COCA | COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION

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Commission on Osteopathic College Accreditation
2023 Candidate Standards Crosswalk

The following guidelines were developed to provide clarity on the requirements of the Commission on Osteopathic College Accreditation (COCA) Standards. Each COCA Standard and Element is defined with an accompanying guideline to help clarify requirements, a list of evidentiary submission requirements, when required to be submitted, and a list of interviews that take place during a site visit.

For clarification on any issues, please contact COCA staff at predoc@osteopathic.org.

NOTICES TO ALL COMs:

On April 16, 2025, the COCA voted to suspend enforcement of all standards and elements referencing diversity, equity, and inclusion. Osteopathic medical education programs are encouraged to maintain processes and programs that support their missions and their students that are not in conflict with state or federal law. However, the related standards and elements will not be reviewed as part of COCA accreditation site visits, reports, or applications. Related text is noted by gray highlights throughout the document.

The submission of any information pursuant to the following accreditation standards is subject to the COCA's submission of that information to the United States Department of Education (USDE) in compliance with the Department's regulatory requirements to determine recognition of the COCA as an accrediting agency. To provide comprehensive and accurate information to the Department, the COCA does not redact any information received from any COM. Accordingly, please be advised that, should a COM wish to have redacted information submitted to the Department, a COM must submit to the COCA two sets of the same information. The first set must be an unredacted compilation of all responses to the accreditation standards and the second set must be redacted according to what the COM wishes to remain confidential. The redacted document must include the word "redacted" in its title and file name.

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Candidate Standard 1: Mission and Governance

Candidate Element 1.1: Program Mission

A proposed college of osteopathic medicine (COM) must develop a mission statement that: 1) explains the overall purpose of the proposed COM's program; and 2) serves as guide for program planning and assessment. A proposed COM must include a commitment to advancing diversity, equity, and inclusion (DEI) in its mission, values, vision, goals, or objectives, to the extent permitted by law. Where the proposed COM is part of a larger educational institution or parent institution, the proposed COM's mission must be consistent with the institution's mission. The proposed COM must have a mechanism in place that will require future periodic review of its program mission to meet the proposed COM's anticipated potential growth and continued development. The proposed COM must have a mechanism in place that will consider the input of its future students, faculty, and staff, when its mission and any value, vision, goal, or objectives statements will be reviewed for future, potential revision.

Guideline: The mission statement should be clear and concise and provide in a few short sentences the COM's purpose. There must be a plan to communicate the mission to faculty, staff, students, and other communities of interest. A policy must be in place to review the mission statement every five years, including faculty, staff, and students. The mission must be approved by the COM's parent institution (if applicable). Mission, vision or goals statement must include a commitment to DEI. If DEI-specific programs are not allowed due to state law, the COM's mission, vision, or goal statement must address supporting students of all backgrounds in obtaining their DO degree.

Documents to review for verifying compliance

1. COM program mission
2. Vision, and goals or objectives
3. Parent institution's mission statement (if applicable)
4. A description of the proposed COM's mechanism that will require future periodic review of its program mission to meet the proposed COM's anticipated potential growth and continued development.

Gray highlighted text represents requirements related to diversity, equity, and inclusion that are currently suspended. These requirements will not be reviewed in accreditation reviews, reports, or applications.

Candidate Element 1.2: Licensing and Regional/Institutional Accreditation

A proposed COM must maintain in effect any charter, licenses, or approvals required for it to function as an institution of higher education, including the provision of degree programs beyond the secondary level.

The parent/sponsoring institution under which the proposed COM operates (or the independent COM itself) must be recognized by an institutional accrediting agency that is recognized by the US Department of Education (USDE). The proposed COM must report to the COCA any adverse actions that are taken against its parent institution by its institutional accreditor within five business days of notification of such action.

Any proposed COM, branch campus, or additional location on or adjacent to another institution's campus must clearly state that the DO degree is not affiliated with the host institution.

Guideline: The charters/licenses/letters of approval must be current or document that licensure is in process. Any adverse actions should be noted, and the COM must provide a plan to comply with the stated requirements. COMs that conduct core or required clinical rotations outside of their state of licensure must demonstrate the required authorization for their students to train in those states. The COM must publish its accreditation status on a public- facing website. Charters/licenses/approvals should be verified for all additional locations and branch campuses.

Documents to review for verifying compliance

1. A copy of the charter, license, or letter of approval from all agencies issuing such approvals
2. A public link to where the most recent institutional accreditation documents are published.
3. A link to the public webpage that describes the COM's relationship with a partner institution (if applicable).

Candidate Element 1.3: Governance & Program Policies

A proposed COM must have a governing body or be part of a parent institution with a governing body, that defines the mission of the proposed COM and/or institution, approves the strategic plan, provides financial oversight, and approves requisite policies. The majority of the members of the governing body must be independent of financial interest/benefit from the proposed COM. The proposed COM must publish and abide by policies regarding conflict of interest for board members, employees, and institutionally employed faculty; due process for employees, students, and credentialed instructional staff; confidentiality of employee, student, and medical records; fiscal management; and ethics. The ethics policy must incorporate the American Osteopathic Association Code of Ethics.

Guideline: Governing documents should reflect a deliberate and informed process which abides by the policies of the institution. The AOA Code of Ethics must be in the COM's ethics policy; not only referenced or linked. During interviews, governing body members should be able to affirm the types of information they receive from COM leadership. Additional locations must have the same policies as the parent COM. Branch campuses may have different policies than the parent COM.

Documents to review for verifying compliance

1. The bylaws of the governing body
2. A list of members, including titles, of the body
3. Policies for:
   a. Conflict of interest for board members, employees, and institutionally employed faculty.
   b. Due process for all employees, students, faculty, and credentialed instructional staff.
   c. Confidentiality of student and employee records
   d. fiscal management and accountability
   e. Ethics, incorporating the AOA Code of Ethics.
4. Copy of annually signed COI statement for governing body members.

