant COM of the findings of the application review.

The application, which includes the feasibility study, staff review, and the on-site visit report, will be transmitted to the COCA to grant or to deny pre-accreditation status.

The COM holding pre-accreditation status will not recruit, accept applications from, or admit prospective students. This means that a COM holding pre-accreditation status must not do any of the following:

- Use advertising to recruit students;
- Solicit or collect application fees;
- Collect application information including academic transcripts, Medical College Admissions Test (MCAT) scores, and letters of recommendation;
- Initiate the admission review process;
- Schedule interviews for any potential applicants;
- Offer advice on financial aid; and
- Issue letters of admittance into the COM.

Pre-accreditation status is reviewed on an annual basis for up to five (5) years and will submit an annual report in the format prescribed by the COCA. The COCA will review the annual report, and based on that review, may determine that continuing pre-accreditation status will be subject to on-site visit, as necessary.

Accreditation actions taken by the COCA during the period in which a COM holds pre-accreditation include continuing pre-accreditation status or withdrawal of pre-accreditation status, and will be based upon an on-site visit. However, if the COM fails to attain the provisional accreditation status within five (5) years of the pre-accreditation status award, the COCA will terminate the COM's pre-accreditation status. Such termination will be published within thirty (30) days of final action.

Feasibility Study

An applicant for pre-accreditation status must submit a feasibility study that assesses the viability of the proposed new COM. The feasibility study must be conducted by a nationally recognized accounting firm/management firm. The feasibility study must contain documented evidence of:

1. An assessment of the degree of support that the applicant has in the community, county and state, and the respective osteopathic professional associations. The assessment must include a letter of comment from the state osteopathic association for each state in which the applicant intends to have clinical training sites.
2. Incorporation as a new, free standing applicant as either a non-profit or for-profit corporation with by-laws consistent with the accreditation standards, and with an appointed, functioning governing body.
3. For an applicant that is part of a university, the parent institution, of which the COM is a part must demonstrate clear commitment to the COM's mission, operation, development, and financial support.
4. A charter, or evidence of support for approval to grant the Doctor of Osteopathy (D.O.) or Doctor of Osteopathic Medicine (D.O.) degree from the appropriate state agency.
5. Adequate staff support, including but not limited to the appointment of a chief executive officer and a chief academic officer, to provide leadership during the development of the COM. The chief academic officer must have an earned D.O. degree from a COCA-accredited COM, have AOA board certification, and be employed in the development of the applicant on a full-time basis.
6. Written verification about the educational planning and progress toward providing for clerkship training opportunities sufficient in number for the clinical curricular experiences of the applicant. Documentation must include an assessment of the impact of the applicant's proposed clerkship training programs upon any osteopathic training programs already in existence at the clinical sites under discussion.
7. Adequate financial support that includes sufficient operating, reserve, and necessary construction funds:
 - a. Sufficient funds will be available to support all necessary and proper expenses, the employment of a core staff, the development of curriculum or curricula, support of administration and planning personnel, and will include such other funds as may be necessary to secure funding from governmental or private sources.

- b. The applicant will demonstrate that the level of funds described immediately above will be available for not less than four (4) years of instruction, i.e., until graduation of the first class of students.
- c. An applicant must demonstrate the existence of a minimum segregated, unencumbered reserve fund escrowed until graduation of the first class of students and equal to the *greater* cash value of 1) \$5,000,000; or 2) tuition multiplied by the number of the students of the inaugural class multiplied by four years. An increase in tuition will require recalculation of the escrow amount and an increase in the calculation of the amount of the escrowed funds. The escrowed reserve fund must not be borrowed funds.
- d. Except upon written approval of the COCA, such fund will remain segregated and unencumbered; and cannot be used for any purpose including, but not limited to, operation, equipment or construction costs, until after full accreditation status has been granted. The purpose of this fund is to provide substantial financial support for the costs of a teach-out agreement should such an agreement become necessary. The applicant, to achieve its mission and objectives, may use interest earned on such fund at any time.
- e. For a state-supported applicant, a letter or statement of commitment is required to document their financial support being available in the amount specified in Procedure 7.c. for four years.
- f. An applicant must also demonstrate the existence of a minimum operating reserve fund equal to one-quarter (1/4) of the amount of the minimum segregated, unencumbered reserve fund. The minimum operating reserve fund must not be borrowed funds.
- g. Except upon written approval of the COCA, the operating reserve fund must maintain its minimum value throughout the entire fiscal year of the COM. The COCA may authorize use of this fund for operation, equipment or construction costs. If such use is granted, then the minimum value of this fund must be re-attained at the end of the fiscal year in which the operating reserve fund is reduced below its required minimum value. These restrictions will apply until after full accreditation status has been granted. The new COM, to achieve its mission and objectives, may use interest earned on the operating reserve fund at any time.
- h. For a state-supported applicant, a letter or statement of commitment is required to document their financial support available in the amount specified in Procedure 7.f. for four years.

Pre-Accreditation On-Site Visit

The pre-accreditation on-site visit will be conducted within sixty to ninety (60-90) days following the review of the feasibility study. This on-site visit will be conducted to ensure the accuracy of the feasibility study and the following standards found in Chapter I:

- 1. Standard One: Mission, Goals, and Objectives – all standards
- 2. Standard Two: Governance, Administration, and Finance – all standards
- 3. Standard Five: Students – Standard 5.7 and Standard 5.8
- 4. Standard Eight: Prerequisites for Accreditation – all standards

Provisional Accreditation Status

Provisional accreditation status may be granted to COMs who have achieved pre-accreditation status and meet the standards of accreditation. In order to assure adequate self-study, timely consideration of information, and provide for faculty and administration development, an institution seeking AOA Provisional Accreditation must conform to these provisions. The COCA may not waive compliance with these procedures.

In order for the COCA to grant provisional accreditation status to the new COM holding pre-accreditation status, the new COM will demonstrate that it meets, or will meet, at the date proposed for the beginning of its educational program, the accreditation standards as described in Chapter I.

Upon the receipt of provisional accreditation, the COM will have the right and privilege to solicit applications from and admit students, offer medical instruction within the approved osteopathic medical curriculum, and announce its provisional accreditation status. A COM may publicize that it is provisionally accredited. However, provisional accreditation status may not be designated as "accreditation" until the COM is fully accredited.

Provisional accreditation status will be reviewed for renewal annually by the COCA concurrent with the academic progress of the first-, second-, and third-year classes of the COM. In order to obtain continuing provisional accreditation status for the second and each subsequent year of provisional accreditation status, the COM will demonstrate that it meets the standards of accreditation as described in Chapter I through annual submission of an updated self-study, and an on-site visit.

Timetable to Achieve Provisional Accreditation

The updated feasibility document must be submitted fourteen (14) to fifteen (15) months prior to the intended opening date (See Table One for a timetable). This schedule will permit the orderly progression for the COM to begin their inaugural class. COMs are strongly encouraged to allow six to twelve (6-12) months beyond what is listed below. However, in order to begin its educational program, a COM seeking provisional accreditation would need to adhere to the following minimum time schedule. This schedule will permit the orderly consideration of a COM's request for the provisional accreditation status. A COM receiving this status may begin accepting applications six to seven (6-7) months prior to the intended opening date.

The updated feasibility study must contain all pertinent information regarding:

- Administration and operation of the educational program proposed for the COM through graduation of the COM's first class of students;
- Future development plans and other information required by the COCA;
- Written verification of the number of clinical sites to accommodate the entire first class of students at the time of graduation;
- Written verification of clinical sites to accommodate their entire clinical needs; and
- Written verification of the formal affiliation agreements with an adequate number of training positions for the entire required clinical curriculum of the COM. The affiliation agreements must be included in the updated feasibility study.

After receipt by the COCA of an acceptable updated feasibility document and all necessary documentation, an on-site visit will be conducted.

Following receipt of the visiting team's report, the request for the provisional accreditation status will be considered by the COCA at its regular meeting seven to eight (7-8) months prior to the proposed opening date.

In order to begin its educational program in a month other than August or September, a COM must adhere to a schedule similar to that set forth in this subsection, as prescribed by the COCA.

Timetable to Achieve Accreditation

COMs holding provisional accreditation status must request review for full accreditation not less than twelve (12) months prior to graduation of its first class. The COCA will then direct a full on-site visit, which must be, conducted before March 31 the year the COM's inaugural class graduates. Provisional accreditation status will expire following the accreditation award granted by the COCA.

If a new COM fails to attain the accreditation status, the COCA will terminate the COM's provisional accreditation status. Such termination will be published within thirty (30) days of final action.

Accreditation Status

Accreditation status is the highest level of accreditation awarded, and confers all rights and privileges of accreditation. Accreditation status is reviewed within a seven (7) year survey cycle. Renewal of accreditation is subject to on-site visit. Once accreditation status is attained, the COM will retain that status until such time as it may be withdrawn by the COCA.

CHAPTER III: THE SELF-STUDY PROCESS

Introduction

The self-study is a critical and integral part of the accreditation process. Self-study is a systematic process of institutional and programmatic self-assessment and used, in part, in preparation for the COCA accreditation process. Self-study is an important part of the process of institutional and program improvement, and will be an ongoing activity within the COM. A successful self-study will provide valuable information that may be used for modification and improvement of the educational program of the COM. Prior to a provisional or a full on-site visit, each COM will complete and submit a self-study report. COMs should initiate the self-study process at least twelve (12) months before the scheduled site visit. Completed self-study reports must be sent to the COCA at least sixty (60) days prior to the scheduled date of a full and provisional on-site visits.

