

# COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION

## ***ACCREDITATION OF COLLEGES OF OSTEOPATHIC MEDICINE:*** **COM Accreditation Standards and Procedures**

*(Effective: August 29, 2016)*



**AMERICAN OSTEOPATHIC ASSOCIATION**

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## **NEW AND REVISED STANDARDS AND PROCEDURES**

Words that appear in **blue** throughout the Standards are defined in the Glossary. The changes made in the Standards are **highlighted in yellow** throughout. Previous standards are renumbered accordingly to accommodate the addition of the new standards.

At the April 16 – 17, 2016 meeting of the COCA, the Standards Review Committee presented changes to the *Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures* in the following Domains which were approved and become effective on **July 1, 2016**:

- Standard One: Mission, Goals, and Objectives
- Standard Two: Governance, Administration, and Finance
- Standard Three: Facilities, Equipment, and Resources
- Standard Four: Faculty
- Standard Five: Students
- Standard Six: Curriculum
- Standard Eight: GME Outcomes
- Chapter II: Applicant and Accreditation Procedures
- Chapter III: The Self Study Process
- Chapter VI: USDE Requirements

## **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 services; preclinical and clinical education; research and scholarly activity; and graduate medical education.

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, in 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 into 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



was 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.

In 1993, the Bureau renamed its committees and coordinated four councils that dealt 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) was responsible for postdoctoral education and continuing medical education and had five committees reporting to it. Of those five committees, three were new. The five committees were: 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 began its new functions in July 2004.

The college accreditation process was re-organized into the Commission on Osteopathic College Accreditation (COCA), a single purpose committee that functions as the final decision making body for college accreditation.

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 now the sole 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, mid-cycle 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.

## CHAPTER I: COM ACCREDITATION STANDARDS

### Introduction

This chapter defines the accreditation standards against which COMs are evaluated for accreditation by the COCA. The 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*.

In conducting its accrediting activities, the COCA will evaluate the COM considering its stated mission, including respect for its religious mission where that exists, and will consistently apply and enforce its standards. This should not be construed as limiting COCA's ability to enhance its standards over time.

### Standard One: Mission, Goals, and Objectives

1.1 The COM must have a clearly defined mission statement. Mission, vision, and goals statements may be used as one entity which collectively addresses all issues mentioned in this standard. The mission, vision, and goals statement must include goals and objectives appropriate to osteopathic medical education that address teaching, research, service, including osteopathic clinical service, graduate medical education training, 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.*

- 1.1.1 All COMs having accreditation status must submit a "mid-cycle" report to the COCA on their success in meeting their mission. This report will be submitted with the Annual Supplemental Report in the fourth year after receipt of initial or continuing accreditation status.
- 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 This standard has been eliminated.**

- 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 for the training of osteopathic physicians.

**Guideline:** *The COM should demonstrate the educational continuum of its students from predoctoral education, which leads to the professional degree, to placement of graduates in postdoctoral education.*

**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 or its parent institution must have board approved policies regarding:**

- a. Conflict of Interest for board members, professional and non-professional full time employees, and all credentialed instructional staff;
- b. Due process for all employees, students, and credentialed instructional staff;
- c. Claims of illegal discrimination;
- d. Confidentiality of employment, student, and medical records; and
- e. Fiscal management and accountability of the COM

- 2.1.3 The COM, and/or its parent institution, must satisfy such provisions as may be required by applicable law and regulations. If the COM is organized within a larger institution of higher education, that institution must have appropriate approval from its U.S. Department of Education-recognized institutional accreditor to offer doctoral programs.

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 and ensuring compliance with COCA Standards.

**Guideline:** *This responsibility and authority usually consists of oversight of resources appropriately allocated by the governing board of the COM (if freestanding) or its institutional governing board (if within a larger institution of higher education).*

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**, at a minimum at the time of appointment, must be a D.O. who has achieved AOA or ABMS board certification in his/her primary specialty at some point in his/her career.

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.

2.5.4 The **Chief Academic Officer** must be able to demonstrate the “Competencies of a Chief Academic Officer” as defined in the Glossary of this document.

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

2.6.1 For those COMs that are free-standing, single degree-program institutions for which the COCA is the institutional accreditor, the **Chief Financial Officer** must be able to demonstrate the “Competencies of a Chief Financial Officer” as defined in the Glossary of this document.

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**.*

2.7.1 For those COMs that are free-standing, single degree-program institutions for which the COCA is the institutional accreditor, the **Chief Executive Officer** must be able to demonstrate the “Competencies of a Chief Executive Officer” as defined in the

Glossary of this document.

- 2.8 A COM must publish and follow policies providing that the selection of administrative personnel, faculty and staff, and students shall not discriminate on the basis of race, ethnicity, color, sex, sexual orientation, gender, gender identity, religion, national origin, age or disabilities.

### 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: information technology; student space for individual and group study; and electronic resources, including databases for learning.*

- 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, supplemented by part time and **adjunct faculty**, at the COM to meet its mission and objectives. The COM must also have sufficient and appropriately trained faculty at its affiliated and educational teaching sites.

**Guideline:** *A well-functioning COM should have enough faculty members to conduct the work of committees; ensure that all lecture topics are covered; allow all students to have access to faculty for consultation; and provide advisement to student organizations.*

4.1.1 The COM must develop a **faculty adequacy model**<sup>1</sup> appropriate to the COM's mission and objectives and curriculum delivery model. The method used to calculate the model must be fully described and documented. Faculty must include osteopathic physicians, basic scientists, and other qualified faculty to carry out the COM's mission and objectives.

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 or Equivalent** must have proven experience in teaching and academic leadership in a medical education setting.

4.2.1 In the clinical department or discipline of Primary Care (defined as Family Medicine, Internal Medicine, and/or Pediatrics), the **Chair or Equivalent** must be a D.O. who is AOA or ABMS board certified in their primary specialty.

**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 the discipline of Osteopathic Manipulative Medicine/Neuromusculoskeletal Medicine, the **Department Chair or Equivalent** leader must be AOA board-certified through the American Osteopathic Board of Neuromusculoskeletal Medicine or have received a Certificate of Special Proficiency in Osteopathic Manipulative Medicine (C-SPOMM).

4.2.3 In all other clinical departments or disciplines, the **Department Chairs or Equivalents** must be AOA board-certified or ABMS board-certified physicians in one of the disciplines included within the department.

**Guideline:** *COMs are highly encouraged to have osteopathic physicians as the chairs of all clinical departments and divisions in their COMs. This will ensure expression of osteopathic tenets throughout the curriculum and adequate mentoring opportunities for the students.*

4.2.4 In all departments of the COM, the **Department Chair or Equivalent** must be able to demonstrate the "Competencies of a Department Chair or Equivalent" as defined in the glossary of this document.

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<sup>1</sup> A conceptual definition is provided in the Glossary. For questions about implementation, please contact the COCA Secretary.



**4.3 THIS STANDARD HAS BEEN REMOVED. PLEASE SEE STANDARD 2.8.**

- 4.4 COMs must develop and implement an ongoing needs-based, assessment driven faculty development program that is in keeping with the COM's mission and objectives.

**Guideline:** *The ongoing faculty development program should be a needs-based professional development program. The participants' educational outcomes should be assessed and utilized by the COM for further faculty development planning*

- 4.4.1 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.*

- 4.5 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.

- 4.6 Faculty policies 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.*

- 4.7 The COM must have a board approved code of academic and professional ethics for its entire faculty, administration, and staff that includes the interaction of these groups. Such code of ethics shall address the proper relationship of faculty, administration, and staff with students.**

**Guideline:** *A statement of professional ethics for a COM should address most, if not all, of the following principles:*

- *Duty to adhere to policies and procedures of the COM in all matters;*
- *The student – faculty interaction;*
- *The student – administration interaction;*
- *The student – staff interaction;*
- *The faculty - administration & staff interaction;*
- *Intellectual honesty in teaching activities;*
- *Promotion of learning by students;*
- *Pursuit of innovation in medical education;*
- *Scholarly activity by faculty and students;*
- *Intellectual honesty in scholarly activities;*
- *Research; and*
- *Relationship with commercial entities.*

- 4.7.1 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.

- 5.3 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.

**Guideline:** *The COM should document alternative educational experiences that it will accept for admission.*

- 5.3.1 The COM must have a policy to verify that candidates with credentials from a college or university outside of the United States have met the equivalency of the minimum requirements for admission to a COM.

**5.3.2 THIS STANDARD HAS BEEN REMOVED. PLEASE SEE STANDARD 2.8.**

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

**5.4.1 Credits may be transferred only from medical schools and colleges accredited either by the COCA or by the Liaison Committee on Medical Education (LCME). Transfer credits should only be given if the student is eligible for readmission to the previously attended COCA or LCME accredited medical school.**

- 5.4.2 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.

- 5.4.3 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.

- 5.4.4 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.*

- 5.4.5 The transfer of credit policy of each COM must be publically disclosed in accordance

with 34 CFR 668.43(a)(11)<sup>1</sup>; and

5.4.6 The transfer of credit policy of each COM must include the criteria established by the COM regarding transfer of credit.

5.4.7 Each COM, for which the COCA is its institutional accreditor, shall establish written policies and procedures and employ them in a systematic review of the assignment of **credit hours** for all of its curriculum, using the definition of a **credit hour** as provided in the glossary of the *Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures*. The COM bears the responsibility of assigning the amount of credit awarded for student work and demonstrating that its assignment criteria conform to commonly accepted practices in higher education. The COM must maintain records of this activity in a format that will permit sampling by a COCA site visit team.

**Guideline:** *The COM is strongly encouraged to include a discussion of the application of these policies and procedures for reviewing the **credit hours** given for each course in its curriculum in the self-study report.*

5.5 The COM, and/or its parent institution, must provide services devoted to student affairs.

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

5.5.1 The COM, and/or its parent institution, must provide services devoted to registrar services.

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

5.5.2 The COM, and/or its parent institution, must provide services devoted to admissions.

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

5.5.3 The COM, and/or its parent institution, must provide services devoted to financial aid.

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

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

5.5.4 The COM, and/or its parent institution, must provide services devoted to academic counseling.

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<sup>1</sup> 34 CFR 668.43 (a)(11): A description of the transfer of credit policies established by the institution which must include a statement of the institution's current transfer of credit policies that includes, at a minimum – (i) Any established criteria the institution uses regarding the transfer of credit earned at another institution; and (ii) A list of institutions with which the institution has established an articulation agreement.

5.5.5 The COM, and/or its parent institution, must provide services devoted to career counseling.

5.5.6 The COM, and/or its parent institution, must provide students' access to administrators and faculty.

**Guideline:** *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.*

5.5.7 The COM and/or its parent institution must make available to students confidential resources for physical healthcare services.

5.5.8 The COM and/or its parent must make available to students on a 24 hour per day 7 days a week ("24/7") basis, confidential resources for behavioral healthcare services.

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

**Guideline:** *All staff who provide student services should be knowledgeable of the confidential aspects of these services, including but not limited to FERPA, HIPAA, and Title IX requirements.*

5.7 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.

5.8 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. The COM must include in its policies and procedures the contact information, including address, phone number and email, of the COCA in the American Osteopathic Association, Department of Accreditation, 142 East Ontario, Chicago, IL, 60611, 312-202-8000, email: predoc@osteopathic.org.

**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 a method of instruction and learning strategies

designed to achieve its mission and objectives.

**Guideline:** *A COM can implement their curriculum utilizing different curriculum models. The curriculum 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, and basic knowledge of the components of research.*

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, including didactic and hands-on opportunities, through each year of the curriculum.

**Guideline:** *The COM should be able to present a broad based curriculum to their first and second year students that includes direct and indirect OMM techniques and understanding of the glossary of terms found in the Glossary of Osteopathic Terminology © American Association of Colleges of Osteopathic Medicine, Chevy Chase, MD, April 2009. The COM should have in place learning programs in OMM/OPP for students during their third and fourth years that include both didactic content (may be delivered by **distance education** technology) and hands-on opportunities under faculty/preceptor supervision which include osteopathic physicians. The assessment process through all four years should be appropriate for both cognitive and psychomotor learning.*

6.3.1 The COM must provide each student with opportunities for both observation and hands-on application of OMM to patients in a clinical setting supervised by full time faculty of the COM.