Candidate Element 1.4a: Non-Discrimination

A proposed COM must have a policy of non-discrimination and anti-sexual harassment with regard to students, administrative personnel, faculty and staff based on race, ethnicity, color, sex, sexual orientation, gender, gender identity, national origin, age, disability, and religion. This must apply to all proposed COM actions.

A proposed COM or its parent institution must develop a mechanism for students, faculty, and staff to report alleged discrimination incidents and track their resolution.

Guideline: The COM's non-discrimination policy must specifically reference each of the categories listed in this element. The process for filing and adjudicating a complaint regarding alleged discrimination under this policy must be described within the policy.

Documents to review for verifying compliance

1. The non-discrimination and anti-sexual harassment policy.
2. A description and flowchart of the process for reporting alleged incidents of discrimination or sexual harassment and tracking their resolution.

Candidate Element 1.4b: Non-Discrimination for Faith-Based Institutions

The COCA respects the religious mission of faith-based schools. A proposed COM having a religious affiliation or purpose must have a policy of non-discrimination and anti-sexual harassment with regard to students, administrative personnel, faculty, and staff but need not apply all selection criteria listed in Element 1.4a if each omission is directly related to that affiliation or purpose, and so long as the policies are made known to applicants and the public and do not contravene any other COCA standard. This must apply to all proposed COM actions.

A proposed COM or its parent institution, must develop a mechanism for students, faculty, and staff to report alleged discrimination incidents and track their resolution, as appropriate for the proposed COM's faith-based mission.

Guideline: The COM's non-discrimination policy must specifically reference each of the categories listed in this element except for those classes omitted based on the COM's faith-based mission. COMs must demonstrate that the omitted categories are directly related to their affiliation or purpose. The faith-based mission and policies should be publicly available online. The process for filing and adjudicating a complaint regarding alleged discrimination under this policy must be described within the policy.

Documents to review for verifying compliance

1. The faith-based mission of the COM
2. The non-discrimination and anti-sexual harassment policies
3. A description and flowchart of the process for reporting alleged incidents of discrimination and tracking their resolution.

Standard 2: Leadership and Administration

Candidate Element 2.1: Dean Qualifications

A proposed COM must have a dean who is qualified for the position by education, training, and experience to provide effective leadership in education, scholarly activity, and patient care. The dean must have:

1. An earned DO degree from a COCA-accredited college of osteopathic medicine;
2. An unrestricted medical license at some time in their career, free of disciplinary actions or sanctions while licensed;
3. AOA or ABMS board certification at some time in their career; and
4. Experience as a dean of a college of osteopathic medicine for at least 5 years, or demonstrated progressive leadership with UME, experience in budget management authority, admissions, student disciplinary situations, GME, accreditation, and scholarly activity over the past 5 years.

Guideline: The extent of the dean's leadership activities in previous positions should be determined when assessing the dean's experience. The dean should have knowledge of and experience in higher education, critical decision-making, financial management, and directing high functioning teams to create and execute strategic initiatives as detailed in the requirements of the element. A branch campus must have a dean that meets these requirements.

Documents to review for verifying compliance
1. Dean's diploma from COCA-accredited college of osteopathic medicine. 2. Dean's current or most recent medical license 3. Dean's AOA or ABMS board certification 4. Dean's current and complete CV 5. Dean's job description (with evidence of budgetary authority) 6. Dean's current Practitioner Profile report from the Federation Credentials Verification Service.

Candidate Element 2.2: Full Time Dean

The dean must be employed full-time by the proposed COM and/or its parent institution. Note: In carrying out the full-time responsibilities of the dean, the dean of a proposed COM is administratively responsible for the conduct and quality of the medical education program and for ensuring the adequacy of faculty at the proposed COM. This element requires a dean to be employed full-time without any conflicting, secondary employment. Any activity for which remuneration is given must be: 1) under the auspices of the proposed COM, or its parent institution's authorization; and 2) not in conflict with the time commitments required to carry out the full-time responsibilities of the dean.
Guideline: Secondary activities, such as clinical practice and research are allowed, but must not detract from the dean's attentiveness to the responsibilities of the Dean and Chief Academic Officer. Any such activities must be stipulated in the dean's contract.
Documents to review for verifying compliance 1. Employment contract (compensation redacted) demonstrating that the dean is employed full time.

Candidate Element 2.3: Academic and Administrative Leadership

A proposed COM must have academic and administrative leadership to accomplish the mission of the medical school. Assistant/associate deans (at least one of which must be a board-certified DO) must have proven experience in teaching, educational design and evaluation, scholarly activity, and academic leadership in a medical education setting appropriate for the position.	
Guideline: The organization chart must indicate that the Dean has oversight over the COM. Assistant/Associate Deans reporting to the Dea must have credentials and experience that match their job descriptions. *For COMs with an additional location, each location must employ a DO at the level of associate dean or higher (may hold any title, including but not limited to Dean or Campus Dean), who reports directly to the Dean at the main campus, with responsibility for the day-to-day operations at the additional location .* *A COM dean may have their office at the main campus or an additional location.*	
Documents to review for verifying compliance 1. An organizational chart that shows the COM's leadership positions, names, and reporting structure. 2. The job description for each member of the administrative leadership team. 3. The CV for each member of the administrative leadership team. 4. The employee's medical license (if a DO or MD).	Interviews to conduct for verifying compliance Dean Associate/Assistant Deans

5. The employee's AOA or ABMS board certification.	

Candidate Element 2.4: Diversity, Equity, and Inclusion (DEI) Leadership

A proposed COM or its parent institution must designate an individual with responsibility for oversight of diversity, equity, and inclusion (DEI) initiatives of the COM to the extent permitted by law.
Guideline: This position informs the COM on current statutes and best practices in support of students, faculty, and employees to meet diversity goals in alignment with the COM's mission. A job description can be used to verify responsibilities. The role does not need to be specific to the COM and may serve the entire institution. If a DEI officer is not allowed by state law, the COM must explain how it supports the needs of all its students.
Documents to review for verifying compliance 1. DEI leader's job description