Guidelines for the Self-Study Process

The following recommendations will help foster the constructive attitudes and participation essential for a productive self-study.

1. *A COM wide project, rather than the work of a few individuals.*

The self-study is an official COM document; therefore, the committee chosen should be representative of the COM, and should include students. Regardless of what method is used to select members of the self-study committee, each member should receive an appointment letter from the COM chief executive officer or chief academic officer setting forth the effective date of appointment, the scope of the committee's responsibilities, and other matters relevant to the committee's mission. A list of the persons who have taken an active part in the study should be noted in the completed self-study.

2. *Adequate personnel, technical, and financial resources should be assigned for the self-study process.*

COM administration sends a clear message to faculty, staff, and students that the self-study is an important institution priority where adequate resources are allocated to assure its timely and effective completion.

3. *The success of the self-study will depend on the extent to which the COM is able to perform an ongoing self-study analysis.*

The self-study must represent a factual picture, which demonstrates that the COM can discriminate between the significant features of its education program and the less important details of its operations. It must be a critical and objective appraisal of the COM's weaknesses and problems, as well as its strengths, based on a careful analysis of the facts that are presented. The self-study must be a unified study that shows the relationship of the various activities of the COM to its avowed purposes.

4. *The length of the report is a secondary consideration and will depend to some extent on the scope of the educational program.*

While a self-study presented on a standard-by-standard basis can demonstrate compliance with standards, the COCA expects that a COM develop plans to address specific areas of concern or weakness. The self-study should be adequate in length to summarize the factual material and the interpretations or judgments based on them. However, the self-study report must contain, at a minimum, the following topics: historical overview of the COM; organization of the self-study process; mission and objectives of the COM; organization of the COM; facilities; faculty; students; academic resources; instructional program; evaluations; recent accomplishments and current concerns; achievement of its graduates in relation to the mission of the COM; evidence that the COM is in compliance with its responsibilities under Title IV of the 1992 Higher Education Amendments to the Higher Education Act of 1965; and separate financial reports, including the audited financial statements, or the appropriate financial reports for state institutions, for at least the last three years. The report should also include a statement of the COM's plan for future curricular, staff, student, financial support services, and physical plant development.

5. *The self-study should be available to the COM communities with adequate time for review before it is sent to the COCA.*

Review and comment on the self-study by the institutional community helps to affirm that the document represents the views of the faculty, students, and staff. A final review also helps to ensure the completeness and accuracy of the document since even the most dedicated self-study team can report inaccurately or overlook important elements.

Focus on Outcomes

As noted above, the essential purpose of the self-study is to assess the results – the outcomes – of the COM's efforts in pursuit of its mission and goals. Whereas mission and goals statements indicate the desired outcomes, the COM should stipulate the specific criteria by which outcomes are assessed to validate outcome attainment.

CHAPTER IV: ON-SITE VISIT PROCEDURES

On-Site Visit Process

On-site visits will be scheduled during the normal periods that the COM is in session. Official holidays, examination periods and days immediately adjacent to them should be avoided. The Chief Executive Officer or Chief Academic Officer, as appropriate, will be consulted in establishing mutually suitable dates.

If the COCA directs an on-site visit and the COM refuses to permit an on-site visit, and the COM is not on probation, the COCA will reduce that COM's status to accreditation with probation. However, if the COM is on probation, the COCA will withdraw accreditation status for reasons of non-compliance with the policies and procedures for accreditation.

For provisional or full on-site visits, the COM's self-study is required at least sixty (60) days in advance of the on-site visit date. For all types of on-site visits, the COM may also submit additional information, as are appropriate to the type of on-site visit scheduled, thirty (30) days prior to the on-site visit date.

The personnel for on-site visits will be appointed by the COCA from an approved list of persons qualified for the particular type of on-site visit scheduled. The COCA will only use competent and knowledgeable persons, qualified by experience and training, and selected in accordance with non-discriminatory practices developed and articulated in writing by the COCA.

Provisional and Full Accreditation On-Site Visits

Provisional and full accreditation on-site visits to COMs are scheduled by the COCA to examine compliance with all areas of the accreditation standards. At least three (3) days on site are usually required for completion of these on-site visits.

Interim Progress Review

An interim progress review ordinarily will require one or two days and will focus on the particular areas about which questions have been raised by the COCA, rather than on the entire COM as in the case of a provisional or full on-site visit.

Focused Visitations

The focused visitation ordinarily will require one or two days and will focus on the particular area(s) identified by the COCA.

The COCA may require a COM to undergo an on-site evaluation when, in the judgment of the COCA, such an evaluation is warranted.

Composition and Selection of the On-Site Visit Team

For provisional and full on-site visits the team will be comprised of five (5) or six (6) members, one (1) evaluator trainee, and one (1) AOA staff member to address all of the accreditation standards. At least one of the team members will be an educator and one will be an osteopathic practitioner.

An interim progress review team will be comprised of a sufficient number of evaluators but no more than six (6) evaluators and one (1) AOA staff member to adequately review the findings from the previous on-site visit.

A focused visitation team will be comprised of no more than two (2) evaluators and one (1) AOA staff member to adequately address problems noted in a provisional or full on-site visit, or interim progress review, or other issues identified by the COCA.

The COCA will appoint the personnel for site visits. The COCA chair, or his/her designee, selects personnel from the *Evaluators Registry* who have the experience, training, and represent certain areas of expertise to serve on an on-site visit. For each type of on-site visit, each team may have at least one (1) member who is a member of the COCA. The on-site visit team will be comprised, as appropriate, of individuals with the following areas of expertise:

- Team Chair
- Administration/Finance
- Student services
- Preclinical education
- Clinical education
- Evaluator Trainee

The COCA will seek and receive the concurrence of the COM's Chief Executive Officer or Chief Academic Officer as to the composition of the team. The names and a brief background about the proposed team members will be provided to the COM's Chief Executive Officer or Chief Academic Officer to determine whether there are any conflicts of interest perceived with any of the proposed members. If the COM finds a real or potential conflict of interest with respect to a proposed team member, the COM must indicate to AOA staff the nature of the conflict of interest. AOA staff will inform the COCA chair, or his/her designee who will take action when deemed necessary.

Observers

Observers, except for those from the USDE, and the Council for Higher Education Accreditation, who represent Federal or State agencies or organizations which may have a legitimate accreditation responsibility, may upon formal request and approval by the COCA chair, or his/her designee, accompany on-site visit teams. Observers must also make an official request directly to the COM's chief executive officer or chief academic officer. The COM may subsequently approve the participation by such observers in the on-site visit. Each observer, as approved, must not be in violation of the conflict of interest standards as adopted by the AOA. Costs incurred by this observer will be paid by the observer's organization.

Observers on an on-site visit of a COM will abide by the following procedures:

1. The observer's function is generally limited to gathering first hand information regarding the on-site visit procedures of the COCA.
2. The observer is not a consultant to either the on-site visit team or COM, and should be careful not to be drawn into the team as an active member.
3. Approved observers may attend all phases of the on-site visit, including the entrance and exit conference, subject to the approval by the chief executive officer or chief academic officer of the COM and the chair of the COCA on-site visit team. Observers must agree to honor the confidentiality of the standards adopted in this document.

4. If, at the completion of the on-site visit, the team asks the observer for comments on the team's performance, it is appropriate for him/her to inform the team of the major points that will be reported to that observer's agency or institution.
5. Each observer's agency or organization should provide, in advance, their official set of criteria to be used to evaluate the site visit team performance.
6. In assessing the competence of an on-site visit team, the observer should note not only the members' academic competence, but also their understanding of the purposes and procedures of accreditation.

On-Site Visit Agenda

AOA staff, in consultation with the Team Chair, prepares a draft agenda based on the COM's self-study. If the on-site visit is an interim progress review or focused visitation, the agenda is based upon the issues identified by the COCA. After the Team Chair approves the draft agenda, the agenda is presented to the COM for approval.

Although the agenda differs based on the demands of the on-site visit, each of the following elements are included, to some degree, in the agenda.

1. A team planning and document review session will be held prior to the initiation of the on-site visit. The agenda, the schedule of the visit, review of protocol for team members, identification of areas needing clarification with the chief executive officer or chief academic officer, and discussion of the materials provided as they relate to the accreditation standards are some of the topics discussed at this meeting.
2. On the first day of the site visit, an entrance interview with the chief academic officer and others who may be so designated will be conducted to discuss the following topics: the chief academic officer's perceptions of the strengths, challenges, and areas of concern of the program; the team's perceptions of areas which will require exploration and clarification during the on-site visit; discussion of the relationship of the COM to the parent institution, when appropriate; and other subjects selected by the chief academic officer and the Team Chair. The entrance interview will orient the team to particular areas of concern and the chief academic officer to the methods and procedures of the team.
3. A campus tour of the COM including teaching facilities and external clinical sites, as identified.
4. Interviews with the following individuals: the chief executive officer or appointed representative if the COM is part of a university; the Chief Academic Officer; Chief Financial Officer; admissions officer; student affairs officer; financial aid officer; department chairs; students; faculty; librarian; and selected standing committees.
5. An open meeting with students (no faculty or administrators present) will be scheduled to provide the team with input on student perceptions regarding the effectiveness of the COM.
6. An open meeting with faculty (no administrators present) to allow the faculty to participate in discussions with the team.
7. Meetings with individual faculty, students and administrators will be conducted at the discretion of the Team Chair.
8. A team meeting will be held at the end of each full day of the on-site visit to go over any findings the team may have noted, and to begin the report writing process.