**Guideline:** *Observations and hands-on opportunities for OMM can be provided in a college setting, primary care office, student clinic, or hospital setting.*

6.4 The COM must help to prepare students to function on health care teams that include professionals from other disciplines. The experiences should include practitioners and/or students from other health profession and encompass the principles of collaborative practices prior to graduation from the COM.

**Guideline:** Competencies for *interprofessional collaborative practice* may include the ability to:

1. Work with individuals of other professions in a climate of mutual respect.
2. Apply knowledge of the osteopathic physicians' and other professionals' training, knowledge, skills and competencies to address the health care needs of the patients and populations served.
3. Communicate with patients, families, communities, and other professionals in a manner that supports the team approach to the care of the patient, the maintenance of health and treatment of disease.
4. Apply principles of team dynamics to plan and deliver patient/population centered care that is safe, timely, efficient and effective.

### 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 consistent with the COM's mission, goals, and objectives.

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 as described in the document entitled "[The Basic Documents for Postdoctoral Training](#)", [Part One: Basic Document for Postdoctoral Training, Section IV. Institutional Requirements, Subsection I. Core Competency Requirements](#) or contact the AOA's Division of Postdoctoral Training at 312.202.8000.*

- 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 or later, 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.<sup>1</sup>
  - 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, 2, and 3.
  - 6.8.3 The COM must track COMLEX-USA Levels 1, 2, and 3 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*

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<sup>1</sup> Students graduating prior to December 1, 2007 were required to have **taken** COMLEX-USA Level 2 CE and PE prior to graduation.

*provide feedback to each student and should serve as a motivating factor in improving student performance.*

### **Clerkship Training**

- 6.9 A COM may offer a portion of its curricula at affiliated or educational clinical sites not owned or operated by the COM. Written affiliation or educational agreements with core rotation sites, which clearly define the rights and responsibilities 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.

- 6.9.1 Osteopathic medical education must include student experiences with the clinical practice of osteopathic physicians.

**Guideline:** *“Experience with the clinical practice of osteopathic physicians” should be interpreted broadly to include Osteopathic Principles and Practices as well as Osteopathic Manipulative Medicine. Standard 6.9.1 may be met through early clinical experience, core, selective and/or elective rotations.*

- 6.9.2 The COM must provide an annual prospective and retrospective assessment of the adequacy of affiliations for predoctoral clinical education.

**Guideline:** *The COM’s annual assessment should provide evidence of having secured the necessary affiliations for all students’ required core clinical rotations and retrospectively assess the availability of “elective” clinical rotations.*

- 6.9.3 The COM must conduct an annual assessment of the numbers of students and areas of instruction that are to take place at each of its affiliated clinical education sites.

- 6.10 The COM must develop and implement its clinical clerkship training curricula to achieve the COM’s mission and objectives.

- 6.10.1 The COM must utilize the clinical education capabilities of its Osteopathic Postdoctoral Training Institution (OPTI) partners to offer predoctoral clinical education clerkships to its students.

**Guideline:** *The COM may also offer clinical rotations at affiliated sites that are outside of its OPTI partners.*

- 6.11 All instruction at the affiliated or educational sites must be conducted under the supervision of COM academically credentialed or approved faculty.

**Guideline:** *The Dean or the Dean’s designate is responsible for ensuring that meaningful educational experiences should be conducted at **affiliated clinical sites** including credit-based international sites.*

*It is the responsibility of the COM administration to review the credentials of all academically credentialed or approved faculty to determine that they are qualified, or to have an affiliation agreement*



*with such clinical sites which recognizes and approves the processes by which faculty at those sites are credentialed and approved (that are consistent with the credentialing policies of the COM). The training environment at affiliated educational sites should also be reviewed to guarantee that they provide students, at a minimum, an appropriate number of clinical presentations, appropriate supervision, and opportunities to interact with other healthcare professionals.*

*The individuals supervising students' clinical experiences should be the same as those who were appointed or credentialed by the COM, or approved or credentialed by the affiliate as provided for in the affiliation agreements.*

- 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. This effort may include, but may not be limited to, the conduct of and resulting publication in peer-reviewed journals of "bench" research, clinical trials, patient care research, medical educational research, and health services research. The **faculty adequacy model**<sup>1</sup> must demonstrate adequate faculty time for research efforts.

**Guideline:** *A functioning research program would include some, if not all, of the following elements: research programs that investigate questions arising from the unique elements and applications of the principles and practices of osteopathic medicine; an Institutional Review Board (IRB); Institutional Animal Care and Use Committee (IACUC); dedicated facilities to conduct research, either at the COM or with a partnering institution; evidence of start-up funding for research; a grants officer; pre-award and post-award management of grants; and evidence of published articles in scholarly journals.*

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<sup>1</sup> A conceptual definition is provided in the Glossary. For questions about implementation, please contact the COCA Secretary.

- 7.2 The COM must show its commitment to research by having a strategic plan for research support, development, and productivity that is linked to faculty adequacy, facilities, outcome goals, and budget.

**Guideline:** *Growth and development of research is closely linked to availability of human, financial, and physical resources required to support research efforts, as well as the education of osteopathic physicians to prepare them for conduct of research. COMs can enhance this in many ways, including, but not limited to: having an expectation for research in the culture and expected outcomes of the institution; providing appropriate protected time for faculty to engage in research; providing funding to support research initiatives; providing facilities and resources required to support research efforts; supporting dual degree programs in research disciplines, i.e. leading to the MS and PhD degree; dual degree programs in other professional areas that are supportive of research, e.g. MPH, MEd; sponsorship or support for research fellowships for students and residents.*

### **Standard Eight: GME Outcomes<sup>1</sup>**

- 8.1 The COM must be a member of an Osteopathic Postdoctoral Training Institution (OPTI) that is accredited by the American Osteopathic Association's Council on Osteopathic Postdoctoral Institutions for the purpose of supporting the continuum of osteopathic education.
- 8.2 The COM must establish a relationship with an OPTI and facilitate the development, growth and maintenance of graduate medical education.
- 8.3 The COM must develop a retrospective GME Accountability Report based on information reported by the COM on the AACOM Annual Report demonstrating that the COM's mission and objectives are being met. The methods used to develop the report must be fully described and documented. The report must demonstrate the number of graduates entering GME, the positions available in the COM's affiliated OPTI, the historic percentage of match participation (AOA, NRMP, military, etc.), final placement, the number/percentage of eligible students unsuccessful in the matches, and the residency choices of its graduates.
- Guideline:** *COMs should strive to place 100% of their graduates into GME programs and devote the necessary resources to obtain that goal.*
- 8.4 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 for successfully entering into a GME program leading to graduation and effective performance as an osteopathic physician.
- 8.5 The COM must annually report publicly, beginning with the 2013-2014 academic year, from the previous four academic years, the following data (a. and b. below) on its website, in its catalog, and in all COM **promotional publications** that provide information about the COM's education for prospective students. The COM may use a reference to this data as to where it can be found on the COM's website.

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1 NOTE: The following standards occur in other standard domains in this chapter and have some components that are related to graduate medical education: 1.1, 6.6, 6.6.1, 6.7, 6.8.2, 6.8.3, 6.10.1, and 6.14.

- a. The number of students from each graduating class who applied to and obtained or were offered placement in a graduate medical education program accredited by the American Osteopathic Association or the Accreditation Council for Graduate Medical Education or the military, and the number of students from each graduating class who applied to and were unable to obtain placement in an accredited graduate medical program.<sup>1</sup>
- b. The first time pass rate of its graduates on the COMLEX-USA Level 3 exam.<sup>2</sup>

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<sup>2</sup> The COMLEX-USA Level 3 examination first time pass rates are reported as an aggregate score to all COMs for a single year period. This is the value that is to be published by the COM.

**Standard Nine: Prerequisites for Accreditation (for Pre-accreditation evaluations only)**

- 9.1 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.
- 9.2 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.
- 9.3 Each **governing body** will adopt bylaws, or equivalent documents, which will:
  - 9.3.1 Ensure that the **governing body** will be composed of persons with demonstrated expertise required to implement the mission of the COM.
  - 9.3.2 Define responsibilities of the **governing body**, the administrative and academic officers and the faculty and set forth the organizational structure of the COM; and
  - 9.3.3 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 every three (3) years. That review will be precipitated by a survey to determine whether the intent of the standard is clear, reliable and whether it is relevant to osteopathic education. The COCA will announce the review process via the COCA website, <http://www.aoacoca.org>. 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 Programs; 7) Members, Specialty College Evaluator Committees; 8) COM Students; 9) recent COM Graduates; 10) Osteopathic Licensing 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, the 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

### Introduction

COM development is meant to be an orderly process that requires time, financial reserves and planning. This process should not be embarked upon at an accelerated rate or without careful consideration of the **minimal timelines** that are discussed in this chapter and in the tables and other documents specifically described herein.

**The COCA believes that the timeline provided is the minimum period necessary to develop a new COM and will not waive its usual timeline procedures to process applications of new COMs. Entities seeking to develop a new COM should be aware of the business risks that are inherent in the development of a new COM.**

### 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. Information regarding “New and Developing COMs” can be found on the COCA website, [www.aoacoca.org](http://www.aoacoca.org). This information consists of:

- **A Memo to Prospective Applicants**
- **Startup Costs Estimates**
- **Pre-accreditation Preparation Timetable Calculator Tool**
- ***Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures***

### Pre-accreditation Status

Pre-accreditation status is the second step in seeking accreditation by an applicant COM and is conferred with the privilege of recognition by the COCA, which will be publicly announced. Pre-accreditation status may be granted to COMs that demonstrate the planning and resources necessary to be expected to be able to proceed to Provisional accreditation within five (5) years.

### Role of the Dean

It is expected that a Dean, as the **Chief Academic Officer** of the COM, will be hired at least 6 months prior to the submission of the Feasibility Study in the development of the COM and will provide the principle guidance and direction in the development of the COM through all steps of the pre-accreditation process and beyond through Provisional accreditation and into Accreditation. A feasibility study must be prepared and submitted by the **Chief Executive Officer** and the Dean of the applicant COM in order for a COM to be evaluated for Pre-accreditation status. Applicants should also note the minimal timelines for the Provisional accreditation application process as stated in Table 1, and the spreadsheet referred to within Table 1, with regard to the selection of the Dean.

It is also expected that the Dean will hire qualified individuals at the Associate/Assistant Dean level to assist him/her in the development of the COM through the Pre-accreditation status and into the Provisional accreditation status and ultimately progress to Accreditation.

### ***Feasibility Study***

An applicant for Pre-accreditation status must submit a Feasibility Study that assesses the viability of the proposed new COM. The COM Dean and administrative team must play an integral role in the development of the feasibility study (see section “Role of the Dean” above).

The financial *pro forma* portion of 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 bylaws 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**, a dean/chief academic officer, and a chief financial officer, all of whom will have sufficient professional education and experience 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 COM on a full-time basis.
6. The Dean/**Chief Academic Officer** must have identified the organizational structure to be employed, including all Associate/Assistant Deans and a plan for their hiring at the time of submitting the Feasibility Study. At the time of awarding of Pre-accreditation, all Associate/Assistant Deans must be under contract. The professional education and experience of the Associate/Assistant Deans will be reviewed under Standard 2.7 at the time of initial review of Pre-accreditation.
7. 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.
8. 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) \$12,500,000; or 2) tuition multiplied by the number of 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 or pledged funds and must be 100% wholly owned assets of the COM or its parent institution.**
  - 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 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 8c 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 or pledged funds and must be 100% wholly owned assets of the COM or its parent institution.
  - 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 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 8f for four years.
9. Demonstrate educational planning and noted progress in generating graduate medical education opportunities using a retrospective GME Feasibility Report, incorporating the metrics in the GME Accountability Report in Standard 8.3 that demonstrates the expected placement in GME, including OGME, for their prospective class.\* An EXCEL<sup>®</sup> workbook



for current and projected Clinical Rotations and GME development will be sent to all COMs requesting approval of a new COM. COCA staff will send the workbook and information to complete the workbook after the request for the new COM has been received. COCA Staff will also assist the COM in the workbook completion.