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Standard 3: Finances

Candidate Element 3.1: Financial Resources

A proposed COM must ensure that the financial resources of the school are adequate to sustain a sound program of osteopathic medical education and to accomplish the programmatic and institutional goals. Because of the potential financial consequences, if any proposed COM or its parent institution experiences a change in status regarding its future participation in the Title IV programs following its initial establishment of participation, it must notify the COCA.
Guideline: The institution's budget should reflect sufficient financial resources for the COM to meet its mission, including any development costs. The accompanying narrative should explain the source of required before the COM realizes any revenue. Any outstanding risks such as maturing loans, deteriorating physical facilities, or recurring losses to reserve investments should be identified. The budget should include line items for research and GME development, or an explanation should be provided if those expenses are covered in other line items.
Documents to review for verifying compliance 1. Operational pro-forma (income, revenue sources, and expenses) for the COM, up through the anticipated graduation of the first class of students. 2. Proposed capital budget for the development of the COM.

Candidate Element 3.2: Financial Planning and Budgeting

A proposed COM must submit a feasibility study, created by an external business consulting firm, and a business plan.
Guideline: The COM's feasibility study should include all the information that was taken into account when planning for the COM: availability of student applicants and faculty, facilities, clinical rotations, and GME. The business plan should include a clear description of the COM's goals, target market, competitive landscape, etc. Additionally, it should outline financial projections, marketing strategies, and an implementation plan for achieving success.

Documents to review for verifying compliance
1. A feasibility study for the proposed COM. 2. Brief background on the company that created the feasibility study 3. The business plan for the proposed COM.

Candidate Element 3.3: Escrowed Reserve Funds

A proposed COM must demonstrate the existence of a minimum segregated, unencumbered reserve fund escrowed until graduation of the first class of students and achieving accreditation equal to the *greater* cash value of 1) $30,000,000; or 2) tuition multiplied by the approved number of students for the proposed COM multiplied by four years. Any future increase in tuition will require recalculation of the escrow amount and an increase in the amount of the escrowed funds. The escrowed reserve funds must: 1) not be borrowed or pledged funds; and 2) be funded by immediately available liquid assets that are wholly owned assets of the proposed COM or its parent institution. The proposed COM may not withdraw any interest that accrues in the escrowed funds. A proposed COM must replenish the escrow fund account in the event the value of the account decreases below the required minimum amounts stated above. Clarification and explanation: The escrow fund is calculated based on the approved class size multiplied by four years of tuition, without considering any phased-in percentages. The tuition used for this calculation is determined based on the highest tuition charged throughout the four-year period. If there are any increases in tuition for any class, the calculated escrow amount will be adjusted as if the increase applies to all four classes. In cases where there are multiple tuition rates, such as in-state versus out-of-state, the escrow calculation will use the higher tuition rate.
Guideline: The proposed COM must provide documentation of funds available in an account owned by the COM or its parent institution to fund the teach-out reserve fund as described in the element. An escrow agreement must be signed by the proposed COM, the AOA, and the financial institution prior to the proposed COM receiving Candidate status.
Documents to review for verifying compliance
1. Evidence of availability of unencumbered funds equal to the escrow amount. 2. The proposed escrowed agreement substantially consistent with the form prescribed by the COCA.

Candidate Element 3.4: Operating Reserve Fund

A proposed COM must demonstrate the existence of a minimum operating reserve fund until graduation of the first class of students and equal to one-quarter (1/4) the amount of the minimum segregated, unencumbered escrowed reserve fund. The minimum operating reserve fund must: 1) not be borrowed or pledged funds; and 2) be funded by immediately available liquid assets that are wholly owned assets of the proposed COM or its parent institution. The proposed COM may not withdraw any interest that accrues in the operating reserve fund. A proposed COM must replenish the operating reserve fund account in the event the value of the account decreases below the required minimum amount stated above.
Guideline: The proposed COM must provide documentation of funds available in an account owned by the COM or its parent institution to fund the operating reserve fund as described in the element. An agreement must be signed by the proposed COM and the AOA prior to the proposed COM receiving Candidate status. The operating reserve fund does not need to be held in an escrow account.
Documents to review for verifying compliance 1. Evidence of availability of unencumbered funds equal to the operating reserve fund amount. 2. A copy of the proposed operating reserve fund agreement substantially consistent with the form prescribed by the COCA.

Standard 4: Facilities

Candidate Element 4.1: Facilities

A proposed COM must have planned facilities for the program of instruction that enable the authorized class size of students and faculty to pursue the mission, curriculum content and delivery, and research/scholarly activity of the proposed COM. A proposed COM must have access to facilities for simulated and standardized patient encounters and must demonstrate how the facilities will contribute to student achievement of learning outcomes of all components of its curriculum. A proposed COM must have a mechanism to assess the adequacy of the core and required clinical rotation facilities that will involve students in the assessment. A proposed COM must have space available for use by students in a manner intended to support diversity, equity, and inclusion to the extent permitted by law, and must consult with students in the process of establishing such a space.
Guideline: An understanding of the COM's curriculum and instructional design is needed to determine the adequacy of available facilities. Workflow and schedules must be correlated with the class size; capacities of lecture halls and laboratories; and availability of faculty facilitators workstations in labs, and standardized patient and simulation facilities. Sufficient individual and small group study space must be available. A space intended to provide an inclusive and supportive environment should be identified and COMs must demonstrate how students will be consulted in the process of establishing this space. The proposed COM must explain how it intends to assess the adequacy of clinical rotation facilities.