9. A final team meeting will take place in the morning of the last day of the on-site visit. This meeting will provide an opportunity for the team to further discuss their findings and to review their written report.
10. At the conclusion of the on-site visit, an Executive Session between the team and the Chief Executive Officer and/or Chief Academic Officer will be conducted. The team will give an oral report that will provide the COM with an accurate preview of the final report. During the Executive Session, the COM will be allowed to present additional information to correct any errors the team may have reported. Following the Executive Session, an Exit Conference between the team and representatives of the COM designated by the Chief Executive Officer or Chief Academic Officer will be conducted. The team will provide a brief overview of their findings.

Report Structure

All reports of on-site visits, which are provisional and/or full on-site visits, will consist of the components as described below. Reports of interim progress reviews and focused visitations will contain only those components as appropriate.

1. **Site Visit Cover:** The cover page will denote the type of on-site visit, the COM being evaluated, the date of the on-site visit, and includes the following statement: This report has been reviewed by all members of the on-site visit team, and by the (name of COM).
2. **Background Information:** This information includes historical accreditation information, on-site visits, class size; number of faculty. This will be prepared by AOA staff and verified by the COM at the time of the on-site visit.
3. **Student Achievement Data Sheet:** This must include, among other information relevant to: COMLEX Levels I and II passage rates, if not included in the body of the site visit report; graduation rates; licensure; board passage, when available. This data will be prepared by AOA staff in conjunction with the COM. This information will be used in the on-site visit process to assess student achievement.
4. **Summary of Due Dates for Continuing and New Requirements:** The summary page is designed to provide an overview of the standard sections that the on-site visit team found to be out of compliance and need further review. Each requirement must be submitted to the COCA in the form of a progress report by the due date cited.
5. **On-Site Visit Team Roster:** The on-site visit team roster lists, on a separate page, all team members' area of expertise and team assignment.
6. **Purpose of the On-Site Visit:** The purpose of the on-site visit includes a brief narrative of the reason for the on-site visit; the name of the COM; and the date of the on-site visit. This narrative will also include whether any previous requirements were reviewed. This narrative is written in paragraph form by the chair and/or Secretary of the visiting team.
7. **Report of the On-Site Visit:** The report of the on-site visit will list the material reviewed and individuals interviewed by the team. Any clinical sites visited or teleconferences conducted by the team will be included.

8. **Review of Compliance with the Standards:** Each standard section begins with an Introduction. Each assigned team member will provide a brief, but concise overview of the COM's standards compliance related to the standards in that particular section. A student achievement summary will also be included in the Introduction. Each assigned team member will provide an assessment of the COM's activities relating to student achievement.

Second, is a discussion at the standard level. Each evaluator will write a comprehensive current finding on those standards that have one or more of the following conditions: 1) prior requirement(s); 2) continuing requirement(s); 3) new requirement(s); 4) new recommendation(s); 5) commendation(s); and 6) other documentation as deemed necessary by the team. All requirements must specify the standard or procedure that is being cited and refers to accreditation standards as described in Chapter I. Each prior requirement is cited, followed by current findings. If the deficiency cited in the prior requirement is still valid, a continuing requirement is stated.

Thirdly, is a consideration of recommendations. Recommendations are included in the visiting team report as a mechanism to provide consultative advice to a COM. Recommendations are reviewed by the COCA and subsequent visiting teams for informational purposes only. Recommendations are not designated as elements of the official and final on-site visit report.

The visiting team can also write commendations. All commendations must specify the standard that is being exceeded and can only refer to standards of accreditation as described in Chapter I.

9. **Summary:** The summary will contain the following in the order cited: Continuing requirements, new requirements, and commendations.
10. **Recommendation Summary:** This summary will contain all recommendations.

Financing the Accreditation Process

The accreditation process is funded through annual accreditation fees paid by the COMs. The same accreditation fees will also be charged for branch campuses. Specific fee amounts can be found in Appendix C.

The AOA will be reimbursed by a COM for the direct costs of an on-site visit. The AOA will bill the COM for these expenses after the conclusion of the on-site visit.

CHAPTER V: ACCREDITATION PROCEDURES

Review of the Accreditation Reports

A copy of the draft report, including the final requirements and recommendations, will be sent to each team member for review, correction, and/or editing. The on-site visit report will then be transmitted by facsimile and by regular mail to the COM's chief executive officer, or chief academic officer as appropriate, for review and correction of errors.

After receipt of the draft report, the COM may request correction of errors of fact. The COM will have up to thirty (30) days from the date of the facsimile transmission in which to submit written response to the visiting team report, unless the COCA or its staff direct a shorter time for good cause. The visiting team's report will reflect consideration of the COM's comments, as appropriate, and will be forwarded to the COCA. If no comments were received that fact will also be noted when the report is presented.

The report of each visiting team will be reviewed and evaluated by the COCA. At least one member of the team, preferably the chair, must be in attendance, either in person or via teleconference.

If the COM has concerns that the errors in the actions, findings or recommendations of the visiting team have not been resolved, the COM may submit to the COCA additional written information relevant to the questions of accuracy of the report. Because it is intended that the report reflect the findings of the team at the time of the conduct of the visit, the COCA will retain the right to have such additional written information reviewed by the chair or members of the visiting team. It is expected that the COM is to be ready for the visit at the time the visit is conducted.

The COCA will review the COM self-study, as appropriate to the type of on-site visit, the draft report of the visiting team, and any written submissions provided by the COM. The COCA may accept or modify the recommendations made by the visiting team and will specify the reasons for any modifications. The COCA will make the final accreditation decision.

Accreditation Decisions

Pre-accreditation Status

Upon receipt of the application for pre-accreditation status from COMs with applicant status, the COCA will either:

- Approve the request if the requirements for pre-accreditation status are clearly being exceeded or met; or
- Deny the request if the COM fails to meet the requirements for pre-accreditation status or fails to make proper application. The COCA will clearly specify which requirements were not attained. Denial of pre-accreditation is an adverse action.

Provisional Accreditation Status

Upon the application for provisional accreditation status from COMs with pre-accreditation status, the COCA will either:

- Approve the request if the accreditation standards are clearly being met or exceeded; or

- Deny the request, cite the accreditation standards that have not been met by the COM, and continue pre-accreditation if the COM fails to meet the standards for provisional accreditation, but has not exceeded the five-year term of the pre-accreditation status. Denial of provisional accreditation is an adverse action; or
- Deny the request, cite the accreditation standards that have not been met by the COM, and withdraw recognition if the COM fails to meet the accreditation standards, and has exceeded the five-year term of the pre-accreditation status. Denial of provisional accreditation is an adverse action.

Upon review for renewal of provisional accreditation status, the COCA will either:

- Approve the request for a renewal period of one (1) year if the accreditation standards are clearly being exceeded or met; or
- Deny the request and deny provisional accreditation status citing the accreditation standards that have not been met by the COM. Such termination will be published within thirty (30) days of final action. Denial of provisional accreditation is an adverse action.

Upon the initial review for accreditation status prior to the anticipated graduating date of that COM's first class, the COCA will either:

- Award accreditation if the accreditation standards are clearly being exceeded or met. The date of accreditation will be established as the graduating date for the COM's first class; or
- Terminate provisional accreditation if the accreditation standards are not being met. Such termination will be published within thirty (30) days of final action.

Accreditation Status

Accreditation is granted when the COM clearly meets the accreditation standards or the COM has a sound overall program, but certain limited number of accreditation standards is not being met. The COCA will specify the standard(s) not being met and clearly note deficiencies. The COM must provide documentation of compliance with the standards within twenty-four (24) months or less as determined by the COCA. The COCA will specify procedures for monitoring compliance, which may include an on-site visit within two (2) years.

All COMs, regardless of accreditation status, must satisfy a requirement within twenty-four (24) months of the initial issuance, except for good cause. If a COM should have its accreditation status reduced, e.g. from accreditation to accreditation with probation, any existent requirements must still be satisfied within the initial period of issuance. This fixed period will not lengthen solely by virtue of a reduction in accreditation status.

The COCA may elect to extend the twenty-four (24) month period for the following good causes:

- Change in Chief Executive Officer;
- Change in Chief Academic Officer;
- Demonstration of progress on a plan whose fulfillment would require an extension in time; or
- Other substantive financial or administrative changes which affect the operation of the COM

This period of extension is to be determined by the COCA, but must not exceed twelve (12) months in total duration. Failure to meet the requirements as stated by the COCA during the twenty-four (24) month period, including any extension for good cause, will result in denial of accreditation.

Accreditation with Warning

Accreditation with warning is granted when the COM is found to exhibit weaknesses that threaten the quality of the total program. The COCA will specify the accreditation standard(s) not being met, clearly note deficiencies, and specify the procedures for monitoring compliance accreditation with warning status is private between the COCA and the COM. The COCA and the COM will continue to publicly describe the COM's status as "accreditation." The COCA may require the use of a consultant, submission of written reports and/or documents, and other actions or activities as determined by the COCA.

COMs must provide documentation of standards compliance within one year or less as determined by the COCA and will undergo an on-site visit within one year of the COCA's decision of accreditation with warning.

The COCA may elect to extend this period for the following good causes:

- Change in Chief Executive Officer;
- Change in Chief Academic Officer;
- Demonstration of progress on a plan whose fulfillment would require an extension in time;
or
- Other substantive financial or administrative changes, which affect the operation of the COM.