\*A COM must demonstrate the feasibility of success for GME placement of its students in order to be approved.

### **COMs with Hosting Partners**

COMs and hosting partners, who are themselves, academic institutions, hospitals, or healthcare systems, require a Memorandum of Understanding (MOU) or legally binding contract that addresses at least the following elements:

These statements must be included at the time a new COM is submitting a feasibility study:

1. A statement of why the COM wishes to enter into an agreement with the “host” institution.
2. A statement that identifies the authority and status of the “host” institution.
3. A statement of contractual agreement and legal obligation that includes:
  - a. Fiscal, fiduciary, and marketing relationship;
  - b. The rights retained by the COM;
  - c. The duties of the COM to the “host” institution;
  - d. The rights retained by the “host” institution;
  - e. The branding by the COM alone, and any co-branding with the host institution;
  - f. Specification of the services being provided by each entity to the other;
  - g. Specification of who is the final authority on the curriculum for the COM and the requirements for granting the D.O. degree;
  - h. Specification on who awards the D.O degree;
  - i. Specification on who is the final authority on the selection of COM students;
  - j. Specification on who is the final authority on selection of COM faculty members;
  - k. A statement of the term of the agreement;
  - l. A statement on how the agreement may be amended;
  - m. A statement on how either party may withdraw from the agreement;
  - n. A statement that explains whether the MOU reflects the complete agreement between the parties or should be interpreted in light of other agreements between the parties;
  - o. A statement that the COM recognizes it is responsible for meeting the COCA standards;
  - p. A statement where the COM recognizes it is responsible for handling COCA complaints;
  - q. Information, as requested by COCA concerning the “host’s” finances and accreditation status;
  - r. Verification that students are aware of financial responsibility and student rights in regards to Title IV;
  - s. Verification that students are aware that financial aid is not processed through the “host” institution and they are not eligible to participate in Title IV through the “host” institution;
  - t. A lease agreement must be a minimum of 10 years in length with at least five (5) year notice of termination.
  - u. A minimum period of three (3) years is required for cancellation of any services

affecting students.

- v. Upon notice of termination of a lease, a teach-out plan must be submitted to the COCA or the school must be able to immediately demonstrate a new location or lease to be approved by the COCA.

All of the above legal and contractual obligations must be completed prior to the awarding of Provisional accreditation.

### ***Feasibility Study Evaluation***

Upon receipt of a completed application with Feasibility Study, the Feasibility Study will be reviewed by the COCA Executive Committee (COCA-EC) to determine if the Feasibility Study materials are technically complete, meaning that if a site visit were to be authorized, it may be reasonably expected that the site visit team will be able to find evidence on-site to assess compliance with the standards and procedures required for the award of Pre-accreditation. This review will occur within sixty (60) days of receipt of the Feasibility Study at a teleconference of the COCA-EC.

The applicant COM will be notified as to the decision of the COCA-EC within fifteen (15) working days of the COCA-EC determination. Upon determination by the COCA-EC that the Feasibility Study is acceptable and technically complete to permit scheduling of an on-site visit, staff will schedule the initial review of Pre-accreditation within forty-five (45) to sixty (60) days after notifying the applicant COM that the Feasibility Study is technically complete and notifying the COM of the findings of the Feasibility Study review, subject to availability of team members.

In the review of a Feasibility Study, the COCA-EC may determine that one or more of the Feasibility Study elements are not technically complete and request additional information before authorizing a site visit. The COCA-EC reserves the right to review this information either by (a) by teleconference meeting, or (b) vote by email.

### ***Pre-accreditation On-Site Visit***

The Pre-accreditation on-site visit will be conducted to ensure the accuracy of the Feasibility Study and the following standards found in Chapter I:

- Standard One: Mission, Goals, and Objectives – all standards
- Standard Two: Governance, Administration, and Finance – all standards
- Standard Five: Students – Standard 5.7 and Standard 5.8
- Standard Nine: Prerequisites for Accreditation – all standards

The application, which includes the Feasibility Study, COCA-EC review of the Feasibility Study (including materials requested to establish technical completeness), and the on-site visit report, will be transmitted to the COCA for their decision on the granting of Pre-accreditation status. This review will occur at the next regularly scheduled meeting of the COCA.

### ***Activities Prohibited During Pre-accreditation***

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 solicitation 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.

### ***Review of Pre-accreditation***

Pre-accreditation status is reviewed on an annual basis for up to five (5) years and the COM will be required to 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 an 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 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.

### **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 COCA 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.

Additionally, a COM must demonstrate the following prior to being granted Provisional accreditation status:

1. Faculty must be hired consistent with the initial hiring plan and pro forma submitted to the COCA.
2. The first and second year curricula must be fully developed.
3. Clinical affiliation agreements sufficient to meet the needs of the curriculum and the students must be signed.

### ***Timetable to Achieve Provisional Accreditation***

The Updated Feasibility Study must be submitted a minimum of eighteen (18) 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 its inaugural class. However, in order to begin its educational program, a COM seeking Provisional accreditation would need to adhere to the minimum time schedule in Chapter IX, Table One. This schedule will permit orderly consideration of a COM's request for Provisional accreditation status. A COM receiving this status may begin accepting applications.

### ***Updated Feasibility Study Content***

The Updated Feasibility Study must contain all pertinent information regarding:

- The COM's compliance with all standards of domains One through Eight, addressed for each individual numbered standard in the domains;
- 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.

### ***Evaluation of Updated Feasibility Study***

In addition to the information listed above, an acceptable Updated Feasibility Study must address any issues found to be out of compliance or lacking on the Pre-accreditation visit, and not yet found satisfied by the COCA, as well as all standards that will be reviewed on the Provisional Accreditation On-site visit (see below) and with attachments of support.

COCA staff will review the materials submitted to assess the presence of the elements required and note the presence or absence of each of the elements. The presence or absence of this information will be reviewed with the COCA Chair to determine if additional information is required prior to scheduling or at the time of the initial provisional accreditation site visit. The COM will be notified of the results of this analysis. This analysis will be completed with thirty (30) days of receipt of the updated feasibility study. After determining that the updated Feasibility Study is complete, an on-site visit will be conducted.

### ***Provisional Accreditation On-site Visit***

The initial Provisional accreditation on-site visit will be conducted to ensure the accuracy of the updated Feasibility Study and compliance with the following standards found in Chapter I:

- Standard One: Mission Goals, and Objectives – all standards
- Standard Two: Governance, Administration, and Finance – all standards
- Standard Three: Facilities, Equipment and Resources – all standards
- Standard Four: Faculty –all standards
- Standard Five: Students – all standards
- Standard Six: Curriculum – all standards
- Standard Seven: Research and Scholarly Activities – all standards
- Standard Eight: GME Outcomes – all standards

Following receipt of the visiting team's report, the request for the Provisional accreditation status will be considered by the COCA at its next regularly scheduled meeting.

### ***Activities Allowed During Provisional Accreditation***

Upon the receipt of Provisional accreditation, the COM will have the right and privilege to solicit

applications 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 has received "accreditation" from the COCA.

### ***Review of Provisional Accreditation***

Provisional accreditation status will be reviewed for renewal annually by the COCA **six to eight months prior to the initial day of classes** and then 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.

In compliance with 34 CFR 602.16(a)(2), Provisional accreditation will be for a period of time not to exceed five (5) years. Provisional accreditation will be awarded to become effective no earlier than July 1 of the calendar year, five (5) years prior to the year in which the COM intends to graduate its first class in the months of May-June.

If the COCA makes a decision to award Provisional accreditation at a meeting that occurs prior to the effective date specified above, the Pre-accreditation status will remain until the effective date of Provisional accreditation, but not for a period to exceed five (5) years of total award. During this interim period, the COM's Pre-accreditation status will be stated as: **"Pre-accreditation with permission to recruit, but not to admit students or offer instruction."**

### ***Timetable to Achieve Accreditation***

COMs holding Provisional accreditation status will undergo a Comprehensive accreditation visit directed by the COCA to be scheduled prior to graduation of its first class. The Comprehensive visit will be conducted before March 31 of 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 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 on a seven (7) year survey cycle unless otherwise directed by the COCA for a shorter period. Renewal of accreditation is subject to an 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 or may be voluntarily withdrawn at the request of the COM.

## CHAPTER III: THE SELF-STUDY PROCESS

### The Self-Study

The Self-Study is a systematic process of institutional and programmatic self-assessment leading to institutional improvement and providing evidence to the COCA that standards of accreditation are being met. The Self-Study is used, in part, to prepare for the COCA accreditation process prior to a Provisional or Comprehensive on-site accreditation visit. A COM's self-evaluation and assessment should reflect its unique, distinctive organization and be utilized as a frame of reference for the review that the COM's evaluation team conducts and the COCA reviewers assess. A broad Self-Study that exhibits integrity in reporting indicates to the site visit team and the COCA that the COM is serious in their attitude toward self-examination and peer review.

A successful Self-Study will provide valuable information that may be used by the COM for change and improvement of its educational program, organization, budgeting, and planning processes. An effective Self-Study will produce results and recommendations that the COM can utilize and address as well as identify challenges facing the COM in the future. The Self-Study should build on the COM's existing self-evaluation processes in order to add to what is already in place as well as be an indication of where to change their processes through their self-study evaluation.

Preferably, a COM with accreditation status should initiate the self-study process at least twenty-four (24) months before the scheduled site visit. Completed Self-Studies must be sent to the COCA at least sixty (60) days prior to the scheduled date of a Comprehensive or Provisional on-site visit. The Self-Study is to be submitted to: Secretary, COCA; American Osteopathic Association; Department of Accreditation; 142 E. Ontario Street, 6<sup>th</sup> Floor; Chicago, IL 60611 or via email to [predoc@osteopathic.org](mailto:predoc@osteopathic.org).

Beginning the process early allows time to address the basic questions that will help to guide the development of the Self-Study:

- Does the COM have a current and appropriate mission, goals, and institutional learning objectives?
- Are the curriculum and resources organized to meet the mission, goals and objectives of the COM?
- What is the evidence that the COM is meeting its mission, goals and objectives?
- How can current assessment processes be utilized in creating the Self-Study, including the strategic planning process and outcomes data?
- What is the structure of the COM? Who are the COM's leaders?
- What are the strengths and weaknesses of the COM?
- Who will be involved in the creation of the Self-Study? Who will lead the process? Who will edit the documents?

### Characteristics of an Effective Self-Study

1. *The Self-Study process should be a COM-wide project, rather than the work of a few individuals.*

The Self-Study is an official COM document; therefore, the individuals chosen to participate in creating the Self-Study should be representative of the COM. All constituencies should be represented on the Self-Study committee, including students for the Comprehensive and

### Provisional Self-Study.

An effective Self-Study will draw on the expertise of recognized leaders throughout the organization in order to make the effort credible and to accomplish goals in an efficient way. The Self-Study committee will serve as both the starting point and ending point of the Self-Study document and should continually provide and obtain feedback in order to ensure that all constituencies are informed and involved as the process unfolds. Participants of the Self-Study committee should be noted in the completed document.

2. *Adequate personnel, technical, and financial resources should be provided by the COM administration and Board for the self-study process.*

COM administration and the Board send a clear message to faculty, staff, and students that the Self-Study is an important institutional priority when adequate resources are allocated to assure its timely and effective completion. High expectations for organizational learning from the Self-Study process should be clearly communicated to all constituencies. Evidence of support from administration and the Board motivates stakeholders and keeps them engaged in the process.