Documents to review for verifying compliance
1. Candidate Table 4.1 2. Facility floor plans with designations of how the space will be utilized. 3. A description of and indications on floorplans the facilities used for simulation and standardized patient encounters with students. 4. A description for how the COM assesses adequacy of core clinical rotation facilities, including how students are involved. 5. A description of how the COM facilities contribute to student achievement of learning outcomes of the curriculum. 6. A description of how the COM assesses the adequacy and efficacy of facilities intended to support diversity, equity, and inclusion, including how students are involved in the assessment.

Gray highlighted text represents requirements related to diversity, equity, and inclusion that are currently suspended. These requirements will not be reviewed in accreditation reviews, reports, or applications.

Candidate Element 4.2: Information Technology

A proposed COM must ensure access to information technology to support its mission at all locations and ensure Wi-Fi availability at all core and required rotation sites. Students, faculty, and staff must be involved in the assessment of information technology services.
Guideline: Wi-Fi must be available at the main campus and all rotation sites with sufficient bandwidth to accommodate the number of students at the location and planned curricular activities, keeping in mind that students may have multiple devises. COMs should have a mechanism to assess IT service on campus and at clinical rotation sites. IT assessment reports must include student and faculty input. For COMs operating additional locations with synchronous learning activities, video connectivity should be reliable with opportunity for two-way communication. Help Desk services should be available to assist students and faculty with technology issues.
Documents to review for verifying compliance 1. The proposed COM's information technology strategic plan. 2. A description of student, faculty, and staff involvement in the assessment of information technology services.

Standard 5: Learning Environment

Candidate Element 5.1: Professionalism

A proposed COM must ensure that the learning environment of its osteopathic medical education program will be conducive to the ongoing development of professional behaviors in its osteopathic medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect. A proposed COM must have a committee, or other approved body, that oversees professionalism when operations begin at the new COM.
Guideline: The COM should provide documentation of its planned policies and procedures regarding professionalism and how it will track, adjudicate, and resolve issues. This is usually done through a committee or other approved body. The COM must provide a description and charge of this committee or approved body, and a roster of proposed members (by title). Plans must be presented documenting how the COM will publicly publish the professionalism policies and procedures.

Documents to review for verifying compliance

1. The proposed COM's professionalism policies and procedures and a link to the webpage on which they're published.
2. A description and charge of the committee or approved body.
3. a list of the proposed membership (position titles) of the committee or approved body that will oversee professionalism and ethics.

Candidate Element 5.2: Diversity

A proposed COM must publish policies on and engage in ongoing, systematic, and focused recruitment and retention activities to the extent permitted by law to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community.

A proposed COM must include in these activities the use of programs and/or partnerships with other institutions and organizations aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

Guideline: The proposed COM must make available any policies and procedures regarding the recruitment and retention of students, faculty, senior administrative staff, and other members of its academic community. It must also provide any agreements or plans to with partner organizations such as an undergraduate institution to serve as a source for future students. A description of where the proposed COM intends to place instructions to request demographic information. If diversity activities are prohibited by law, the COM must explain how it intends to attract a diverse group of applicants and support a diverse group of students and faculty.

Documents to review for verifying compliance

1. COM's policies that demonstrate its intent to practice of systematic and focused recruitment and retention activities to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community.
2. A description of the COM's programs and partnerships with other institutions and organizations aimed at achieving diversity among qualified applicants for medical school admission and the COM's evaluation of program and partnership outcomes.

Gray highlighted text represents requirements related to diversity, equity, and inclusion that are currently suspended. These requirements will not be reviewed in accreditation reviews, reports, or applications.

Candidate Element 5.3: Office of Diversity, Equity, and Inclusion

A proposed COM or its parent institution must have an Office of Diversity, Equity, and Inclusion (DEI) (or similar) to the extent permitted by law that will support students, faculty, and staff, and the proposed COM's efforts to promote recruitment, retention, and success of its students, faculty, and staff throughout the osteopathic medical education program.

The DEI Office must have a strategic plan that is developed with input from faculty and staff.

Guideline: The proposed COM must explain how it's DEI Office (or similar) will engage students, faculty, and staff in the development of its strategic plan. This strategic plan can be a part of the COM's or parent institution's strategic plan. If a specific DEI office is prohibited by law, the COM should explain its plans to promote recruitment, retention, and success of its students, faculty, and staff.

Documents to review for verifying compliance

1. The proposed COM's DEI Office's strategic plan.

Gray highlighted text represents requirements related to diversity, equity, and inclusion that are currently suspended. These requirements will not be reviewed in accreditation reviews, reports, or applications.

Standard 6: Curriculum

Candidate Element 6.1: Programmatic Level Educational Objectives

A proposed COM must define all programmatic level educational objectives.
Guideline: The COM must state what it seeks to accomplish in offering its Doctor of Osteopathic Medicine degree program. Programmatic objectives must clearly articulate the broad knowledge and skills graduates of the program will have acquired in earning their degree. These objectives should align with the mission of the COM and inform the deliberations of the Curriculum Committee. The COM must verify how these objectives are communicated to students, faculty, and staff, and demonstrate how achievement of the program-level objectives is assessed and used for program improvement.
Documents to review for verifying compliance 1. The programmatic level educational objectives and the link to the public webpage to where they are published.

Candidate Element 6.2: Osteopathic Core Competencies

A proposed COM must teach and educate students in order to ensure the development of the seven osteopathic core competencies of medical knowledge, patient care, communication, professionalism, practice-based learning, systems-based practice, and osteopathic principles and practice/osteopathic manipulative treatment.
Guideline: The COM must provide a written description of its curriculum model to enable the COCA to determine its pedagogic validity. The curriculum map can take many forms but should clearly identify, at a minimum, where each of the seven core competencies are delivered and assessed in each year of the curriculum.
Documents to review for verifying compliance 1. A description of the proposed COM's delivery of its curriculum including teaching and educating its students to ensure the development of the seven osteopathic core competencies of medical knowledge, patient care, communication, professionalism, practice-based learning, systems-based practice, and osteopathic principles and practice/osteopathic manipulative treatment. 2. A curriculum map that demonstrates where the osteopathic core competencies are delivered.