This period of extension is to be determined by the COCA, but must not exceed twelve (12) months in total duration. Failure to meet the requirements as stated by the COCA during the twelve (12) month period, including any extension for good cause, will result in denial of accreditation.

At any time during the period a COM has accreditation with warning status, the COCA may require that COM to show cause why accreditation should not be denied. The COCA will state, in writing, its reasons for taking this action. The COM will have thirty (30) days in which to respond. The COCA will take action upon the COM's response within thirty (30) days after its receipt.

Accreditation with Probation

Accreditation with probation is granted when the COM is found to exhibit serious weaknesses in meeting the accreditation standards such that the quality of the total program is in jeopardy. The COCA will specify the accreditation standard(s) not being met, clearly note deficiencies, and specify the procedures for monitoring compliance. Accreditation with probation status is public and notice will be provided to all interested parties. The COCA and COM will publicly describe the COM's status as "accreditation with probation." The COCA will establish a timetable for remediation. The COCA may require the use of a consultant, submission of written reports and/or documents, and other actions or activities as determined by the COCA.

The COCA may elect to extend this period for the following good causes:

- Change in Chief Executive officer;
- Change in Chief Academic Officer;

- Demonstration of progress on a plan whose fulfillment would require an extension in time; or
- Other substantive financial or administrative changes, which affect the operation of the COM.

The COCA will determine the extension period, but the extension must not exceed six (6) months in total duration. Failure to comply with outstanding requirements during the six (6) month period, including any extension for good cause, will result in denial of accreditation.

At any time during the period a COM has accreditation with probation status, the COCA may require that COM to show cause why accreditation should not be denied. The COCA will state, in writing, its reasons for taking this action. The COM will have thirty (30) days in which to respond. The COCA will take action upon the COM's response within thirty (30) days after its receipt.

Denial of Accreditation

Denial of accreditation may occur at any time that the COM is found to exhibit such weaknesses in meeting the accreditation standards that the quality of the total program is unacceptable. Denial of accreditation will usually be preceded either by accreditation with warning or accreditation with probation. Prior to denial of accreditation, the COCA will require that COM to show cause why accreditation should not be withdrawn. The COCA will state, in writing, its reasons for taking this action. The reasons will include citation of all areas of non-compliance with the standards or procedures for accreditation. The COM will have thirty (30) days in which to respond. The COCA will take action upon the COM's response within thirty (30) days after its receipt. Denial of accreditation is an adverse action.

Withdrawal from Accreditation

At any time, an accredited COM, or new COM, retains the right to withdraw from the accreditation process. Such requests may be made only in writing by the Chief Executive Officer of the COM. Withdrawal is an action initiated and taken by the COM. The COCA will notify the USDE of a withdrawal from the accreditation process within thirty (30) days of the receipt of the withdrawal.

Notification of Accreditation Decisions

The COM will receive a decision letter recommending from the COCA within 30 days of the meeting. Letters and accompanying documents will be sent to the COM Chief Academic Officer. Concurrently, a copy of the letter and accompanying documents will be sent to the Chancellor, Provost, President, or Chief Executive Officer, as appropriate.

Appeal Process

Reconsideration of a Decision

A COM has the opportunity to make a request for reconsideration not more than thirty (30) days following the receipt of the COCA decision. A request for reconsideration may be filed by the COM's Chief Executive Officer, Chief Academic Officer, or other appropriate authority. These requests must be filed, in writing; be accompanied by documentation, data, and other information; and be limited to:

- Alleged bias, injustice or factual error of sufficient magnitude to warrant a reconsideration of the decision; or
- Departure from the standards of accreditation or established policies and procedures as defined in the document *Accreditation of Colleges of Osteopathic Medicine*.

Requests for reconsideration of a COCA decision should be addressed to the COCA Secretary, AOA, 142 E. Ontario St., Chicago, IL 60611. The COCA Secretary will notify the COM of the date of the next regularly scheduled COCA meeting. The COM will be given an opportunity to appear at this meeting and to make a statement or presentation regarding the COCA decision.

Appeal of a COCA Decision

The Chief Executive Officer or Chief Academic Officer of a COM may appeal a COCA decision within sixty (60) days of receipt of the notice of the final disposition of the request for reconsideration. The COMs current accreditation status, if applicable, will be maintained throughout the appeal process.

The basis of an appeal will be limited to:

- Alleged bias, injustice or error of sufficient magnitude to warrant a change in the COCA's action; or
- Departure from the standards of accreditation or established policies and procedures as defined in the document *Accreditation of Colleges of Osteopathic Medicine*.

Requests for appeal must be in writing and should be addressed to the COCA Secretary, AOA, 142 East Ontario, Chicago, IL 60611. The notice of an appeal must specifically state the basis for the appeal and will be accompanied by supporting documents, data and other information.

The Secretary of the COCA will notify the COM Appeal Panel, upon the receipt of an appeal.

COM Appeal Panel Composition

The COM Appeal Panel consists of five (5) members, including, when possible, one (1) public member. These members will be selected from a list of seven (7) former COCA members. The COCA chair in consultation with the COCA Secretary will choose the COM Appeal Panel. A quorum of the panel must be present for a hearing. A quorum will consist of no fewer than three members of the panel.

If vacancies occur on the COM Appeal Panel list, the COCA may fill those vacancies at any time during the year by action of the COCA. When possible, the list of seven members will include two former public members of the COCA and at least one member with previous experience as a full-time faculty member and/or in academic administration.

The COCA at its fall meeting will approve the list of seven former members annually.

The COM Appeal Panel is subject to the COCA's Conflict of Interest Policy.

COM Appeal Panel Hearing

Within ninety (90) days after receipt of the appeal, the COM Appeal Panel will convene an appeal hearing. The COM will be notified once the hearing date is established. The COM Appeal Panel considers COM's allegations and any written documentation submitted in support of the allegation. It will also consider, as necessary, on-site visit report(s), including any recommendations and requirements, and any response from the COM; review material from the COCA; and other materials it considers pertinent to the alleged failure of processes, which are the basis for the appeal.

The COM Appeal Panel will first hear a presentation of the COCA's position. After this presentation, the appellant COM will present its position. Counsel may represent the appellant COM at any time during the appeal process.

Following these presentations, the COM Appeal Panel will have the opportunity to question both parties. Each party will then be given an opportunity for summation of its position.

After the summation, the COM Appeal Panel will deliberate in executive session and reach a conclusion.

COM Appeal Panel Decisions

The COM Appeal Panel will take final action on the appeal and provide a written decision, including a statement of the reasons for the decision, to the COCA and the COM. The COM Appeal Panel will take one of the following actions:

- Sustain the original action of the COCA, or
- Remand the original action of the COCA back to the COCA for reconsideration, based upon finding the presence of bias, injustice, error or departure from the standards and procedures.

If the appeal is considering a COCA decision of denial of accreditation, and after the exhaustion of all administrative appeals, upon formal disposition to uphold the COCA decision, the COM may seek reinstatement of accreditation by complying with the requirements for pre-accreditation.

Monitoring Accredited Programs

The Annual Report

The COCA will request, in the fall of each year, information about COM class size. This information, which will detail all four years of the COM, will be presented at the COCA's winter meeting.

The AOA/AACOM Annual Report of a COM will be submitted to the AOA Department of Education by no later than December 15 for consideration by the COCA at the following year's fall meeting. The annual report will be prepared according to formats that are supplied to all COMs.

The COCA also requests a Supplemental Report that will be due no later than December 15 for consideration at the following year's fall meeting. This report will be reviewed in conjunction with data from the AOA/AACOM Annual Report.

The Progress Report

A progress report may be requested when Standard(s) are determined as not met. The requirement will explain the deficiency and will indicate to whom the COM must respond. The COM needs to provide all the information necessary as stipulated by the requirement. The progress report must be submitted by the due date listed in the requirement, and to: COCA Assistant Secretary; AOA, 142 E. Ontario St., Chicago, IL 60611.

The COCA will review reports, which are submitted in fulfillment of a requirement. The COCA will determine one of the following:

- The report will be accepted as fulfilling the requirement for a progress report; and
- The requirements will be determined as met; or
- The requirements will be determined as not met.

The COCA will document its findings in a report that details the review of the COM's progress report, including any recommendations for further progress reports. The COCA may also determine that an on-site focused visitation be conducted *in lieu* of another progress report.

Interim Progress Review

An Interim Progress Review is utilized to examine a COM's response to the findings of a previous provisional or full on-site visit, in which deficiencies were noted and requirements for compliance with the accreditation standards were stated.

Focused Visitation

A focused visitation may be required by the COCA on the basis of problems noted in a provisional or full site on-visit, or interim progress review and judged not adequately addressed. A focused visitation may also be required when deemed necessary by the COCA.

CHAPTER VI: USDE REQUIREMENTS

USDE Notification

Initial and Continuing Accreditation Decisions

The COCA will provide written notification regarding its accreditation decisions to the Secretary of the USDE, the appropriate state licensing or authorizing agency, the appropriate accrediting agencies, and the public within 30 days after the decision to:

- Award initial and continuing pre-accreditation
- Award initial and continuing provisional accreditation
- Award initial and continuing accreditation.

Adverse Decisions

The COCA will provide written notification regarding its accreditation decisions to the Secretary of the USDE, the appropriate state licensing or authorizing agency, the appropriate accrediting agencies, and the public within 30 days after it makes either of the following decisions:

- Final decision of probation or equivalent status of an institution or program; or
- Final decisions to deny, withdraw, suspend, revoke, or terminate the accreditation or pre-accreditation of an institution or program.