3. *The success of the Self-Study will depend on the ability of the COM to add to its ongoing self-evaluation processes.*

The Self-Study should not be perceived as being separate from a COM's existing and ongoing evaluation processes nor should it be the creation of new processes and data for use only in the Self-Study process. Rather, the Self-Study should build on the assessment processes and outcomes already in place within the organization in order to analyze their effectiveness, add to them, and make changes to them as indicated throughout the Self-Study process. In addition, the Self-Study will incorporate data already existing within the organization in its report to provide evidence of institutional compliance with the standards.

An essential element of the Self-Study is to assess the results or outcomes of the COM's efforts in pursuit of its mission, goals, and objectives. While mission, goals and objective statements indicate the desired outcomes, the COM should address the specific criteria utilized to validate outcomes and establish that they have been achieved.

4. *The Self-Study should be a report that meets the needs of the COCA and the site visit team that will be evaluating the COM for accreditation.*

While the Self-Study has several audiences, the COCA is one of the most important. The Self-Study report provides evidence to the COCA and the visiting team that the COM deserves its accreditation status. The Self-Study assists the team in conducting an efficient visit by providing them with important information about the COM, including its mission, goals, objectives, curriculum, and all business, personnel and student processes. The Self-Study will tell the story of the COM to the COCA and the visiting team by presenting evidence of how the COM meets the accreditation standards.

5. *The content of the Self-Study should include information regarding:*

- historical overview of the COM;
- organization of the self-study process;
- mission, goals and objectives of the COM;
- organization of the COM;
- facilities;

- administration;
- faculty;
- students;
- academic resources;
- curriculum, preclinical and clinical;
- assessments utilized by the COM, outcomes, and implications for change;
- recent accomplishments and current concerns;
- achievement of its graduates in relation to the mission of the COM; and
- research

In addition, the COM must include evidence that it is in compliance with its responsibilities under Title IV of the Higher Education Act of 1965 as most recently amended. Separate financial reports, including the audited financial statements, or the appropriate financial reports for state institutions, for at least the last three years, should be included in the Self-Study or, at least, be available to the visiting team on site. The Self-Study should also include information concerning the COM's plans, if any, for proposed changes in curriculum, faculty, staff, students, financial support services, and physical plant development.

### **Getting Ready for the Self-Study: Planning, Choosing a Model, Establishing Timelines**

1. *COM administration should provide direction to the Self-Study committee prior to turning the task of the Self-Study over to them. COM leadership should focus on:*
  - Creating the organizational goals or outcomes for the process. If they believe that there are particular priorities or issues within the organization that need to be addressed, they should be made clear to the committee.
  - Clarifying the values and culture of the organization that the self-study should respect.
  - Suggesting the ongoing evaluation processes that are being utilized by the COM that the Self-Study committee can build on for their report.
  - Understand what is required for compliance with the U.S. Department of Education as well as compliance with the COCA standards and procedures as published in *Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures*, as most currently revised.
  - Determine the size of the committee based on tasks necessary to complete the Self-Study and consider organization based on smaller work-groups charged with gathering specific information and completing specific tasks.
  - Issuing an appointment letter from the COM **Chief Academic Officer** or **Chief Executive Officer** to committee members stating effective dates of their appointment, describing specific responsibilities and expectations, and other information that may be relevant to the committee's mission in the development of the Self-Study.
2. *Common models that can be used for the Self-Study:*
  - The most common Self-Study model is built from the organization of the standards. This Self-Study model would track the process standard by standard through each of the eight standard domains. A working group could be assigned for each standard domain to prepare and complete the Self-Study.
  - The Self-Study can also be developed in narrative form, addressing themes identified by the COCA or areas within the organization that the institution wishes to emphasize, improvements in institutional structures and processes, and strategic planning processes.



In this model, standards could be grouped together in a way that made sense to the COM, i.e. one working group could be assigned to all assessment processes at the COM.

- The Self-Study may also be developed from selected topics that the institution wishes to address and present to the visiting team and the COCA. Compliance with standards not related to the selected topics would be addressed by providing documentation for the team and the COCA to review.

If a Self-Study model is chosen that is not based on the organization of the COCA accreditation standards, the COM should provide a crosswalk of the Self-Study's organization with that of the COCA accreditation standards for evaluators and reviewers to utilize.

3. *Timelines for completing the tasks involved in producing the Self-Study should be determined by the COM early in the process.*

These timelines should be realistic and allow opportunity for input by all constituencies, but also consider the deadline for submitting the Self-Study to the COCA. In addition, enough time should be allowed for editing and review by faculty, students and staff for completeness, accuracy, and determining whether the Self-Study has met the goals that were set.

4. *Finalizing the Self-Study.*

Plan to share the outcomes from the self-study process with all constituencies in the COM community. Doing so will help to prepare faculty, students and staff for the upcoming site visit and enable all concerned to answer questions that may be directed to them by the team in a knowledgeable way as well as receive valuable feedback from constituencies before the Self-Study is published and sent to the COCA.

## 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 Comprehensive on-site visits, the COM's Self-Study is required at least sixty (60) days in advance of the on-site visit date.

Members of the site visit team will be appointed by the COCA from an approved list of evaluators qualified to review the particular standards to be addressed at the on-site visit. The COCA will only use competent and knowledgeable persons, qualified by experience and training, and selected in accordance with conflict of interest and non-discriminatory practices developed and articulated in writing by the COCA.

### ***Provisional and Comprehensive Accreditation On-Site Visits***

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

### ***Interim Progress Reviews***

An Interim Progress Review ordinarily will require one (1) or two (2) days and will focus on the particular areas about which questions have been raised by the COCA at a previous on-site visit, rather than on the entire COM as in the case of a Provisional or Comprehensive on-site visit.

### ***Focused Visitations***

A Focused Visitation will ordinarily require one (1) or two (2) days and will focus on 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 Comprehensive on-site visits the team will be comprised of five (5) or six (6) members, one (1) **evaluator trainee** (when appropriate), 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 composed 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 also be composed of no more than two (2) evaluators and one (1) AOA staff member when conducted to adequately address problems noted in a Provisional or Comprehensive on-site visit, or Interim Progress Review, or other issues identified by the COCA. The Focused Visitation team to review a request for substantive change will be composed of evaluators and one (1) AOA staff member as appropriate for the substantive change. (See Chapter VI)

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. Depending on the standards to be addressed, the on-site visit team will be composed of individuals with the following areas of expertise:

- Team Chair
- Administration/Finance
- Student Services
- Preclinical Education
- Clinical Education
- **Evaluator trainee** (when appropriate)

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** may, upon formal request and approval by the COCA chair accompany, on-site visit teams. Each observer must not be in violation of the conflict of interest standards as adopted by the COCA. **Observers** from the USDE, and the Council for Higher Education Accreditation, and those who represent Federal or State agencies or organizations, which may have a legitimate accreditation responsibility, may also accompany on-site visit teams. 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

The on-site visit agenda is the scheduled interviews of each team member that will be conducted during the on-site visit. The agenda is a fluid document subject to revisions before and during the on-site visit to accommodate changing circumstances, including unplanned interviews. AOA staff, prepares a draft agenda based on the COM's self-study report. If the on-site visit is an Interim Progress Review or Focused Visitation, the agenda is based upon the issues identified by the COCA, or as required by a substantive change request. After the draft agenda is created, the agenda is presented to the COM for approval. Refer to the *Evaluator Manual* for more information about the on-site visit agenda.

Although the agenda differs based on the demands of the on-site visit, each of the following elements are included:

1. Day 1 of the site visit generally begins with a team planning and document review session. Some of the topics discussed at this meeting include the agenda, review of protocol for team members, identification of areas that need clarification with the **Chief Executive Officer** or **Chief Academic Officer**, and discussion of the materials provided as they relate to the accreditation standards.
2. Also on day 1 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 as determined by the standards to be reviewed: 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 or appropriate team member.
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 at the end 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.

At the conclusion of the on-site visit, an Executive Session between the Team Chair 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. This meeting provides an opportunity for the team to present a brief overview of their findings to the COM's senior administrators and invited guests. At the discretion of the Team Chair and COM President or Dean, the Executive Session and Exit Conference may be combined.

## **Report Structure**

All Provisional and/or Comprehensive site visit reports 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 COM.
2. **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.
3. **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 and location 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 team secretary.
4. **History of Accreditation:** This section will be prepared by AOA staff. It will contain, among other information, a chronological history of the COM's accreditation activities and resulting COCA actions; a brief description of the geographical location of the institution; its public or private status; its relationship with the parent institution, if appropriate; and regional accreditation status, if applicable.
5. **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.

In addition, each evaluator will write a comprehensive **current finding** on all standards in their assigned domain that are the subject of the site visit review. All **Requirements** must specify the standard or procedure that is being cited and refer to accreditation standards as described in Chapter I.

The visiting team may include **Recommendations** in the team report as a mechanism to provide consultative advice to a COM. Because **Recommendations** are consultative in nature, no further response will be required from the COM. **Recommendations** from previous site visit reports are reviewed by the COCA and subsequent visiting teams for informational purposes only. All **Recommendations** must specify the standard or procedure that is being addressed and refer to accreditation standards as described in Chapter I.

The visiting team may also write **Commendations**. All **Commendations** must specify the standard that is being exceeded and provide the rationale for the finding. **Commendations** can only refer to standards of accreditation as described in Chapter I.

6. **Summary of Requirements:** This summary will contain all **Requirements** written by the visiting team in the order cited.
7. **Summary of Recommendations:** This summary will contain all **Recommendations** made by the visiting team.
8. **Summary of Commendations:** This summary will contain all **Commendations** made by the team in the order cited.
9. **On-Site Visit Team Roster:** The on-site visit team roster lists (on a separate page) each team member's name, title, area of expertise, and team assignment.
10. **Individuals Interviewed and Documents Reviewed:** This section consists of a list of the individuals interviewed (by position only) and materials reviewed by the team and are included as Appendix A. Any clinical sites visited or teleconferences conducted by the team will also be included.
11. **Background Information:** This information includes historical accreditation information and on-site visits. This will be prepared by AOA staff and included as Appendix B.

## 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** and **Additional Locations**.

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

### Due Process

All COMs have the right to appear before the COCA to offer testimony on all accreditation actions, including:

1. Applications for Pre-accreditation and its continuation;
2. Applications for Provisional accreditation and its continuation;
3. Applications for Accreditation and its continuation;
4. Review of on-site evaluation reports;
5. Review of Progress Reports;
6. Review of requests for Substantive Change;
7. Changes in accreditation status;
8. Reconsideration; and
9. Appeals

The COCA provides for review of its accreditation actions by first allowing COMs to seek reconsideration before the COCA, and second, if necessary following reconsideration and if requested by the COM, a separate hearing before the COCA Appeals Committee (see descriptions that follow).

All COMs have the right to representation by legal counsel in all appearances before the COCA and its Appeal Panel, including reconsiderations and appeals.

### Review of the Accreditation Site Visit Report

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 to the COM's **Chief Executive Officer** or **Chief Academic Officer**, as appropriate, for review and correction of errors of fact.

After receipt of the draft report, the COM may request correction of errors of fact. The COM will have up to thirty (30) calendar days from the date of transmission in which to submit written response to the visiting team report, unless the COM requests that this period be waived by the COCA. 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 team 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 visit, the COCA will retain the right to have such additional written information reviewed by the team chair or other 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 to address questions of accuracy of the report. 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.

All letters reporting the official actions of the COCA will contain the complete action taken by the COCA, including its findings of deficiencies in meeting the standards for accreditation, and the rationale for changes in accreditation status.

All **Requirements** issued by the COCA are expected to be addressed by the COM with Progress Reports of corrective action taken to be reviewed at subsequent meetings of the COCA. All Progress Reports will be filed at times as specified in the final site visit report. This date will usually be the first business day of the month preceding COCA meetings (e.g. March 1, July 1 and November 1).

The COCA will notify a COM in writing of any adverse accrediting decision or other action to place the COM on probation or **show cause** for non-compliance with a standard or **show cause** for withdrawal of an accreditation status. The written notice will describe the basis for the action.