Candidate Element 6.3: Teaching Methods

A proposed COM must define the teaching methods that will be employed for the delivery of the anticipated curriculum.
*Guideline: The COM must provide a description of the teaching methods (*lecture, team-based learning, problem-based learning, etc.) that be used to deliver the curriculum to students.

Documents to review for verifying compliance

1. A description of the COM's anticipated teaching methods (lecture, team-based learning, problem-based learning, etc.) that will be employed.
2. A curriculum map that demonstrates how the content of these courses is delivered.

Candidate Element 6.4: Clinical Education

A proposed COM must define the types and length of clinical experiences that osteopathic medical students are required to encounter and the appropriate clinical setting for these experiences.

A proposed COM must submit a clinical rotation study demonstrating adequacy of rotations for 120% of its requested class size. The clinical rotation study must show whether other COMs', MD schools', or other health professions' students (for example: physician assistant, nurse practitioner, nurse anesthesia practice, anesthesia assistant, podiatry) will be rotating with students of the proposed COM.

Guideline: The COM's policy must describe how students advance to clinical rotations (e.g., course completion, COMLEX Level 1 passage, other unique requirements of the COM). A clerkship manual must provide all common requirements, policies, and procedures for successfully completing clinical rotations. Each core and required rotation must have a syllabus that describes the conduct of the rotation and all outcomes-based learning objectives to be acquired and generally detail the scope of patient presentations or diagnoses to be encountered. Affiliation agreements must be current and executed detailing how clerkships are conducted at the individual affiliates. Documentation provided by the COM and corroborated through interviews with affiliates should allow an accurate estimation of the capacity for core and required clerkships in each specialty. The COM should describe its procedures for accommodating students when planned rotation sites become unavailable unexpectedly. Virtual clinical rotations are not permitted unless they are specific to telemedicine. If a COM requires a clinical rotation that does not meet the requirements of a "required rotation" it can list those rotations as selective.

Documents to review for verifying compliance

1. A description of how clinical skills will be taught and assessed throughout the curriculum of the proposed COM
2. The definition of an eligible OMS II student and/or other student to enter clinical rotations
3. The definition of the types of patients and clinical conditions that students will be required to encounter; the skills to be performed; the clinical setting for these experiences; and the expected level of student responsibilities.
4. The policies and procedures addressing methodologies by which students will be able to satisfactorily complete, including remediation activities, the entire clinical education curriculum, including standardized/simulated and supervised patient encounters.
5. Candidate table 6.4.
6. A copy of a COM-approved clinical education affiliation agreement.
7. All documents that demonstrate the acceptance of the proposed COM's future students to participate at the affiliate sites, demonstrating clinical education rotations, including adequate anticipated faculty, for 120% of the rotational capacity of the proposed requested class size.

Standard 7: Faculty and Staff

Candidate Element 7.1: Faculty and Staff Resources and Qualifications

At all educational teaching sites, including affiliated sites, a proposed COM must demonstrate that it will have sufficient faculty and clinical staff resources to achieve the proposed program mission, including part time and adjunct faculty, and preceptors who are appropriately trained and credentialed. The physician faculty, in the patient care environment at core rotation sites, must hold current medical licensure and have had AOA or ABMS board certification at some time in their career or be currently board eligible in the specialty being taught. A proposed COM must have a mechanism to review and approve credentials of physician faculty that have never been board certified or are not board eligible by the AOA or ABMS at non-core rotations sites. All non-physician faculty in the patient care environment must have demonstrated appropriate qualifications in his/her disciplinary field.
Guideline: There is no single formula or benchmark minimum number of faculty adequacy. Each COM should be evaluated based on its class size, curriculum, and instructional design. There should be a sufficient full-time equivalent (FTE) number of diverse (by area of specialization) faculty to deliver the curriculum and staff to guide operations. Committees should be adequately populated and attended. Faculty should have time to perform research and student advising. Preceptors should be available in each core and required specialty to deliver clinical experiences. Faculty should be satisfied with the COM's demands for their work effort. Students should feel that faculty are sufficiently available for questions and advising.
<u>Documents to review for verifying compliance</u> 1. An organizational chart demonstrating how the faculty are/will be organized. 2. Candidate Tables 7.1a and 7.1b 3. A description of the mechanism to review and approve credentials of physician faculty that have never been board certified or are not currently board eligible by the AOA or ABMS at non-core rotations.

Candidate Element 7.2: Faculty Appointment and Advancement

A proposed COM must have policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure (if a tenure program exists), and remediation. The policies and procedures must provide each faculty member with written information about his or her term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, due process, and, if relevant, the policy on practice earnings. As permitted by law, a proposed COM or its parent institution must create a process to review pay and rank parity every three years consistent with its mission-appropriate diversity outcomes among its faculty.
Guideline: The COM must provide its policies and procedures that address each requirement listed in the element. Faculty interviews should confirm receipt of this information. Evaluators and reviewers must

confirm policies on items A through H in the submission requirements below. Policies on lines of communication may be a defined reporting structure.
Documents to review for verifying compliance 1. the policies and procedures for faculty appointment and advancement, including a. term of appointment; b. responsibilities; c. lines of communication; d. privileges and benefits; e. performance evaluation and remediation; f. terms of dismissal; g. due process; and h. the policy on practice earnings (if relevant). 2. The link to where the policies and procedures are published. 3. The pay/rank equity review policy

Gray highlighted text represents requirements related to diversity, equity, and inclusion that are currently suspended. These requirements will not be reviewed in accreditation reviews, reports, or applications.