Written notice to the public regarding the above decisions must be made within 24 hours of the notice to the institution or program. In addition, a brief statement summarizing the reasons for the agency's decision and the comments, if any, that the affected institution or program may wish to make with regard to that decision will be provided to the Secretary of the USDE, the appropriate state licensing or authorizing agency, the appropriate accrediting agencies, and the public upon request, no later than 60 days after the final decisions.

Withdrawal or Lapses of Accreditation

The COCA will notify the Secretary of the USDE, the appropriate state licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public within 30 days of receiving notification from the institution or program if it has decided to withdraw voluntarily from pre-accreditation, provisional accreditation or accreditation.

The COCA will notify the Secretary of the USDE, the appropriate state licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public within 30 days of the date on which accreditation or pre-accreditation lapses if the institution or program notifies the COCA that it will not request renewal of its pre-accreditation or accreditation status.

Consideration of Other Accreditors' Actions

As a condition of being recognized as an accrediting agency by the U.S. Secretary of Education, the COCA is expected to not grant initial or renewed pre-accreditation, provisional accreditation, or accreditation of a COM during a period in which the parent educational institution of a COM or the COM itself:

- Is the subject of an interim action by a recognized institutional accrediting agency potentially leading to the suspension, revocation, or termination of any recognition status;
- Is the subject of an interim action by a state agency potentially leading to the suspension, revocation, or termination of the institution's legal authority to provide postsecondary education;
- Has been notified of public probation or a threatened loss of accreditation by a recognized institutional accrediting agency, and the due process procedures required by the action have not been completed; or
- Has been notified of a threatened suspension, revocation, or termination by the state of the institution's legal authority to provide postsecondary education, and the due process procedures required by the action have not been completed.

The COCA will provide the Secretary of the USDE, within thirty (30) days of action by the COCA, with a thorough explanation, consistent with its accreditation standards, of why it may have elected to grant initial pre-accreditation, provisional accreditation, or accreditation of a COM during a period in which the parent educational institution of a COM:

- Has had its recognition status denied or revoked by a recognized institutional accrediting agency; or
- Has had its legal authority to provide postsecondary education suspended, revoked, or terminated.

The COCA will promptly review the pre-accreditation, provisional accreditation status, or accreditation of a COM when a recognized institutional agency takes an adverse action with respect to the parent body for a COM, or places that institution on public probation.

The COCA may review the pre-accreditation, provisional accreditation status, or accreditation of a COM when a recognized programmatic accrediting agency takes an adverse action for reasons associated with the overall institution, rather than the specific program.

Title IV

The COM and, where applicable, its parent institution will document performance of its students and graduates relative to Title IV default rates based on the most recent data provided by the Secretary of the USDE. The COM and, where applicable, its parent institution must document compliance with all necessary responsibilities under Title IV of the 1965 Higher Education Act as most recently amended, and the resulting regulations issued by the Secretary at 34 CFR Part 602, 34 CFR 667, and 34 CFR 668 and other enabling regulations.

Teach-Out Agreements

In the event that a COM having any accreditation status from the COCA closes, the COCA will work with the USDE and the appropriate state agency, to the extent feasible, to ensure that students are given reasonable opportunities to complete their education without additional tuition charge beyond those attributed to complete the education program.

A COM may enter into a teach-out agreement with another institution provided that:

1. The agreement is submitted to the COCA, at least one hundred twenty (120) days prior to the beginning of transfer of students under the agreement, for its review and approval;
2. The agreement is consistent with the accreditation standards and procedures;
3. The agreement will provide that students will receive all of the instruction promised by the closed institution but not provided because of the closure;
4. Such instruction will be provided without additional charge to the student;
5. The teach-out institution can demonstrate its program structure and scheduling is compatible with that of the closed institution; and
6. The closed institution strives to provide for student placement in geographic proximity to the closed institution.
7. The recipient institution(s), in order to take additional students from the closed institution, must request for an increase in class size through the substantive change process.

Substantive Change

If a COM wishes to implement a substantive change, the COM must receive prior approval from the COCA 120 days before the implementation of the substantive change.

Substantive changes the COCA will review are:

- Any change in the established mission or objectives or location of the institution;
- Any change in the legal status or form of control of the institution;
- Addition of instruction which represents a significant departure, in terms of curriculum content or method of delivery, from the curriculum as offered at the last on-site evaluation on the COM;
- A change from clock hours to credit hours or vice versa;
- A substantial increase in the number of clock hours awarded for completion of the curriculum;
- A substantial increase or decrease in the length of the curriculum;
- Establishment of an additional location geographically apart from the main campus; and
- Any anticipated increase in class size.

Mergers between a COM and another entity will be reviewed as a substantive change in governance.

Substantive Change Review

The COCA must be notified of all substantive change requests, which the COM wishes to have reviewed at the next regularly scheduled meeting. The COM must notify the COCA of its substantive change request at least sixty (60) days prior to the next regularly scheduled meeting.

The COM must submit to the COCA all material that supports their substantive change request at least thirty (30) days prior to the next regularly scheduled meeting. Documentation required for the substantive change submission is detailed below.

Changes in Educational Mission or Objectives of the Institution

Any COM that changes its established educational mission or objectives must provide documentation that describes:

1. The rationale for the change;
2. The effect this change will have on learning outcome assessments, facilities, faculty, admission policies and procedures, and the curriculum;
3. Governing body review and approval; and
4. Announcement of the proposed change to students, faculty, staff, alumni, and the public.

Monitoring

The COCA will require a progress report in year 2 and year 4 of the change in the educational mission or objectives. That progress report must address:

1. The linkage of its learning outcome assessments to its new mission plans and objectives (Standard 1.3);
2. Any changes to facilities as a result of the changes in the educational mission or objectives (Standard 3.1);
3. Any changes to faculty as a result of the changes in the educational mission or objectives (Standard 4.1);
4. Any changes to the admission policies and procedures as a result of the changes in the educational mission or objectives (Standard 5.1); and
5. Any changes to the curriculum as a result of the changes in the educational mission or objectives (Standard 6.1).

Changes in the Location of the Institution

COMs that change their location must provide documentation that describes:

1. Appropriate charters, licenses, or approvals required to function if location is moved to a new jurisdiction;
2. The new facilities including a building and/or remodeling plans, project budget, and completion timelines;
3. Budget for move and other related expenses; and
4. Governing body discussion and approval.

Monitoring

The COCA will direct an on-site visit as soon as practicable, but within six (6) months for a substantive change involving a location change.

Another on-site visit will be conducted in year 2 of the move to review:

1. Adequate COM financial resources (Standard 2.3);
2. Adequate COM facilities (Standard Three: Facilities, Equipment and Resources); and
3. Adequacy of faculty (Standard 4.1).

Changes in Legal Status or Form of Control or Ownership of the Institution

Changes in an institution's legal status or form of control or ownership must provide documentation that describes:

1. Governing body decisions and approval;
2. New or amended Articles of Incorporation;
3. New or revised governing body bylaws;
4. New or revised organizational chart;
5. Announcement of the proposed changes to students, faculty, staff, alumni, the public.

Monitoring

The COCA will direct an on-site visit as soon as practicable, but within six (6) months. That on-site visit will review the following:

1. Governing body bylaws and/or policies and procedures (Standards 2.1, 2.1.2, and 2.1.3)
2. Organization of governing body and its relationship to COM administration and academic officers (Standard 2.1.1)

Curriculum Change

COMs that request curriculum changes, which represent a significant departure in terms of curriculum content or method of delivery, from the curriculum offered at the last on-site visit must provide documentation that describes:

1. The curriculum change;
2. Analysis of additional resources—financial, facilities, and faculty—needed for the curriculum change;
3. Curriculum committee discussion and approval;
4. Faculty governance discussion and approval; and
5. Governing body discussion and approval.

Monitoring

The COCA will require a progress report for four years, beginning in the year after the first year of the curriculum change. The progress report must address:

1. Analysis of changes—positive and/or negative—that resulted from the curriculum change;
2. Analysis of additional resources—financial, facilities, and faculty—needed for this change;
3. Student achievement data relating to the curriculum change.

Changes in Hour Calculations

A COM requesting to change clock hours to credit hours or vice versa must provide a detailed description as to why the COM is making the change.

Monitoring

If approved, the COCA will not request further monitoring.

Increase or Decrease in Curriculum Length

A COM requesting to increase or decrease their curriculum must provide the following documentation that describes:

1. How the curriculum will be increased or decreased;
2. Analysis of additional resources—financial, facilities, and faculty—needed for increasing or decreasing the curriculum length;
3. Curriculum committee discussion and approval;
4. Faculty governance discussion and approval; and
5. Governing body discussion and approval.

Monitoring

The COCA will require a progress report for four years of the curriculum change, beginning in the year after the first year of the curriculum increase or decrease. The progress report must address:

1. Analysis of changes—positive and/or negative—that resulted from the increase or decrease in curriculum length;
2. Analysis of additional resources—financial, facilities, and faculty—needed for this change;
3. Student achievement data relating the increase or decrease in curriculum length.

Additional Locations

A location that is geographically apart from the main campus at which the institution offers at least 50 percent of an educational program. The additional location will not have a separate administration, or faculty, or budgetary independence, all of which are required for a branch campus or for a new COM. Students may be admitted directly to the additional location, but students from the entire program can take classes at the additional location.