## **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
- Defer the request if the COCA finds that there are a limited number of requirements for Pre-accreditation that are not met, and the COCA believes that the applicant may be expected to meet the requirements for Pre-accreditation status at the next meeting of the COCA; 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
- Defer the request until the next meeting or other date if the COCA finds that there are a limited number of requirements for Provisional accreditation that are not met, and the COCA believes that the applicant may be expected to meet the requirements for Provisional accreditation status at the next meeting of the COCA; 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” or “Provisional 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" or “Provisional 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” or “Provisional 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 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 of a COCA Accreditation decision 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 will 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*.

The COCA will also provide for reconsideration of a decision for purposes of reviewing new financial information if all of the following conditions are met:

- The financial information was unavailable to the COM until after the accreditation action subject to reconsideration and appeal was made;
- The financial information is significant and bears materially on the financial deficiencies identified by the COCA, i.e. the information is of such a nature that if found to be credible it could result in the finding that a deficiency based upon financial resources is now met;
- The only remaining deficiency cited by the agency in support of a final **adverse action** decision is the institution's or program's failure to meet an agency standard pertaining to finances

Such a review of new financial information may only be sought once – through reconsideration and subsequently through appeal - and that the decision made by the COCA is not subject to further appeal.

### **COCA Reconsideration Hearing**

The reconsideration hearing before the COCA will occur at a regularly scheduled meeting of the COCA as an announced agenda item. The COM will receive prior notice as to the date / time/ place of the COCA meeting at least thirty (30) days in advance of the meeting. The COM will have an opportunity to present written and oral testimony at the meeting. The reconsideration hearing will be conducted as described for the appeal hearing before the COCA Appeal Panel.

### **COCA Reconsideration Decision**

The decisions to be made by the COCA following a reconsideration hearing are as follows:

- Affirm the original action of the COCA,
- Amend the original action of the COCA, or

- Reverse the original action of the COCA, based upon finding the presence of bias, injustice, error or departure from the standards and procedures, or
- In the case of a review of new financial findings, determine that the requirements pertaining to financial standards are either met, or not met.

Requests for reconsideration of a COCA decision should be addressed to the Secretary, COCA; American Osteopathic Association; 142 E. Ontario St.; Chicago, IL 60611 or via email to [predoc@osteopathic.org](mailto:predoc@osteopathic.org). 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***

Following the reconsideration of an accreditation action before the COCA, 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 COM's 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*.

The COCA will also provide for the appeal of a decision for purposes of reviewing new financial information if all of the following conditions are met:

- The financial information was unavailable to the COM until after the accreditation action subject to reconsideration and appeal was made;
- The financial information is significant and bears materially on the financial deficiencies identified by the COCA, i.e. the information is of such a nature that if found to be credible it could result in the finding that a deficiency based upon financial resources is now met;
- The only remaining deficiency cited by the agency in support of a final **adverse action** decision is the institution's or program's failure to meet a COCA standard pertaining to finances

Such a review of new financial information may only be sought once, and that the decision made by the COCA (at reconsideration) or at the Appeal Panel is not subject to further appeal.

Requests for appeal must be in writing and should be addressed to the Secretary, COCA; American Osteopathic Association; 142 E. Ontario St.; Chicago, IL 60611 or via email to [predoc@osteopathic.org](mailto:predoc@osteopathic.org). 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 one (1) public member. These members will be selected from a list of former COCA members who were not COCA members when the COCA made the adverse decision under appeal. The list of former COCA members eligible for participation in the COM Appeal Panel will be reviewed and approved annually by the COCA and will be chosen based upon the following considerations:

- When the COCA is serving as an **institutional accreditor** of the COM, then the panel will include a member with academic background, and a member with administrative background;
- When the COCA is serving as a **programmatic accreditor** of the COM, then the panel will include an educator and a practitioner.

A quorum (simple majority) of the panel must be present for a hearing.

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 will approve the list of seven former members annually, including their backgrounds. 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 the 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, which will be given by the COCA chair or the Chair's designee(s). After this presentation, the appellant COM will present its position. 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 decision.

### 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
- Amend the original action of the COCA, or
- Reverse the original action of the COCA, or
- Remand the original action of the COCA back to the COCA for reconsideration, with specific issues to be addressed by the COCA based upon finding the presence of bias, injustice, error or departure from the standards and procedures.

The COM Appeal Panel may affirm, amend, reverse or remand matters back to the COCA. A decision to affirm, amend or reverse the **adverse action** is implemented by the COCA upon notification by the Appeal Panel. In a decision to remand the matter to the COCA for further consideration, the COM Appeal Panel must identify specific issues that the COCA must address. In a decision that is implemented by or remanded to the COCA, the COCA must act in a manner consistent with the COM Appeal Panel's decisions or instructions.

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***

Annually, the COCA will request information about COM class size. This information, which will detail all four years of the COM, will be presented for review and acceptance at a COCA meeting.

The joint AOA/**AACOM** Annual Report of a COM will be presented for consideration by the COCA each year. The COCA may also request an Annual Supplemental Report that will be reviewed in conjunction with data from the AOA/**AACOM** Annual Report annually.

The Annual Report will collect key information, including, without limitation, the following:

- Financial -- revenues and expenditures, and an audited financial statement;
- Student Achievement -- attrition, graduation, participation in match programs for graduate medical education;
- Mid-cycle reporting – this will respond to standard 1.1.1 when applicable;
- GME placement of graduates in OGME and GME programs.

The principal purpose of the Annual Report review will be to determine whether there is credible information to cause the COCA to further investigate whether or not a COM remains in compliance with the standards. Such investigation may consist of any one or more of the following:

- a request for additional written information;
- a request to **show cause** as to why a COM is not in violation of a standard(s); and/or
- a request for COM representatives to appear before the COCA;

- a Focused Visitation as directed;
- a reduction in approved class size as directed by the COCA.

### ***The Progress Report***

A Progress Report may be requested when Standard(s) are determined to be “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: Secretary, COCA; American Osteopathic Association; 142 E. Ontario St.; Chicago, IL 60611 or via email to predoc@osteopathic.org.

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

- The **Requirements** will be determined to be “met”; or
- The **Requirements** will be determined to be “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 Comprehensive 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, Comprehensive, or Interim Progress Review site visit which have been determined to not have been adequately addressed. A Focused Visitation may also be required when deemed necessary by the COCA.



## CHAPTER VI: USDE REQUIREMENTS

### Correspondence with the USDE

The COCA is required to provide the USDE with specific information as prescribed in 34 CFR 602.27.

### *Annual Information*

The COCA will make available to the USDE, on an annual basis, a copy of the following:

- A copy of the COCA's annual report to the AOA House of Delegates; and
- An annually updated copy of its directory of COMs having recognition status from the COCA.

### *Selected Proposed Changes in Standards and Procedures*

The COCA will notify the USDE of any proposed changes in its standards and procedures that might alter:

- Its scope of recognition, or
- Its compliance with the criteria for recognition by the Secretary.

### *Selected Activities by the COCA*

The COCA will submit to the USDE the following:

- A summary of the COCA's major accrediting activities during the previous year (an annual data summary), if requested by the Secretary;
- A decision by the COCA to expand its scope of recognition to include **distance education** or correspondence education as provided in section 496(a)(4)(B)(i)(I) of the **HEA**, which will become effective on the date the USDE receives the notification;
- The name of any COM that the COCA accredits that the COCA has reason to believe is failing to meet its Title IV, **HEA** program responsibilities, or is engaged in fraud or abuse, along with the COCA's reasons for concern about the institution or program.
- If the Secretary requests, information that may bear upon a provisionally accredited or accredited COM's compliance with its Title IV or **HEA** program responsibilities, including the eligibility of the institution or program to participate in these programs.

Ordinarily, the COCA will copy the affected COM on any correspondence with the USDE as described in this section. The need for confidentiality of that contact, based upon the circumstances, will be considered on a case-by-case review. Upon request by the USDE, the COCA must consider that contact confidential.

### **Distance education**

The USDE gives accrediting agencies the authority to conduct accreditation of programs offered by **distance education**. The COCA accredits osteopathic medical schools. The COCA encourages all their accredited schools to be innovative and use multiple methods of instruction to deliver their

curriculum. The COCA, however, does not accredit stand-alone on-line medical school programs. The COCA believes that the science and art of osteopathic medicine must be gained by direct, in-person interaction with instructors and clinical education supervisors. For this reason, the COCA will **not** accredit programs offered by **distance education** as defined at 34 CFR 602.3.

## **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 at the same time as provided to the COM, and 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, including posting to the COCA website, 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, describing the evidence that the affected institution or program was given the opportunity to provide comments, and the comments, if any, that the affected institution or program may have made 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, 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 to 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 placed on probation or an equivalent by a recognized **institutional accrediting agency**; or
- 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, or Accreditation status 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, or Accreditation status 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 Plans and Agreements**

### ***Conditions That Require Approval of a Teach-out Plan***

The COCA requires a COM for which it is the institutional accreditor and has granted provisional accreditation or accreditation to submit a **teach-out plan** to the COCA for approval upon the occurrence of any of the following events:

- The Secretary of Education notifies the COCA that the Secretary has initiated an emergency action against an institution, in accordance with section 487(c)(1)(G) of the **HEA**, or an action to limit, suspend or terminate an institution participating in any title IV, **HEA** program, in accordance with section 487(c)(1)(F) of the **HEA**, and that a teach-out plan is required;
- The COCA acts to withdraw, terminate, or suspend the provisional accreditation or accreditation of the COM;
- The COM notifies the COCA that it intends to cease operations entirely or close a location that provides one hundred percent of at least one program;
- A state licensing or authorizing agency notifies the COCA that an institution's license or legal authorization to provide an educational program has been or will be revoked.

### ***Evaluation of a Teach-Out Plan***

The COCA will evaluate the **teach-out plan** to ensure that it provides for equitable treatment of students under the criteria listed below for **teach-out agreements**. The plan must specify what additional charges, if any, will need to be paid by the students, and will provide notification to the students of those charges.

If the COCA approves a **teach-out plan** that includes a program that is also accredited by another recognized accrediting agency, then the COCA must notify that accrediting agency of its approval. The COCA may require a COM to which it has granted Provisional accreditation or Accreditation to enter into a **teach-out agreement** as part of its teach-out plan.

### ***Evaluation of Teach-out Agreements***

The COCA will only approve **teach-out agreements** that are between COCA-accredited COMs. 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. The COCA will review the **teach-out plan** to ensure that it provides for equitable treatment of all students. In assessing whether the plan provides for such equitable treatment, the COCA will consider the following factors:
  - All correspondence to students regarding the closing of the COM will be given to all students at the same time;
  - All students from the closed program will be notified of all potential receiving

- COMs;
  - In general, such instruction will be provided without additional costs and tuition charges to the student. If the program determines that additional charges are needed, the plan will specify those charges and the basis for them and such additional charges will be directly related to the cost of instruction;
  - All students are specifically notified, in writing, of any additional costs and tuition charges for each of the potential receiving COMs; and
  - Any additional costs and tuition charges for a receiving COM will be the same for all students who transfer to that COM;
5. The recipient teach-out institution will demonstrate that it has the necessary experience, resources, and support services to provide an educational program that is of acceptable quality and is reasonably similar in its content, structure, and scheduling to that of the institution that is ceasing operations either entirely or at one of its locations;
  6. The recipient teach-out institution will demonstrate that, during the period of the teach-out agreement, it will remain stable, carry out its mission, and meet all obligations to its existing students.
  7. The closed institution will strive to provide for student placement in geographic proximity to the closed institution;
  8. The recipient institution COM (s), in order to take additional students from the closed institution, must request an increase in class size through the substantive change process.

### ***Closed Institutions Without Plan or Agreement***

In the event that a COM having any accreditation status from the COCA closes without a teach-out plan or agreement, the COCA will work with the USDE and the appropriate state agency, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without additional charges.