Standard 8: Scholarly Activity

A COM must demonstrate a commitment to research and scholarly activity through its budgetary processes, support of faculty research (including the establishment of a research infrastructure, including an office of research, faculty and personnel to assist students in research and peer review through publication or grant application), and inclusion of its students in research throughout all four years of the osteopathic medical education.

Candidate Element 8.1: Research and Scholarly Activity Strategic Plan

A proposed COM must demonstrate a commitment to research and scholarly activity through its budgetary processes, support of faculty research (including the establishment of a research infrastructure, including an office of research, faculty and personnel to assist students in research and peer review through publication or grant application), and inclusion of its students in research throughout all four years of the osteopathic medical education. The plan must include cultural competency and health disparities research/scholarly activities.
Guideline: The research plan should identify the COM's goals/objectives for its research program, proposed activities to accomplish the objectives, a timeline for the start/completion of those activities, and any interim milestones. The COM's leadership should periodically prepare a report or otherwise record its progress toward satisfying its strategies.
Documents to review for verifying compliance 1. The proposed COM's research and scholarly activity strategic plan

Candidate Element 8.2: Research and Scholarly Activity Budget

A proposed COM must have budgetary processes and a budget that will support research and scholarly activity of its faculty and students.
Guideline: The operating budget of the COM must identify support specifically allocated to the research program. Development and maintenance of dedicated research facilities, salary for leadership and support personnel, expenditures unique to individual projects, and publication costs are all examples of line items

that may be seen in an operating budget in support of institutional research. Some expenses (such as personnel) may be incorporated into larger line items in the COM's budget.
Documents to review for verifying compliance 1. A description of the proposed COM's budgetary processes that will support research and scholarly activity by its faculty and students. 2. A copy of the proposed COM's research and scholarly activity budget through the anticipated graduation of the first class of students.

Candidate Element 8.3: OMM/OPP Research and Scholarly Activity

A proposed COM must demonstrate how its research/scholarly activity will include or incorporate osteopathic manipulative medicine (OMM) and osteopathic principles and practice (OPP).
Guideline: OMM/OPP may be uniquely studied as a curricular element, a clinical study of efficacy, or embedded as a diagnostic or treatment modality as part of another clinical study. The role of OMM/OPP should be described in any resulting scholarly production.
Documents to review for verifying compliance 1. The strategic plan for research and scholarly activity submitted under candidate element 8.1 must demonstrate how the proposed COM will include or incorporate OMM/OPP as a component of the research/scholarly activity.

Candidate Element 8.4: Student Participation in Research and Scholarly Activity

A proposed COM must publish and follow policies and procedures to support student driven research and scholarly activity, as well as student participation in the research and scholarly activities of the faculty.
Guideline: The COM must provide opportunities for students to engage in research and report outcomes (scholarly activity). Activity can be episodic or longitudinal, original (with faculty oversight) or within a faculty members' existing research activity. The COM should define which students are eligible to participate in research and should have clear and comprehensive policies and procedures that govern the conduct of their activity and any resulting intellectual property.
Documents to review for verifying compliance 1. All student research and scholarly activity policies

Standard 9: Students

Candidate Element 9.1: Admissions Policy

proposed COM must establish admission requirements for potential applicants to the osteopathic medical education program and must use effective policies and procedures for osteopathic medical student selection for admission and enrollment, including demonstration of technical standards for admissions. A proposed COM must tie all admissions policies to its mission.
Guideline: All requirements, prerequisites, and any other applicant characteristics that will be used by the COM to make admissions decisions must be clearly described in a policy and posted on the COM's public-facing web pages.
Documents to review for verifying compliance 1. All admission requirements, policies, and procedures for osteopathic medical student selection and enrollment. 2. The technical standards required of prospective students.

Candidate Element 9.2: Recruitment of Students

A proposed COM must demonstrate that a plan for recruitment of an applicant pool sizeable enough to generate the requested class size exists within the proposed COM's defined geographic region. A proposed COM must also demonstrate a plan for recruitment of a diverse student population, to the extent permitted by law.
Guideline: The COM must provide its plan to recruit a diverse applicant pool large enough to result in matriculating its requested class size.
Documents to review for verifying compliance 1. At least three years of demographics for the proposed COM's defined region demonstrating the number of medical school applicants and matriculants. 2. A copy of the proposed recruitment plan for the proposed COM.

Gray highlighted text represents requirements related to diversity, equity, and inclusion that are currently suspended. These requirements will not be reviewed in accreditation reviews, reports, or applications.

Standard 10: Graduate Medical Education (GME)

Candidate Element 10.1: GME Feasibility

A proposed COM must demonstrate an understanding of the obligations to ensure student entry into graduate medical education (GME) upon graduation from the proposed COM. A proposed COM must demonstrate a plan to support development and growth of GME through establishment of a GME office with qualified personnel, expertise, and financial support focused on supporting new and established GME and osteopathic recognition. The proposed COM must have qualified personnel to assist students with the UME/GME transition. The proposed COM may support development and growth of GME under strategies of its own design but must submit a feasibility study outlining available GME capacity and a plan, including development costs, outlining how the proposed COM will ensure sufficient residency positions (PGY-1) to equal the requested class size.

Class size ramp up may not be approved to progress past 50% of the requested class size until sufficient fulfillment of the COM's GME development plan has been demonstrated.
Guideline: The proposed COM must outline its plans to support existing and new GME slots. The recommended target number of new slots is 30% of the COM's requested class size. Mechanisms to support existing and new GME are listed in the COCA Glossary.
Documents to review for verifying compliance 1. The proposed COM's policies that include its structure and procedures to support the development of GME. 2. The proposed COM's pro forma that includes line items for the support of the development of GME. 3. A feasibility study outlining available GME capacity, and a plan, including development costs, outlining how the proposed COM will ensure sufficient residency positions (PGY-1) to equal the requested class size.