A COM must submit written notification to the COCA of its intention to establish an additional location at least eighteen (18) months prior to the desired date of offering instruction. The written notification must address the feasibility of establishing the additional location. This feasibility study must address at least the following items:

1. If the COM, or its parent, has accreditation from a regional agency recognized for that purpose by the U.S. Secretary of Education, then a letter indicating approval of the additional location from the regional accreditor must accompany the substantive change request.
2. A COM, and/or its parent, must not have accreditation with warning, accreditation with probation, or be subject to a show cause determination that could alter accreditation status issued by the COCA or the regional accreditor prior to requesting the substantive change for an additional location.
3. Assessment of the degree of support that the additional location has in the community, county and state, and the respective osteopathic professional associations. Written documentation must accompany this assessment. The assessment must include a letter of comment from the state osteopathic association for each state in which the proposed additional location intends to have clinical training sites.

4. Demonstrate and document with written verification that it has the availability of adequate clinical training sites. Documentation must include an assessment of the impact of the additional location's proposed clinical training programs upon any osteopathic training programs already in existence at the clinical sites under discussion.
5. The parent must provide for student services for the additional location as required by Standard Five: Students.
6. Identify the faculty who will provide instruction.
7. Projected revenues, expenditures, and cash flows at the additional location.
8. Operation, management, and physical resources at the additional location, including learning resources.

Monitoring

1. An on-site focused visitation will be conducted six months prior to beginning operations, including admitting students and beginning instruction.
2. An on-site focused visitation will be conducted within six months of operations to determine to review that financial, faculty, and facility resources are appropriate for the additional location.
3. The COCA will include the additional location(s) in the parent institution's accreditation only after verifying that the COM meets all accreditation standards.
4. After the initial on-site visit, the additional location(s) will undergo an on-site visit scheduled in conjunction with on-site visit of the parent campus.

Accreditation Status

1. The parent's accreditation status will be extended to the location(s) only after a site visit to all sites and the report accepted by the COCA.
2. The additional location(s) cannot recruit students or begin operations, including offering instruction until after the first on-site visit and approval by the COCA.

Class Size Increases

Each class size increase request, or request for approval of a one-time class size increase, or an unplanned increase must be reviewed by the COCA on a case-by-case basis. Documentation to be submitted by the COM for this review must include, but is not limited to the:

1. Adequacy of faculty and how that was calculated;
2. Sufficient classroom and laboratory space, such as auditoriums, anatomy, and Osteopathic Manipulative Medicine;
3. Sufficient library space;
4. Sufficient number of Year 3 and Year 4 rotation slots;
5. Educational planning and noted progress in generating postdoctoral clinical training opportunities.

For the purpose of an accurate accounting of class size, in those instances where a student matriculates in one (1) year but takes a leave of absence or other decelerated program options, the COM will count that student towards the class in which he/she matriculated. Student admissions will be limited to the COCA approved class size with a permitted variance of eight percent of the approved class size.

Monitoring & Evaluation

All COMs with an unplanned class size increase in excess of the permitted variance will be required to submit a progress report to the COCA on an annual basis up to four (4) years, which will:

1. Delineate the resources and strategies required of the curriculum for the upcoming year; and
2. Provide an objective and subjective analysis and assessment of the effectiveness of the strategies for the curriculum, student services, student achievement, and outcomes for this larger class size.

Any COM with a matriculation in excess of eight (8) percent over their approved class size will not be allowed to request a class size increase for three (3) years. The COCA will have the right to review the accreditation status of any institution which exceeds its class size for two (2) consecutive years or knowingly misrepresents its class size to the COCA, and to implement appropriate remedial measures, including reduction or withdrawal of the COM's accreditation.

For planned class size increases a focused visitation will be conducted the first year of implementation and a progress report will be required for years 2, 3, and 4.

For unplanned class size increases a focused visitation will be conducted, at minimum, in years 1 and 3. A progress report, as previously described, will be required every year for four years and in those years that a focused visit is due such progress report will be due sixty (60) days prior to the focused visitation.

Branch Campus

A free-standing COM having accreditation status from the COCA as its institutional accreditor has the option of offering instruction at a branch campus owned or operated by the COM.

A COM must submit written notification to the COCA of its intention to establish a branch campus at least eighteen (18) months prior to the desired date of offering instruction. Notification must include a business plan that includes:

1. The appropriate state agency, a charter, or evidence of support for approval to grant the Doctor of Osteopathy (D.O.) or Doctor of Osteopathic Medicine (D.O.) degree;
2. Assessment of the degree of support that the branch campus has in the community, county and state, and the respective osteopathic professional associations. Written documentation must accompany this assessment. The assessment must include a letter of comment from the state osteopathic association for each state in which the proposed branch campus intends to have clinical training sites;

3. Demonstrate and document with written verification that it has the availability of adequate clinical training sites. Documentation must include an assessment of the impact of the branch campus' proposed clinical training programs upon any osteopathic training programs already in existence at the clinical sites under discussion;
4. The curriculum to be offered at the branch campus;
5. The faculty who will provide instruction;
6. Projected revenues, expenditures, and cash flows at the branch campus; and
7. Physical resources at the branch campus.
8. Administrative structure of the branch including the identification of the individual who will be the on-site chief academic officer.
9. Organizational structure between the parent and the branch campus must be described and documented in an organizational chart.

Monitoring and Evaluation

The branch campus offering a program in osteopathic medicine must have that program conform to the same standards for faculty, staff, facilities, student services, curriculum, and research in order to meet the COCA accreditation standards for a COM. The COCA will conduct an on-site visit to a branch campus at least six (6) months prior to the initiation of instruction at the branch campus to ensure compliance with all the accreditation standards.

Accreditation Status

The COCA will include a branch campus in the parent institution's accreditation only after verifying that the COM meets all accreditation standards. After the initial on-site visit, a branch campus will undergo on-site visit scheduled in conjunction with on-site visit of the parent campus.

CHAPTER VII: IN THE PUBLIC INTEREST

Third Party Comments

The COCA will receive, review, and consider any written or oral third-party comment in regard to an initial or continued request for accreditation, pre-accreditation, provisional accreditation, requests for substantive change, requests to establish a branch campus, or requests to enter into a teach-out agreement. Written notice must indicate to which COM the comment is addressed, and a general overview of the comments to be made. Persons wishing to present third party testimony at either meeting must provide written notice thirty (30) days prior to the meeting they wish to attend. The COM will be notified of the third party presentation so that they can have an opportunity to comment. Notice of opportunity to comment will be provided with announcements of the meeting as issued in the publications of the Division of Predoctoral Education, the AOA website, press releases from the AOA Department of Communications, and other vehicles as may be developed.

Confidentiality of Accreditation Reports

Accreditation reports are confidential between the COCA and the COM involved. Premature and/or unauthorized disclosure of information reflecting visiting team or COCA views concerning the accreditation status of a COM is not permitted.

The administrative officers of each COM are encouraged to make accreditation reports available to faculty members and others directly concerned. Officials of the AOA, members of the COCA and visiting team members are not authorized under any circumstances to disclose any information obtained during on-site visits.

With the exception of the reporting required by the Secretary of the USDE, it is the obligation of the COCA to maintain the confidentiality of its relationships with its COMs and not to announce publicly any action with respect to a COM other than its accreditation status, including public probationary status, or its removal from the accredited list.

The COM retains the right to publicize accreditation reports of that institution. If a COM releases part or all of an accreditation report in such a manner as to misrepresent or distort the report of the COCA, the COCA may release appropriate parts of, or the full report, to correct the misinformation.

The COCA will inform the COM in advance of the release and the substance of the release of any such information.

If the COM elects to publicly disclose its pre-accreditation, or provisional accreditation, or accreditation status received from the COCA, they must state the following:

The college has received pre-accreditation, or provisional accreditation, or accreditation status from the American Osteopathic Association's Commission on Osteopathic College Accreditation, which is the recognized accrediting agency for the approval of colleges preparing osteopathic physicians. The address and phone number of the accrediting agency are: Secretary, COCA; American Osteopathic Association; 142 East Ontario Street; Chicago, IL 60611; Telephone 312/202-8124; Fax 312/202-8424.

Complaint Review Procedures

Complaint review procedures are established to protect the integrity and the maintenance of accreditation standards and procedures as they relate to approved COMs. These procedures provide a mechanism for concerned individuals or organizations to bring to the attention of the accrediting agency information concerning specific actions and programs, which may be in non-compliance with the COCA's accreditation standards. The COCA recognizes their responsibility to provide complainants the opportunity to utilize the COCA as a vehicle to deal with specific grievances; and providing a mechanism for reviewing and finally resolving complaints against the COCA or the administrative staff.

Complaints may be filed by any individual or group including, but not limited to, the following:

- An osteopathic medical student;
- An individual or institution affected by the accreditation program academically or professionally; and
- A member of the general public.

Complaint Submission about a COM

The complaint will be in writing and signed by the complainant. All signed complaints must be submitted to the COCA Assistant Secretary, AOA, 142 E. Ontario Street, Chicago, IL 60611.

The complainant will present a question concerning a violation(s) of an accreditation standard or procedure and must be based upon direct and responsible information. The complainant must provide a narrative of his/her allegation, as it relates to the accreditation standards or procedures, and include any documentation that could support his/her allegation. This information must be accurate and well documented.

The complainant will provide evidence that an effort has been made to resolve the problem through appropriate COM or university channels, and will include information about all other actions initiated to resolve the problems.