## **Substantive Change**

### ***General Information***

The COCA will maintain complete and accurate records of all decisions made regarding requests for substantive changes, including the correspondence that is significantly related to those decisions. The COCA will not grant “pre-approval” of **Additional Locations** or **Branch Campuses** as described in 34 CFR 602. 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 that the COCA will review are:

1. Any change in the established mission or objectives or location of the institution;
2. Any change in the legal status or form of control of the institution;
3. 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 of the COM;

4. A change from clock hours to **credit hours** or vice versa;
5. A substantial increase in the number of clock hours awarded for completion of the curriculum;
6. A substantial increase or decrease in the length of the curriculum;
7. Establishment of an **Additional Location** geographically apart from the main campus, including a **Branch Campus**;
8. Contracting with a non-Title IV certified institution for greater than 25% of a program;
9. Acquisition of any other institution or any program or location of another institution;
10. Addition of a permanent location at which a teach-out is being conducted for students of another institution that has ceased operations; and
11. Any anticipated increase in class size.

Mergers between a COM and another entity will be reviewed as a Substantive Change in Governance.

Initial requests for a Substantive Change and the supporting materials should be submitted to: Secretary, COCA; American Osteopathic Association; 142 E. Ontario St.; Chicago, IL 60611 or via email to [predoc@osteopathic.org](mailto:predoc@osteopathic.org).

**Table 6a: Substantive Change Submission Guidelines**

Substantive Change	Minimum Notification Timeline/# of days/months <sup>1</sup>	Minimum Materials Submission/# of days <sup>1</sup>	Suggested COCA Review <sup>2</sup>
Mission or Objectives of Institution	60 days	30 days	Two (2) COCA meetings prior to implementation
Change in Location of Institution	60 days	30 days	Two (2) COCA meetings prior to implementation
Change in Legal Status/Ownership	60 days	30 days	Two (2) COCA meetings prior to implementation
Curriculum	60 days	30 days	The August/September or December COCA meeting prior to implementation of new curriculum in the following academic year.
Hour Calculations	60 days	30 days	Two (2) COCA meetings prior to implementation
Curriculum Length	60 days	30 days	Two (2) COCA meetings prior to implementation

<sup>1</sup> Prior to the scheduled COCA meeting that COM wants Substantive Change to be reviewed.

<sup>2</sup> All Substantive Changes require at least 120 days prior approval from the COCA prior to implementation.



<b>Additional Locations</b>	18 months	90 days	A scheduled COCA meeting approximately 15 months prior to offering instruction at the location/at least 6 months prior to projected date to admit students.
Class Size Increase	60 days	30 days	The August/September or December COCA meeting prior to intended class matriculation in the following academic year.
Contracting with non-Title IV institution to deliver < 25% of COMs education program	18 months	90 days	A scheduled COCA meeting approximately 15 months prior to offering instruction at the location/at least 6 months prior to projected date to admit students.
<b>Branch Campus</b>	18 months	90 days	A scheduled COCA meeting approximately 15 months prior to offering instruction at the branch/at least 6 months prior to projected date to admit students.

### ***Substantive Change Review***

The COCA must be notified by the COM, at least sixty (60) days prior to the next regularly scheduled COCA meeting of all substantive change requests, which the COM wishes to have reviewed at 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 listed under each substantive change category in the information that follows.

### ***Substantive Changes Requiring Comprehensive Evaluation***

The COCA may require that the requests for Substantive Change be evaluated with a comprehensive evaluation, in addition to the evaluation requirements that exist for that type of substantive change, whenever the COM meets one or more of the following conditions:

1. Had its last Comprehensive visit four (4) or more years ago;
2. Has received an accreditation status that included “with warning” or “with probation” within the last (5) years;
3. Had an approved Substantive Change-Class Size Increase within five (5) years;
4. Had an approved Substantive Change-Unplanned Class Size Increase within five (5) years;
5. Had an approved Substantive Change-**Branch Campus** within five (5) years; and
6. Had an approved Substantive Change-**Additional Location** within five (5) years.

The COCA may grant a new 7-year cycle of review of continuing Accreditation to a COM which undergoes a Comprehensive on-site visit for purposes of evaluating a request for Substantive Change.

### ***Change 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).

### ***Change 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 (Standards 3.1, 3.1.1, 3.2, 3.3); and
3. Adequacy of faculty (Standard 4.1).

### ***Change 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)

### ***Change in Curriculum***

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 (Standards 2.3, 3.1, 3.1.1, 3.2, 3.3, 4.1, and 4.1.1);
3. Student achievement data relating to the curriculum change.

### ***Change 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 (Standards 2.3, 3.1, 3.1.1, 3.2, 3.3, 4.1, and 4.1.1);
3. Student achievement data relating the increase or decrease in curriculum length.

### ***Additional Locations***

An **Additional Location** is geographically apart from the main campus, and offers at least 50 percent of an educational program. The **Additional Location** will not have separate administration, 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** as their primary place of enrollment. 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 COM must also address the feasibility of establishing the **Additional Location**. This Feasibility Study must be received ninety (90) days in advance of the COCA meeting at which it will be considered and 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. A statement of the curriculum proposed to be offered at the **Additional Location** and the COM's previous experience with that curriculum.
5. 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.

6. A GME feasibility report (incorporating the retrospective GME Accountability Report outcome metrics of Standard 8.3) that demonstrates the expected placement of the COM's current and prospective graduates in GME positions, including OGME positions. In addition, the COM must demonstrate educational planning and noted progress in generating postdoctoral training opportunities.\* An EXCEL<sup>®</sup> workbook for current and projected Clinical Rotations and GME development will be sent to all COMs requesting approval of an **Additional Location**. COCA staff will send the workbook and information to complete the workbook after the request for **Additional Location** has been received. COCA Staff will also assist the COM in the workbook completion.

\*A COM must demonstrate the feasibility of success for GME placement of its students in order to be approved for the substantive change.

7. The parent must provide for student services for the **Additional Location** as required by Standard Five: Students.
8. Identify the faculty who will provide instruction.
9. Projected revenues, expenditures, and cash flows at the **Additional Location**.
10. Operation, management, and physical resources at the **Additional Location**, including learning resources.

#### COMs Seeking Additional Locations with Hosting Partners

COMs and hosting partners, who are themselves, academic institutions, hospitals, or healthcare systems, require a Memorandum of Understanding (MOU) or legally binding contract that addresses at least the following elements:

These statements must be included at the time a new COM is submitting a request for substantive change:

1. A statement of how the proposed additional location would fit within the COM's mission.
2. A statement of why the COM wishes to enter into an agreement with the "host" institution.
3. A statement that identifies the authority and status of the "host" institution.
4. A statement of contractual agreement and legal obligation that includes:
  - a. Fiscal, fiduciary, and marketing relationship;
  - b. The rights retained by the COM;
  - c. The duties of the COM to the "host" institution;
  - d. The rights retained by the "host" institution;
  - e. The branding by the COM alone, and any co-branding with the host institution;
  - f. Specification of the services being provided by each entity to the other;
  - g. Specification of who is the final authority on the curriculum for the COM and the requirements for granting the D.O. degree;
  - h. Specification on who awards the D.O degree;
  - i. Specification on who is the final authority on the selection of COM students;
  - j. Specification on who is the final authority on selection of COM faculty members;
  - k. A statement of the term of the agreement;
  - l. A statement on how the agreement may be amended;

- m. A statement on how either party may withdraw from the agreement;
- n. A statement that explains whether the MOU reflects the complete agreement between the parties of should be interpreted in light of other agreements between the parties;
- o. A statement that the COM recognizes it is responsible for meeting the COCA standards;
- p. A statement where the COM recognizes it is responsible for handling COCA complaints;
- q. Information, as requested by COCA concerning the “host’s” finances and accreditation status;
- r. Verification that students are aware of financial responsibility and student rights in regards to Title IV;
- s. Verification that students are aware that financial aid is no processed through the “host” institution and they are not eligible to participate in Title IV through the “host” institution;
- t. A lease agreement must be a minimum of 10 years in length with at least five (5) year notice of termination.
- u. A minimum period of three (3) years is required for cancellation of any services affecting students.
- v. Upon notice of termination of a lease, a teach-out plan must be submitted to the COCA or the school must be able to immediately demonstrate a new location or lease to be approved by the COCA.

### Monitoring

- An on-site Focused Visitation will be conducted six months prior to beginning operations, including admitting students and beginning instruction to review the following selected standards addressing: finances; administrative team; facilities; faculty; student services, curriculum and GME.
  - Standards 2.3, 2.7;
  - Standard Three (all);
  - Standards 4.1, 4.1.1, 4.2, 4.2.1, 4.2.2, 4.2.3, 4.2.4;
  - Standard Five (all);
  - Standard Six (all)
  - Standards 8.1, 8.2 and 8.3
- An on-site Focused Visitation will be conducted within six months of operations to determine that financial, faculty, and facility resources are appropriate for the **Additional Location**. This visit will review the following standards:
  - Standard 2.3;
  - Standard Three (all);
  - Standards 4.1, 4.1.1, 4.2, 4.2.1, 4.2.2, 4.2.3, 4.2.4;
  - Standard Five (all);
  - Standard Six (all);
  - Standards 8.1, 8.2 and 8.3.
- The COCA will include the **Additional Location(s)** in the parent institution's accreditation only after verifying that the COM meets all accreditation standards.

- After the on-site visit within six (6) months of operation, the **Additional Location**(s) will undergo a Focused Visitation in Year 3 to review compliance with standards for clinical education and educational planning (*Clerkship Training in standard domain Six*). If the next Comprehensive evaluation of the parent would occur prior to Year 3 of operation, then this Year 3 evaluation will occur within that Comprehensive evaluation. Thereafter, on-site evaluations of the **Additional Location** will occur in conjunction with the on-site visit of the parent campus.

### Accreditation Status

1. The parent's Accreditation status will be extended to the **Additional Location**(s) only after a site visit and the acceptance of the site visit report 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 (Unplanned and Planned)*

All COMs have an approved class size from the COCA. Each **Branch Campus** and **Additional Location** that is recognized by the COCA will also have a separate, approved class size from the COCA. COMs may matriculate up to and including a number of students that is equal to 1.08 times the approved class size.

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. A GME feasibility report (incorporating the retrospective GME Accountability Report outcome metrics of Standard 8.3) that demonstrates the expected placement of the COM's current and prospective graduates in GME positions, including OGME positions. In addition, the COM must demonstrate educational planning and noted progress in generating postdoctoral training opportunities.\* An EXCEL<sup>®</sup> workbook for current and projected Clinical Rotations and GME development will be sent to all COMs requesting approval of an **Class Size Increase**. COCA staff will send the workbook and information to complete the workbook after the request for **Class Size Increase** has been received. COCA Staff will also assist the COM in the workbook completion.

\*A COM must demonstrate the feasibility of success for GME placement of its students in order to be approved for the substantive change.

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 (8%) of the approved class size.

## Monitoring

**Unplanned Class Size Increase** -- All COMs with an unplanned class size increase in excess of the permitted variance (8%) will be required to submit Progress Reports annually for Years 1, 2, 3, and 4. At minimum, Focused Visitations will be conducted in Years 1 and 3. The Focused Visitation for Year 1 of operation and Progress Report for Year 2 will address Standards 2.3, 3.1, 3.1.1, 3.2, 3.3, 4.1, 4.1.1, and 4.1.2. The Progress Reports for Years 3 and 4 will address standards for clinical education and educational planning (*Clerkship Training* in standard domain Six) and Standards 8.1, 8.2 and 8.3. The Year 3 Progress Report will be due sixty (60) days prior to the Year 3 Focused Visitation and will only be utilized by the site visit team and not reviewed by the COCA.

Any COM with a matriculation in excess of eight percent (8%) over their approved class size will not be allowed to request a class size increase for three (3) years in order to permit the COCA to follow the academic achievement of this class cohort throughout its remaining years to receipt of the first professional degree.