Standard 12: Institutional Accreditation (if applicable)

A proposed COM that is developing as part of a larger institution must demonstrate that the institution has accreditation by an institutional accrediting agency that is recognized by the USDE. The parent institution must maintain in effect any charter, licenses, or approvals required for it to function as an institution of higher education, including the provision of degree programs beyond the secondary level. Otherwise, the proposed COM must demonstrate that the elements with candidate standard 12 are met. As of March 1, 2024, the COCA will no longer accept applications to serve as an institutional accreditor.

Candidate Element 12.1: Incorporation of the Institution

A proposed COM must demonstrate its incorporation as a non-profit or for-profit entity (e.g., corporation, limited liability company, etc.) with governing bylaws that are consistent with the COCA accreditation standards. The proposed COM must have an autonomously appointed functioning governing body that is broad in representation of expertise in education, DEI (to the extent permitted by law), finance, law, health policy, and osteopathic medicine. The majority of the members of the governing body must be independent of financial interest/benefit from the COM.	
Guideline: The COM must be incorporated and legally constituted to conduct its degree programs as required by its state licensing authority. Governance must be a by a board or similarly constituted fiduciary and self-governing body. The COM must produce bylaws or similar documents that memorialize the composition and authority of the corporation and its leadership.	
Documents to review for verifying compliance 1. The annual registration documents for ongoing incorporation for the COM. 2. The bylaws of the governing body 3. A list of members of the governing body and their titles. 4. Evidence of an annual assessment of the governing body's conflicts of interest.	Interviews to conduct for verifying compliance President Board of Trustees Dean

Gray highlighted text represents requirements related to diversity, equity, and inclusion that are currently suspended. These requirements will not be reviewed in accreditation reviews, reports, or applications.

Candidate Element 12.2: Degree and Other Educational Offerings

A proposed COM must demonstrate evidence of approval to grant the DO degree from all appropriate regulatory agencies whether it is a board of regents, a state regulatory agency, or any other regulatory agency charged with granting such authority under the laws of the state in which the proposed COM is located.

Guideline: The COM must produce its charter or other communication from a state licensing agency or office of higher education that confirms its authority to grant doctoral degrees. When the COCA serves as a COM's institutional accreditor, the COM may only offer the Doctor of Osteopathic Medicine degree.

Documents to review for verifying compliance

1. All charters, licenses, or letters of approval from any educational or business agencies that grant authority to offer the DO degree.

Candidate Element 12.3: Chief Executive Officer

A proposed COM must employ a chief executive officer who is qualified by education, training, and experience to provide effective leadership to the proposed COM's administration, faculty, students, and staff. The chief executive officer must have a minimum of five years' experience in senior administration in an institution of higher education or healthcare setting.

Guideline: The inspection team should ascertain the experience of the CEO in managing organizations with comparable physical size, number of employees, and budget.

Documents to review for verifying compliance

1. The current job description for the CEO.
2. The current and complete CV for the CEO.

Candidate Element 12.4: Chief Financial Officer (CORE)

A proposed COM must employ a chief financial officer who is qualified by education, training, and experience to provide organizational leadership related to the financial health of the institution. The chief financial officer must have a minimum of three years' experience in administration in financial management in an institution of higher education or healthcare setting.

Guideline: The inspection team should ascertain the experience of the CFO in managing the finances of organizations with comparable physical size, number of employees, and budget.

Documents to review for verifying compliance

1. The current job description for the CFO
2. The current and complete CV for the CFO.

Candidate Element 12.5: Course Credit Hours

A proposed COM must publish policies and procedures for the assignment of credit hours for all intended courses within its anticipated curriculum.

Guideline: The assignment of credit hours should be described, follow generally accepted practices in higher education, and be consistently applied. Clinical rotations may follow guidelines for "field work" where extended student work hours may preclude awarding credit hours in the same ratio as classroom-based coursework.

Documents to review for verifying compliance

1. The COM's credit hour assignment policy and a link to the public webpage where it is published.
2. A link to the public webpage where the document is/will be published.

Candidate Element 12.6: Public Information

All public information published by a proposed COM in its catalogs, student handbooks, advertising literature, or any other publicly available information must be presented in an accurate, fair, and complete manner.

Guideline: The COM should be able to describe its procedures for periodic review of its published material to ensure currency and accuracy. Discrimination incident reporting may fall under a more general plan for all incident reporting at the COM. Interviews can determine if students and employees are aware of a reporting system for complaints that may include discriminatory practices or policies.

Documents to review for verifying compliance

1. All documentation that demonstrates the proposed COM's public information is/will be presented in an accurate, fair and complete manner.
2. Evidence of all communication that accurately represents the proposed COM's accreditation status. This communication must include information on how to contact COCA.

Candidate Element 12.7 Public Notification of Opportunity to Comment

A proposed COM must seek third party comments addressing the quality of its proposed educational program no later than 90 days prior to the completion of the COCA's review of the proposed COM's application for candidate status. The notice must include information on how the public can contact the COCA directly.

Guideline: The COM must produce evidence that it solicited third-party comments ahead of its comprehensive or focused review.

Documents to review for verifying compliance

1. Evidence of a public notice inviting any third-party comments prior to the COCA's review of the proposed COM's application for candidate status no later than 90 days before the review.
2. A link to the public webpage where the public notice is available.
3. Evidence that the proposed COM's public notice includes, at a minimum, the date of the COCA's review and instructions for submitting any comments to the COCA at predoc@osteopathic.org.

Candidate Element 12.8: Academic Freedom

A proposed COM must develop policies regarding academic freedom the proposed COM intends to make publicly available. All such policies must be approved by the proposed COM's governing board.