Within ten (10) business days of receipt of a signed complaint, copies of the complaint will be sent to the COM's chief executive officer or chief academic officer for their response to the complaint. The COM's chief executive officer or chief academic officer will have fifteen (15) business days to respond. The COM's response and the complaint will be forwarded to the COCA chair who will either ask the entire COCA to determine whether the complaint merits further investigation or appoint an *ad hoc* subcommittee to determine whether the complaint merits further investigation. If the COCA or the *ad hoc* subcommittee finds no merit in the complaint, the complainant and the COM will be notified in writing. If the complaint has merit, an investigation will be conducted. The Complainant and the COM will be notified in writing. This process will be concluded within fifteen (15) business days.

Complaint Investigation

If an investigation is warranted, the COCA Assistant Secretary, in cooperation with AOA corporate counsel, and the *ad hoc* subcommittee will initiate a formal review within thirty (30) days. The *ad hoc* subcommittee will decide what particular method of study and mode of investigation is most appropriate for the complaint that has been received, which may include an on-site visit.

The *ad hoc* subcommittee's findings will be forwarded to the COCA. Based upon these findings, the COCA may take either of the following actions:

- Dismiss the complaint and report that the COM is in compliance with the accreditation standards; or
- Notify the COM in question that, on the basis of an investigation, the COCA has determined that the COM is failing to meet the accreditation standards.

If the COM has been found to be out of compliance with the accreditation standards, the COCA may determine one of the following methods of review:

- A report outlining the COM's plans to address the deficiencies outlined by the COCA; and/or
- A progress report documenting the COM's planning and its implementation of the those plans; or
- If appropriate, an on-site visit may be recommended to determine whether a change in the accreditation status of the COM is warranted.

These procedures should be completed and the COM notified within fifteen (15) days of the COCA decision.

Any such accreditation decision or action of the COCA will be subject to the reconsideration and appeal procedures set forth in these procedures.

Investigation and Resolution of a Complaint Against the COCA or Administrative Staff

The complaint must be in writing and signed by the complainant. All signed complaints must be submitted to the COCA Assistant Secretary, AOA, 142 E. Ontario Street, Chicago, IL 60611.

The COCA Assistant Secretary will present the complaint, in conjunction with AOA corporate counsel, to the COCA chair, vice-chair, and Secretary, and when applicable, to affected staff members. A subcommittee of the COCA will be appointed by the COCA chair, which will formally review the complaint and develop a response to the complaint. This subcommittee review process and response will be completed and forwarded to the COCA within thirty (30) days of the date the subcommittee is convened.

The COCA will consider the complaint and the response at its next regularly scheduled meeting. The complainant will be invited to appear before the COCA to present respective views in order to attempt an agreed resolution. The final action of the COCA will be communicated to the complainant within thirty (30) days of the date the complaint was heard by the COCA.

Student Complaints

All COMs must keep a record of all accreditation standards and procedure related to student complaints, investigations, and resolution. The COCA recommends that these complaints be used in the COM's performance improvement process.

Considerations of Actions from other Accrediting Bodies

The COCA will routinely share information about the pre-accreditation, provisional accreditation, or accreditation status of a COM or any adverse action taken against the COM with other appropriate recognized accrediting agencies and state agencies.

CHAPTER VIII: GLOSSARY

AACOM – American Association of Colleges of Osteopathic Medicine

Additional Location – A location that is geographically apart from the main campus at which the institution offers at least 50 percent of an educational program.

Adverse Action – Adverse action is the denial of any accreditation status by the COCA. A “denial” action is initiated by the COCA.

Affiliated Clinical Site – Within criteria specified in AOA Standards and Procedures an affiliated clinical site is an accredited healthcare facility or clinic, not owned or operated by a COM, which agrees to provide specific and limited clinical instruction to a COM's students.

Anticipated change in class size – A substantive change. The COM's governing body typically will approve a class size increase. After the COM, or its parent institution's governing body approves an increase in class size, the COM must submit a request for approval from the COCA. This request must follow the procedures outlined under Chapter V: Accreditation Procedures.

AOA - American Osteopathic Association

AOA Board – Board of Trustees of the AOA

COCA – Commission on Osteopathic College Accreditation of the AOA

Branch Campus – COMs that have their institutional accreditation status from the COCA. A branch campus is any location of an institution other than the main campus which is permanent in nature, offers courses in educational programs leading to the doctor of osteopathy or doctor of osteopathic medicine degree, has its own faculty and administrative or supervisory organization, has its own budgetary and hiring authority, and may have affiliated clinical sites. These will be considered a Branch Campus and must follow the procedures outlined under Chapter VI: USDE Requirements.

CHEA – Council for Higher Education Accreditation

Chief Executive Officer (CEO) – The COCA has chosen to use the term chief executive officer instead President, Chancellor, Provost, etc.

COM – College (or school) of osteopathic medicine offering instruction leading to the Doctor of Osteopathy or Doctor of Osteopathic Medicine (D.O.) degree

COM Community – Includes those individuals affiliated with the COM, including students and faculty, and the public.

Commendation – A written comment in an on-site visit report that indicates a specific accreditation standard has been exceeded.

Communities of Interest – Includes osteopathic medical professionals; including students, interns, and residents, individuals who are employed in the osteopathic medical profession; and the public.

Core Competencies – This subsection of the Curriculum Standard section represents the bridge between preclinical and clinical education and the basic knowledge to move from predoctoral education to postdoctoral training. The core competency section should assist the COMs in moving toward a more dynamic curricula process. The competency areas specified are those from the AOA's postdoctoral training program standards.

Current Findings – Factual information evaluated on- site related to the accreditation standards or procedures, requirements, or prior requirements, or recommendations, or commendations.

Curriculum Changes – A curricular substantive change. The addition of courses or programs that represent a significant departure, in either content or method of delivery, from those that were offered when the COM had their last accreditation on-site visit; the addition of courses or programs at a degree or credential level above that which is included in the COM's current accreditation or pre-accreditation status; a change from clock hours to credit hours; a substantial increase in the number of clock or credit hours awarded for successful completion of a program.

Faculty Adequacy Model – A faculty adequacy model compares the total number of faculty hours necessary and the number of total faculty hours available to deliver the curriculum. COMs determine the number of hours available for teaching, class preparation, research, scholarly activity, committee work, advisement, clinical service, and other activities deemed critical to fulfillment of the COM mission. The distribution of hours across these activities may vary among individual faculty members. COMs which have more available hours than necessary hours are deemed to have adequate faculty.

Faculty, full-time – Each COM is required to establish and publish its own definitions of full-time faculty. However, such definitions must meet certain minimum requirements as set forth in standard Four: Faculty and in this glossary. Full-time faculty must be employed by the COM and be under contract. It is customary in full-time employment agreements to state that the individual will devote his/her complete attention and energies to the position of employment. Furthermore, it is customary for full-time faculty to normally perform their duties on-site, and contribute to two or more of the following areas: teaching, research, service. Full-time faculty who are executive, academic, or business officers of the COM may devote the majority of their efforts to administration.

Faculty, part-time – Each COM is required to establish and publish its own definitions of part-time faculty. However, such definitions must meet certain minimum requirements as set forth in Standard Four: Faculty and in this glossary. Part-time faculty must be employed by the COM and be under contract. It is customary in part-time employment agreements to state that the individual will devote such attention and energies necessary to fully perform the assigned duties of the position of employment. Furthermore, it is customary for part-time faculty to have responsibilities that are significantly less than those of full-time faculty, both with respect to scope of activities, and percentage of effort devoted to employment at the COM.

Formative Review – Ongoing review of the educational processes; For example, analysis of COMLEX results could yield a change in student preparation process. Or, ongoing review of students' grades/course results to determine if intervention is needed to ensure student success.

Governing body – The COCA has chosen to use this term rather than governing board, board of trustees, etc.

Guideline – These statements explain the standard intent and provide examples and/or guide COMs toward standard compliance.

Institutional Accrediting Agency – An agency that accredits institutions of higher education. Such an agency grants accreditation decisions that enable its accredited institutions to establish eligibility to participate in Higher Education Act Programs.

Must – Indicates a mandatory requirement.

New Program Applicant – A new program that is not part of an existing COM must follow the procedures outlined under Chapter II: Applicant and Accredited Procedures, including Procedure 7.c-e.

New Program – A new program of an existing accredited COM that is any location of an institution other than the main campus which is permanent in nature and offers courses in educational programs leading to the doctor or osteopathy or doctor of osteopathic medicine degree must follow the procedures outlined under Chapter II: Applicant and Accredited Procedures.

NBOME – National Board of Osteopathic Medical Examiners, Inc.

Observer – Represents Federal or State Agencies or organizations, which may have a legitimate accreditation responsibility to attend an on-site visit.

Osteopathic Clinical Services – Those services that facilitate faculty and student interaction, and include osteopathic manipulative therapy, which are planned and provided systematically throughout the year. These services could include health fairs, or other student community services either in the local community or world community.

Programmatic/Specialized Accrediting Agency – An agency that accredits specific educational programs that prepares students for entry into a profession, occupation, or vocation.

Recommendation – Advice given for the purpose of improving a COM's operations and programs. Recommendations do not signify that the COM does not comply with a standard. Recommendations can be written at any time in the accreditation process.

Requirement – The written statement that indicates that a COM has not satisfied a specific standard or procedure. Requirements can be written at any time in the accreditation process. All requirements will be monitored either through a progress report, or an interim progress review, or focused visitation.