The COCA will have the right to review the accreditation status of any institution which exceeds its class size using progressive measures as follows:

- A request for additional written information to explain the deficiency;
- A request to **show cause** as to why a COM is not out of compliance;
- A request for COM representation to appear before the COCA;
- A focused visitation as directed;
- Or a reduction in approved class size as directed by the COCA.

Based upon the findings of its review, the COCA may implement appropriate remedial measures affecting the accreditation of the COM, including reduction or withdrawal of the COM's accreditation.

**Planned Class Size Increase** -- For planned class size increases, Focused Visitations will be conducted in Years 1 and 3 of implementation and Progress Reports will be required for Years 2, 3, and 4. The Focused Visitation for Year 1 of operation and the Progress Report for Year 2 will address Standards 2.3, 3.1, 3.1.1, 3.2, 3.3, 4.1, 4.1.1, and 4.1.2. The Focused Visitation in Year 3 and the Progress Reports for Years 3 and 4 will address standards for clinical education and educational planning (*Clerkship Training* in standard domain Six) and Standards 8.1, 8.2 and 8.3. The Year 3 Progress Report will be due sixty (60) days prior to the Year 3 Focused Visitation and will only be utilized by the site visit team and not reviewed by the COCA.

## ***Contracting with a non-Title IV certified institution to provide greater than 25% of a COM's educational program***

A COM that seeks to enter into a contract under which an institution or organization not certified to participate in Title IV, **HEA** programs offers more than 25 percent (25%) of the COM's program must submit written notification to the COCA of its intention to establish such a partnership at least (18) months prior to the desired date of offering instruction at the partner's facilities.



The criteria for evaluation and monitoring are those as established for Substantive Change—Curriculum and Substantive Change—**Additional Location**, depending on the nature of the agreement.

1. If the instruction will occur at the COM, then this will be reviewed as a Substantive Change—Curriculum.
2. If the instruction will occur at a different geographic location from the COM, and represents 25-49% of the program offering, then this will be reviewed as a Substantive Change—Curriculum.
3. If the instruction will occur at a different geographic location from the COM, and represents 50% or more of the program offering, then this will be reviewed as a Substantive Change—**Additional Location**.

***Acquisition of any other institution or any program or location of another institution***

A COM that seeks to acquire another COM or merge with another COM must submit written notification to the COCA of its intention to establish such an acquisition at least (18) months prior to the desired date of offering instruction at the acquired programs.

The criteria for evaluation and monitoring are those as established for Substantive Change—Governance and Substantive Change—**Additional Location**/Substantive Change—**Branch Campus** depending on the COCA's accreditation role and the nature of the agreement.

1. If two COMs intend to merge and create a new legal entity, then this will be reviewed as a Substantive Change—Governance. Depending on the nature of the new legal entity, the COCA may direct a Comprehensive on-site evaluation of all accreditation standards or some portion thereof in addition to those normally reviewed in a Substantive Change—Governance.
2. If two COMs intend to merge in a manner that one of the COMs remains the surviving entity, and has institutional accreditation from the COCA, then this will be reviewed as a Substantive Change—**Branch Campus** or **Additional Location**, depending on how the surviving COM intends to operate the acquired COM.
3. If two COMs intend to merge in a manner that one of the COMs remains the surviving entity, and has programmatic accreditation from the COCA, then this will be reviewed as a Substantive Change—**Additional Location**.

***Addition of a permanent location at which a teach-out is being conducted for students of another institution that has ceased operations***

A COM that seeks to add a permanent location at a site at which the institution is conducting a teach-out for students of another COM that has ceased operations before all its students have completed their program of study must submit written notification to the COCA of its intention to establish such an acquisition at least (18) months prior to the desired date of adding the permanent location.

NOTE: the criteria for review of a teach-out agreement *per se*, are found in the section on review of teach-out agreements.

The criteria for evaluation and monitoring are those as established for Substantive Change—Governance and Substantive Change—**Additional Location**/Substantive Change—**Branch Campus** depending on the COCA's accreditation role and the nature of the agreement.

1. If the COM that remains the surviving entity has institutional accreditation from the COCA, then this will be reviewed as a Substantive Change—**Branch Campus** or **Additional Location**, depending on how the surviving COM intends to operate the acquired COM.
2. If the COM that remains the surviving entity has programmatic accreditation from the COCA, then this will be reviewed as a Substantive Change—**Additional Location**.

### ***Branch Campus***

Only a free-standing COM having accreditation status from the COCA as its institutional accreditor will have 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. The COM must also address the feasibility of establishing the **Branch Campus**. This Feasibility Study must be received ninety (90) days in advance of the COCA meeting at which it will be considered and address at least the following items:

1. The appropriate state agency, a charter, or evidence of support for approval to grant the Doctor of Osteopathy (DO) or Doctor of Osteopathic Medicine (DO) 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**;
7. Physical resources at the **Branch Campus**;
8. Administrative structure of the **Branch Campus**, 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; and



10. A GME feasibility report (incorporating the retrospective GME Accountability Report outcome metrics of Standard 8.3) that demonstrates the expected placement of the COM's current and prospective graduates in GME positions, including OGME positions. In addition, the COM must demonstrate educational planning and noted progress in generating postdoctoral training opportunities.\* An EXCEL<sup>®</sup> workbook for current and projected Clinical Rotations and GME development will be sent to all COMs requesting approval of a Branch Campus. COCA staff will send the workbook and information to complete the workbook after the request for Branch Campus has been received. COCA Staff will also assist the COM in the workbook completion.

\*A COM must demonstrate the feasibility of success for GME placement of its students in order to be approved for the substantive change.

### COMs Seeking Branch Campuses with Hosting Partners

COMs and hosting partners, who are themselves, academic institutions, hospitals, or healthcare systems, require a Memorandum of Understanding (MOU) or legally binding contract that addresses at least the following elements:

These statements must be included at the time a new COM is submitting a request for substantive change:

1. A statement of how the proposed branch campus would fit within the COM's mission
2. A statement of why the COM wishes to enter into an agreement with the "host" institution.
3. A statement that identifies the authority and status of the "host" institution.
4. A statement of contractual agreement and legal obligation that includes:
  - a. Fiscal, fiduciary, and marketing relationship;
  - b. The rights retained by the COM;
  - c. The duties of the COM to the "host" institution;
  - d. The rights retained by the "host" institution;
  - e. The branding by the COM alone, and any co-branding with the host institution;
  - f. Specification of the services being provided by each entity to the other;
  - g. Specification of who is the final authority on the curriculum for the COM and the requirements for granting the D.O. degree;
  - h. Specification on who awards the D.O degree;
  - i. Specification on who is the final authority on the selection of COM students;
  - j. Specification on who is the final authority on selection of COM faculty members;
  - k. A statement of the term of the agreement;
  - l. A statement on how the agreement may be amended;
  - m. A statement on how either party may withdraw from the agreement;
  - n. A statement that explains whether the MOU reflects the complete agreement between the parties or should be interpreted in light of other agreements between the parties;
  - o. A statement that the COM recognizes it is responsible for meeting the COCA standards;
  - p. A statement where the COM recognizes it is responsible for handling COCA complaints;
  - q. Information, as requested by COCA concerning the "host's" finances and accreditation status;

- r. Verification that students are aware of financial responsibility and student rights in regards to Title IV;
- s. Verification that students are aware that financial aid is not processed through the “host” institution and they are not eligible to participate in Title IV through the “host” institution;
- t. A lease agreement must be a minimum of 10 years in length with at least five (5) year notice of termination.
- u. A minimum period of three (3) years is required for cancellation of any services affecting students.
- v. Upon notice of termination of a lease, a teach-out plan must be submitted to the COCA or the school must be able to immediately demonstrate a new location or lease to be approved by the COCA.

### Monitoring

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.

1. The COCA will conduct a Comprehensive on-site visit to a **Branch Campus** at least six (6) months prior to the initiation of instruction and acceptance of students at the **Branch Campus** to ensure compliance with all of the accreditation standards.
2. Comprehensive on-site visits will be conducted in Years 1 and 2 of operation to review all standards.
3. The COCA will include the **Branch Campus(s)** in the parent institution's accreditation only after verifying that the COM meets all accreditation standards.
4. Focused Visitations will be conducted in Years 3 and 4 of operation to review standards addressing clinical education (*Clerkship Training* in standard domain Six) and Standard 8.1, 8.2 and 8.3. Thereafter, on-site evaluations of the **Branch Campus** will be scheduled in conjunction with the on-site visit of the parent campus.

### 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 visits to monitor and evaluate the application, a **Branch Campus** will undergo on-site visits scheduled in conjunction with on-site visits of the parent campus.

The **Branch Campus** may recruit, but not accept students or offer instruction, after the first review and approval of its application. Operations at the **Branch Campus**, including enrolling students and offering instruction, may begin after COCA review of the initial site visit report and granting of such approval. See Table Two: Timetable for the **Branch Campus** application.

**Table 6b: Substantive Change – Monitoring**

Substantive Change	Standards Reviewed for Monitoring
Educational Mission or Objectives of Institution	<b>Years 2 and 4- Progress Report</b> addressing Standards 1.3; 3.1, 4.1, 5.1, and 6.1
Change in Location of Institution	<b>6 months of operation and Year 2-Focused Visitation</b> addressing Standards 2.3, 3.1, 3.1.1, 3.2, 3.3, and 4.1
Change in Legal Status or Form of Control or Ownership	<b>Within 6 months of change-Focused Visitation</b> addressing Standards 2.1, 2.1.1, 2.1.2, and 2.1.3
Change in Curriculum	<b>Progress Reports for 4 years</b> beginning the year after the first year of the curriculum change addressing Standards 2.3; 3.1, 3.1.1, 3.2, 3.3, 4.1, and 4.1.1, as well as other criteria noted in the body of Chapter VI
Change in Curriculum Length	<b>Progress Report for 4 years</b> beginning the year after the first year of the curriculum change addressing Standards 2.3, 3.1, 3.1.1, 3.2, 3.3, 4.1 and 4.1.1, as well as other criteria noted in the body of Chapter VI
<b>Additional Location</b>	<b>6 months prior to operation and 6 months after operation has begun-Focused Visitations</b> addressing Standards 2.3, 2.7 (2.7- <b>prior</b> only); Standard Three (all); Standards 4.1, 4.1.1, 4.2, 4.2.1, 4.2.2, 4.2.3, 4.2.4; Standard Five (all); Standard Six (all); and Standards 8.1, 8.2 and 8.3. <b>Year 3-Focused Visitation</b> addressing clinical education standards ( <i>Clerkship Training</i> in standard domain Six) and Standards 8.1, 8.2 and 8.3.
Class Size Increase (Unplanned)	<b>Year 1-Focused Visitation and Progress Report</b> addressing Standards 2.3, 3.1, 3.1.1, 3.2, 3.3, 4.1, 4.1.1, and 4.1.2 <b>Year 2 Progress Report</b> on same standards. <b>Years 3-Focused Visitation and Years 3 &amp; 4-Progress Reports</b> each addressing clinical education standards ( <i>Clerkship Training</i> in standard domain Six) and Standards 8.1, 8.2 and 8.3.
Class Size Increase (Planned)	<b>Year 1 Focused Visitation and Year 2 Progress Report</b> addressing Standards 2.3, 3.1, 3.1.1, 3.2, 3.3, 4.1, 4.1.1, and 4.1.2 <b>Year 3-Focused Visitation and Years 3 &amp; 4-Progress Reports</b> addressing clinical education standards ( <i>Clerkship Training</i> in standard domain Six) and Standards 8.1, 8.2 and 8.3.

**This table continues on the following page —▶**

**Table 6b: Substantive Change – Monitoring (continued)**

Substantive Change	Standards Reviewed for Monitoring
Contracting with non-Title IV institution to deliver $\geq 25\%$ of COM's education program	Same as either Change in Curriculum or <b>Additional Location</b> depending upon criteria noted in Chapter VI.
<b>Branch Campus</b>	<p><b>A comprehensive visit will be conducted 6 months prior to operations</b> to review all standards.</p> <p><b>Years 1 &amp; 2-Comprehensive Site Visit</b> to review all standards</p> <p><b>Years 3 &amp; 4-Focused Visitation</b> addressing clinical education standards (<i>Clerkship Training</i> in standard domain Six) and Standards 8.1, 8.2 and 8.3.</p>

Not all Substantive Changes are included in this table. Please find additional information in the body of Chapter VI.