Guideline: The institution must have policies regarding academic freedom and intellectual property. Policies may be extended to students and staff in addition to faculty. The faculty senate or equivalent should inform the creation of the policy and be in general agreement with its content. All faculty should be aware of the policies and procedures.

Documents to review for verifying compliance

1. The proposed COM's policies regarding academic freedom evidencing a commitment to academic freedom, intellectual freedom, freedom of expression, and respect for intellectual property rights.

Candidate Element 12.9: Campus Security

A proposed COM must develop policies providing comprehensive information through a link to a public webpage about its campus security to its students, faculty, staff, and to the public at large.

Guideline: Policies should outline security procedures throughout COM operations, including building security, and emergency procedures,

Documents to review for verifying compliance
2. A copy of the proposed COM's policy to provide annual campus security information to the public.

Candidate Element 12.10: Title IV Responsibility

A proposed COM must demonstrate a commitment to comply with the requirements for participation in federal programs under Title IV of the Higher Education Act of 1965, as amended.
Guideline: The COM must produce all documentation as required in this element. Depending on ownership structure stand-alone COMs may not have been accepted to the Title IV program. In such instances, the COM should produce any correspondence it has exchanged with the US Department of Education in seeking admission to the program.
Documents to review for verifying compliance
1. Evidence of commitment by the proposed COM to seek approval to participate in an HEA program.

Appendix: Tables – these examples are from the continuing accreditation

Table 4.1: On Campus Facilities

Last Updated: mm/dd/yyyy

COCA 2023 Continuing Accreditation Standards
Table 4.1 On Campus Facilities

Use this table to describe on-campus facilities. For COMs with additional locations or branch campuses, Column A specifies which campus the facility is on.

Campus Location	Name of Space	Space Description	Role in daily operation, e.g., curriculum, student services, study space	Maximum occupancy per fire code	Number of hours per day space is available to DO students	Number of DO students using this space at any one time	If the space is shared, with whom?	Approximate number of non-DO students using this DO campus space
Main	Teaching Theater Room 222	Teaching Theater & Quiet Study Space	Curriculum Delivery & Study Spac	50	12	50	n/a	n/a

Table 6.4: Clinical Education

Last Updated: mm/dd/yyyy

COCA 2023 Continuing Accreditation Standards
Table 6.9b Core Clinical Clerkships

Use this table to report *core* clinical rotations available to your COM students. Enter information for each clinical rotation (one speciality and location per line).

Site Name (e.g. name of hospital, clinic, or physician in private practice)	Site City	Site State	Rotation Specialty, (e.g., internal medicine, family, medicine, ob/gyn, etc.)	Medical School Year. Enter the OMS year rotation is undertaken.	# of weeks required for rotation	Total slots/year available only to your COM	Number of COM credentialed faculty at the site	Number of DO Supervisors	Number of MD Supervisors	Number of Other Supervisors	Number of In-Patient rotation slots at site	Number of residents working with students at this site.
ACE Hospital - Chicago	Chicago	IL	Family Medicine	OMS III	4	22	5	2	1	1	22	4

Table 7.1a On Campus Faculty Effort

Last Updated: mm/dd/yyyy

COCA 2023 Continuing Accreditation Standards
Table 7.1a On-Campus Faculty Effort

Please enter the following information for all on-campus faculty. For faculty that also have administrative staff responsibilities, enter the staff time on Table 7.1b. COMs with branch campuses or additional locations, complete a separate table for each location.

Campus Served	Specialty or Field	Last Name	First Name	Degree(s)	Hire Date or Anticipated Hire Date	Total Contracted FTE for Institution	FTE Value of Teaching in DO program (enter as decimal)	FTE Value of Research & Scholarly Activity in DO program (enter as decimal)	FTE Value of Service in DO Program (enter as decimal)	FTE Value of Administration in DO Program (enter as decimal)	FTE Value of Clinical Practice in DO Program (enter as decimal)	Total FTE devoted to DO program (total of Columns G, H, I, J, and K). This is not to exceed the value noted in Column F
Main	Anatomy	Doe	Joan	DO, PhD	xx/xx/xxxx	**1**	**0.7**	**0.2**	**0**	**0.1**	**0**	1
												0
												0
												0

Table 7.1b: Administrative Staff

Last Updated: mm/dd/yyyy

COCA 2023 Continuing Accreditation Standards
Table 7.1b Administrative Staff

Please enter the following information for all on-campus administrative staff. For staff that also have faculty responsibilities, enter the faculty time on Table 7.1a. COMs with branch campuses or additional locations, complete a separate table for each location.

Campus Served	Department, e.g., administrative, financial aid, student services, etc.	Position Title	Last Name	First Name	Degree(s)	Hire Date or Anticipated Hire Date	Total FTE of Administrative Staff (enter as a decimal)	FTE of Administrative Staff Time Dedicated to COM (enter as a decimal)
Main	Administration	Executive Assistan	Doe	John	BS	xx/xx/xxxx	1	1

Table 7.2 Clinical Faculty Credentialing

Last Updated: mm/dd/yyyy

COCA Continuing Accreditation Standards
Table 7.2 Clinical Faculty Credentialing

Use this table to list clinical faculty that work at COM and all COM-affliated and educational teaching sites.

Last Name	First Name	Degrees	Licencing State	License Expiration	Specialty	Boarded by, e.g., AOA or ABMS	Board Certified or Board Eligible	Certification/OCC/MOC Expiration. Indicate "N/A" for lifetime certification.	Secondary Specialty	Boarded by, e.g., AOA or ABMS	Certification/OCC/MOC Expiration. Indicate "N/A" for lifetime certification.	On campus or clinical site name	If applicable, average # of students per rotation supervised by the faculty
Doe	Jerry	MD	IL	xx/xx/xxxx	Family Medicine	AOA	yes	xx/xx/xxxx	n/a	n/a	n/a	ACE Hospital - Chicag	5