Should – Indicates a highly recommended element/issue.

Evaluator Trainee – An Evaluators Registry member who is attending an on-site visit as an observer.

Summative Review – An audit review of student learning after the work is completed.

Teach-out Agreement – A teach-out agreement is a written agreement between accredited COMs that provides for the equitable treatment of students if one of those COMs stops offering its educational program before all students enrolled in that program complete the program.

Types of On-Site Visits

1. Full on-site visit – A full on-site visit is conducted to examine compliance with all areas of the accreditation standards and are conducted by the COCA to determine Provisional and full accreditation status. At least three (3) days on site are usually required for completion of these on-site visits.
2. Interim Progress Reviews – An interim progress review is conducted to examine particular areas about which questions have been raised by the COCA. These visits typically occur after a full on-site visit and will examine areas that have been raised by a site visit team.
3. Focused Visitation – A focused visitation ordinarily focuses on the particular area(s) identified by the COCA. The COCA may also require a COM to undergo a focused visitation when deemed necessary.

USDE – United States Department of Education and the Secretary of Education

Withdrawal –The withdrawal of a COM from the accreditation process; this is a voluntary action initiated by the COM.

CHAPTER IX: TABLES

Table One. Timetable for Evaluation from Application Status to Initial Provisional Accreditation Status Decision

This sequence assumes that a COM will begin instruction in August.

Month	Activity	AOA Body Involved
July	Application received	Department of Education, Division of Predoctoral Education
August; September; or October	Pre-Accreditation on-site visit	COCA
December	COCA approval of Pre-Accreditation Status	COCA
May or June	Update Feasibility Study and request for provisional accreditation status submitted	Department of Education, Division of Predoctoral Education
September or October	Initial Provisional Accreditation on-site visit conducted	COCA
December	COCA approval of Initial Provisional Accreditation Status	COCA
January	Begin recruiting	COM
August	Begin instruction	COM

Table Two: Timetable for the Branch Campus Application

This table is based on a branch campus application that is submitted in January.

February – March: Initial staff review of application for technical completeness

March – June: Obtain additional information from applicants; update applications.

July: Transmit materials to COCA for review at fall meeting. Receive written public commentary up to thirty (30) days prior to the meeting. Any public commentary received will be shared with the applicant for their response.

August: Meeting of COCA. The principle purpose of this review is to determine as to whether the entity being applied for is a branch campus or a new COM.

Based on that decision, the following schedule must be followed:

Branch Campus	New COM
1. Recruiting can begin with understanding that decision to grant approval of the branch campus has not yet been made. However, students cannot be accepted until after the final recognition of the Branch Campus (see #4)	1. Begin application for Pre-accreditation
2. November: Conduct Site Visit. Receive written public commentary	2. Receive and review Feasibility Study
3. December: COCA meeting. Review site visit report, written public commentary, oral public commentary. Make final decision on recognition of Branch Campus. (1) The COM can begin operation of the branch campus, including accepting students and offering instruction; and (2a) Extend the programmatic accreditation status of the COM to the branch campus; or (2b) Conduct a full site visit in six months of operation to determine whether to extend the programmatic accreditation status of the COM to the branch campus.	3. January – February: Schedule on-site evaluation for pre-accreditation
4. Branch Campus can now begin accepting students for the next academic year.	4. April: COCA meeting. Review site visit report, written public commentary, oral public commentary. Make final decision on Pre-Accreditation.

Table Three. Organization Table and Flow of the Self-Study Process

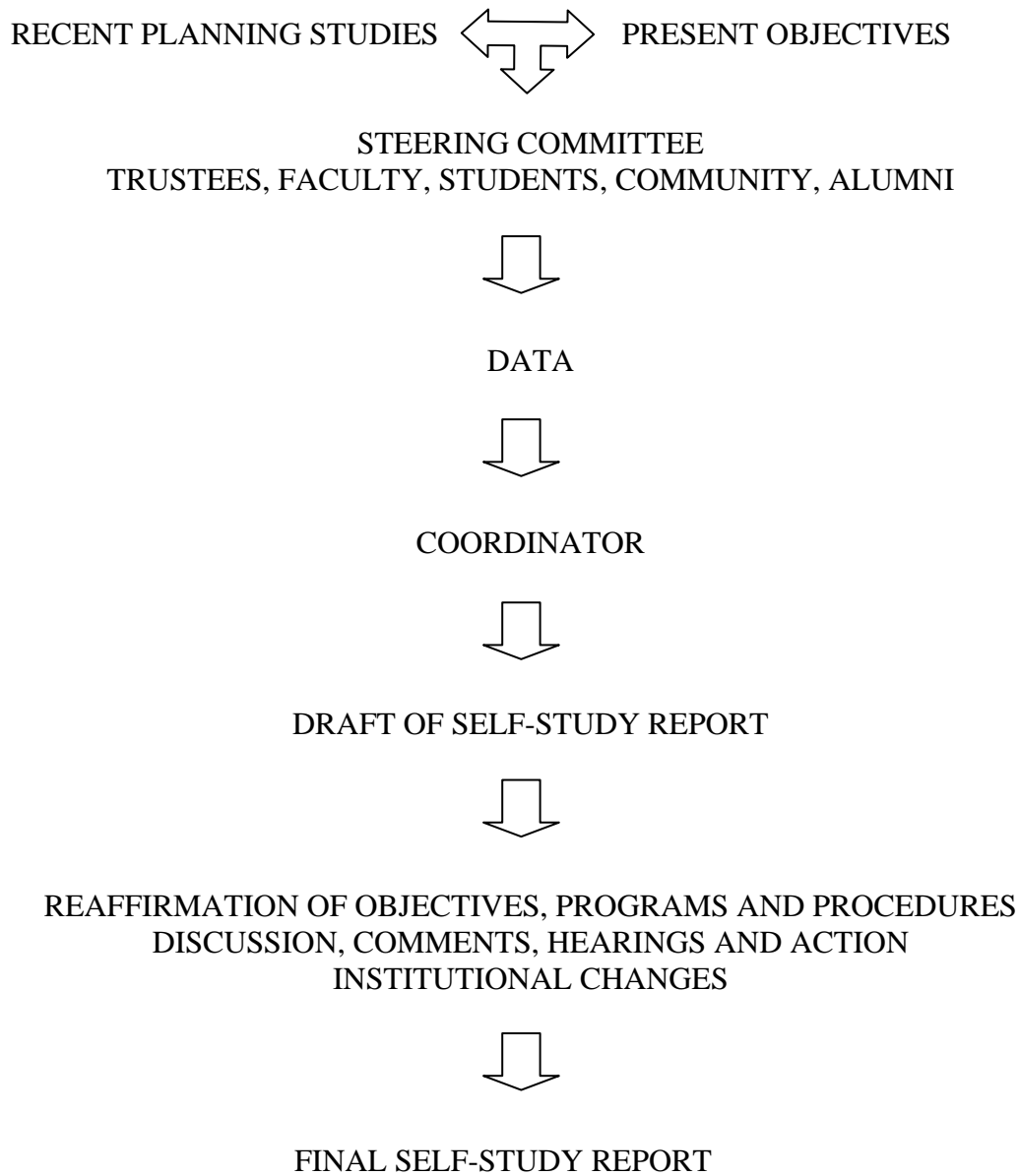


Table Four. Suggested Agendas and Schedules for On-Site Evaluations

Agenda and Scheduling for Provisional Accreditation Site Visits & Full On-Site Visits		
Team arrives at COM location the night before		
Day 1	8:00 AM - 9:30 AM	Team planning meeting and document review (private)
	9:30 AM - 10:00 AM	Entrance Interview with COM Leadership
	10:00 AM - 4:00 PM	Interviews
	4:00 PM - 6:00 PM	Team report writing
	6:30 PM	Team dinner (private)
Day 2	8:00 AM - 3:00 PM	Interviews and document review
	3:00 PM - 6:00 PM	Team report writing
	6:30 PM	Team dinner (private)
Day 3	8:00 AM - 9:00 AM	Team report writing, continued
Day 3	9:00 AM - 9:30 AM	Executive Conference
	9:30 AM - 10:00 AM	Exit Conference
Agenda and Scheduling for Interim Progress Reviews		
Team arrives at COM location the night before		
Day 1	8:00 AM -9:00 AM	Team planning meeting and document review (private)
	9:00 AM - 3:00 PM	Interviews
	3:00 PM - 6:00 PM	Team report writing
	6:30 PM	Team dinner (private)
Day 2	8:00 AM - 9:00 AM	Team report writing, continued
	9:00 AM - 9:30 AM	Executive Conference
	9:30 AM - 10:00 AM	Exit Conference
Agenda and Scheduling for Focused Visitations		
Team arrives at COM location the night before		
Day 1	8:00 AM - 9:00 AM	Team planning meeting and document review (private)
	9:00 AM - 3:00 PM	Interviews
	3:00 PM - 6:00 PM	Team report writing
	6:30 PM	Team dinner (private)
Day 2	8:00 AM - 9:00 AM	Team report writing, continued
	9:00 AM - 9:30 AM	Executive Conference
	9:30 AM - 10:00 AM	Exit Conference

CHAPTER X: APPENDICES (AVAILABLE UPON REQUEST)

Appendix A: Consultants on College Accreditation

Appendix B: Registry of Evaluators of Colleges of Osteopathic Medicine

Appendix C: COM Accreditation Fees

Please contact the Division of Predoctoral Education for information about these appendices.