## CHAPTER VII: IN THE PUBLIC INTEREST

### Public Information about the COCA

The COCA maintains a website – <http://www.aoacoca.org> – as its principal source of information about its accreditation program. Examples of the types of information that will be found include, but are not limited to, the following:

- the types of recognition granted by the COCA;
- the application procedures that are used for seeking recognition from the COCA;
- the standards and procedures for accreditation – *Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures*
- the COMs that currently have an accreditation recognition status from the COCA; and
- the names, academic and professional qualifications, and relevant employment and organizational affiliations of the COCA commissioners and principal administrative staff.

### 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, or requests to enter into a teach-out agreement. Persons wishing to present third party testimony at any COCA meeting must provide written notice thirty (30) days prior to the meeting to the COCA Secretary if 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 COCA meeting on the AOA website, [www.aoacoca.org](http://www.aoacoca.org).

### 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. Except for the information that is presented in open sessions of the COCA, 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 for the 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 either 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, Provisional accreditation, or Accreditation status received from the COCA, it must state the following:

*The college has received Pre-accreditation, 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 and programs leading to the Doctor of Osteopathic Medicine (DO) degree. The address and phone number of the accrediting agency are: Secretary, COCA; Department of Accreditation; American Osteopathic Association; 142 East Ontario Street; Chicago, IL 60611; Telephone 312/202-8000; Fax 312/202-8209; email [predoc@osteopathic.org](mailto:predoc@osteopathic.org).*

### ***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 having recognition from the COCA. Complaint 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 as well as being 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, organization, or institution affected by the accreditation program academically or professionally; and
- A member of the general public.

### ***Complaint Submission about a COM***

The complaint must be in writing and signed by the complainant. All signed complaints must be submitted to the Secretary, COCA; American Osteopathic Association; 142 E. Ontario St.; Chicago, IL 60611 or via email to [predoc@osteopathic.org](mailto:predoc@osteopathic.org). Complaints that are received that are not signed by the complainant(s) or are submitted anonymously will not be processed.

The complainant will present a concern regarding a violation(s) of an accreditation standard or procedure that 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 the recommended route through COM administration, 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 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 COCA Executive Committee or appoint an *ad hoc* subcommittee to determine whether the complaint merits further investigation. An investigation will be conducted if the complaint has merit. If the COCA Executive Committee or the *ad hoc* subcommittee finds no merit in the complaint, the complainant and the COM will be notified in writing. The complainant and the COM

will be notified of the outcome in writing. This process will be concluded within fifteen (15) business days.

### ***Complaint Investigation***

If an investigation is warranted, the COCA Secretary, in cooperation with AOA corporate counsel, and the COCA Executive Committee or the *ad hoc* subcommittee will initiate a formal review within thirty (30) days from the decision to initiate an investigation. 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 COCA Executive Committee or 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 plans; or
- 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 Secretary, COCA; American Osteopathic Association; 142 E. Ontario St.; Chicago, IL 60611 or via email to [predoc@osteopathic.org](mailto:predoc@osteopathic.org).

The COCA Secretary will present the complaint, in conjunction with AOA corporate counsel, to the COCA chair, vice-chair, and, when applicable, to affected staff members. A subcommittee of the COCA will be appointed by the COCA chair to 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 fifteen (15) business days of the COCA decision.

### ***Student Complaints***

The policies and procedures for student complaints are stated in Standard 5.8 as follows:

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.

***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.

**Adjunct Faculty** – Faculty serving in a temporary or auxiliary capacity with limited duties and benefits.

**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 Academic Officer (CAO)** -- The COCA has chosen to use the term chief academic officer instead of Dean (a/k/a full dean) when referring to the COM specifically. This definition does not preclude this individual from serving in a higher, more institution – wide capacity where a COM is organized within a parent institution.

**Chief Executive Officer (CEO)** – The COCA has chosen to use the term chief executive officer instead of President or Chancellor.

**Chief Financial Officer (CFO)** – The COCA has chosen to use this term, CFO, broadly to identify both: (a) the CFO of a free-standing, single degree program for which the COCA is an institutional accreditor; and for (b) the highest ranking financial person of a COM that is located within a larger institution and for which the COCA is a programmatic accreditor only.

**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.

**Competencies of a Chief Academic Officer –**

- Recruit, select, manage, and evaluate a team of associate / assistant deans, department/discipline heads, faculty and other non-faculty administrative staff who are, themselves, appropriately experienced in higher education and/or osteopathic medical education
- Have expertise to evaluate the adequacy of the curricular model and delivery modalities of the COM
- Have the experience and skill to participate in the development of mission, vision and goals, budgets, and strategic plans for the COM.
- Have the experience to advocate for the resources needed for the development and operation of the COM and oversee their usage at the COM level.

**Competencies of a Chief Executive Officer** – NOTE: COCA review of the CEO will only be conducted in those COMs in which the COCA is the institutional [and programmatic] accreditor. The CEO must be able to:

- Hire, manage, and evaluate a team of qualified senior administrative and academic management and staff who are, themselves, appropriately experienced in higher education
- Have expertise to define the qualifications of the position of COM's CAO
- Obtain the financial resources needed for the development and operation of the institution and oversee their usage
- Have the experience and skill to oversee along with the Board of Directors the development of mission, vision, goals and strategic plans for the COM.

**Competencies of a Chief Financial Officer** -- NOTE: COCA review of the CFO will only be conducted in those COMs in which the COCA is the institutional [and programmatic] accreditor. The CFO must be able to:

- Either serve as controller for the institution, or be able to supervise the controller;
- If serving as the controller, be familiar with Generally Accepted Accounting Principles as applicable to institutions of higher education
- Manage the evaluation of accounting systems for the COM
- Advise the CEO on capital acquisition for projects requiring long-term financing, and assist in the procurement of such financing when needed.
- Advise the CEO on investment strategies for the COM.
- Understand and manage Title IV Federal Student Loan Programs

For those COMs that have the COCA as their programmatic accreditor only, the CFO responsibilities will be shared with those of the CFO for the entire institution. The CFO in the COM must have accounting experience necessary to oversee budget preparation and budget management and other related duties that may be assigned.

### **Competencies of a Department Chair or Equivalent --**

- Recruit, manage, and evaluate a team of faculty members and non-faculty staff who are, themselves, appropriately experienced to meet the teaching, research and service needs of the unit.
- Have expertise to evaluate the adequacy of the curricular model and delivery modalities of that coursework for which the unit is responsible, and recommend changes when appropriate.
- Define the financial, physical and human resources needed for the unit to meet all of its responsibilities, develop budget recommendations for the department or division and oversee their usage.

**Credit Hour** – For purposes of Standard 5.4.7, a credit hour is defined by the regulations of the U.S. Secretary of Education at 34 CFR 600.2 – Except as provided in 34 CFR 668.8(k) and (l), a credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than:

1. One hour of classroom or direct faculty instruction and a minimum of two hours of out of class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time; or
2. At least an equivalent amount of work as required in paragraph (1) of this definition for other academic activities as established by the institution including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.

**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 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.

**Department Chair or Equivalent** in clinical disciplines - COMs are not restricted in their selection of an organizational structure that best enables them to achieve their mission. By tradition, this has

been accomplished with units consisting of professionals within one recognized academic discipline and is designated as a department. Departments maintain considerable educational and administrative authority within their discipline. Other types of organization may group professionals across more than one recognized discipline, e.g. within clinical sciences, primary care medicine and specialty medicine. In such organizational structures, the faculty member who chairs/heads/directs the unit will not be responsible for all educational courses offered under that unit. In these structures, the educational “equivalent leader” for a clinical discipline may be designated as a division or section leader within a larger organizational unit. Alternatively, the educational “equivalent leader” may be defined by curriculum management responsibilities and designated as a course coordinator/director.

**Distance Education** – Distance Education means education that uses one or more of the technologies listed in paragraphs (1) through (4) of this definition to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include:

- a. The internet;
- b. One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- c. Audio conferencing; or
- d. Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in paragraphs (1) through (3) of this definition.

**Evaluator Trainee** – An Evaluators Registry member who is attending an on-site visit as an active team member under the supervision of an experienced evaluator qualified in the same area of expertise.

**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.

**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.

**HEA** – The Higher Education Act of 1965 as most currently amended.

**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.

**Interprofessional Collaborative Practice** – Professionals from different disciplines working together with patients, families and communities to deliver health care.

**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 Accreditation 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** – 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.

**Promotional Materials** – as described in Standard 8.5, refers to published materials used to recruit students to a COM, e.g. website announcements, catalogs, and other printed prose. Announcements of recruiting fairs and reminders of such activities are included activities for purposes of this definition. COMs may provide a reference to this information on their webpage in the printed material.

**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.

**Show Cause** - a request for information to be provided to the COCA when there is credible reason to believe that a COM may be out of compliance with one or more standards for accreditation.

**Teach-out Agreement** – A teach-out agreement is a written agreement between accredited COMs that provides for the equitable treatment of students and a reasonable opportunity for students to complete their program of study if one of those COMs or a **Branch Campus** or **Additional Location** that provides one hundred percent of at least one program offered, stops offering its educational program before all students enrolled in that program complete their program of study.

**Teach-out Plan** – A teach-out plan is a written plan developed by an institution that provides for the equitable treatment of a COM, if that COM or a **Branch Campus** or **Additional Location** that provides one hundred percent of at least one program, stops offering its educational program before all students enrolled in that program complete their program of study. This plan may include, if required by the COCA, a teach-out agreement between COMs.

### **Types of On-Site Visits**

1. **Comprehensive on-site visit** – A Comprehensive 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 Review** – 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: Preliminary Timetable for Evaluation from Application Status to Initial Provisional Accreditation Status Decision\***

This sequence assumes that a COM will begin instruction in August **not less than two years** after the acceptance of a feasibility study by the COCA Executive Committee (COCA-EC)). The dates in the table represent a minimal timeline and assume a single review of the feasibility study. To assist developing COMs in better appreciating the steps in obtaining pre-accreditation, a detailed spreadsheet has been prepared that may be used for estimating timelines. For more information, see NOTE at the bottom of this page.

Month	Activity	COCA Body Involved
<b>YEAR ONE (three years prior to beginning instruction)</b>		
September 1	COM appoints its Dean; Dean develops Feasibility Study	None
October-December	Dean secures employment of Assoc./Asst. Deans	None
<b>YEAR TWO (two years prior to beginning instruction)</b>		
March	Feasibility Study Received	COCA
May	Review of Feasibility Study and decision on scheduling first evaluation for Pre-accreditation	COCA Executive Committee (COCA-EC)
May	Schedule the Pre-accreditation visit	COCA
June – July	Pre-accreditation site visit is conducted	COCA
August – September	COCA review and approval of Pre-accreditation status	COCA
<b>This table continues on the following page —&gt;</b>		



Month	Activity	COCA Body Involved
<b>YEAR THREE (one year prior to beginning instruction)</b>		
March-April	COM submits updated Feasibility Study and requests evaluation for Provisional accreditation status	COCA
January - June or July, 60 days after submission of the feasibility study	Initial Provisional accreditation site visit conducted	COCA
April/May or August/September	COCA approval of Provisional accreditation status	COCA
Upon Approval of Initial Provisional Accreditation Status	Begin recruiting	COM
<b>YEAR FOUR (the year in which instruction begins)</b>		
August	Begin instruction	COM

\*NOTE: This table is a depiction of an optimal movement through a deliberate review process. The actions described assume a COM is successful at each step of the process. However, this depiction is not a guarantee of actions to be taken by the COCA or the COCA-EC in the review of a developing COM.