

Commission on Osteopathic College Accreditation

**Accreditation of Colleges of Osteopathic Medicine:
COM Continuing Accreditation Standards**

Effective [August 1, 2023](#)

[Draft for Public Comment Only](#)

**Commission on Osteopathic College Accreditation
American Osteopathic Association
142 E. Ontario Street
Chicago, IL 60611-6824
Telephone: (312) 202-8124
E-mail: predoc@osteopathic.org**

© ~~2022~~¹⁹ American Osteopathic Association. All rights reserved. No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the publisher.

Contents

Contents 3

Introduction..... 4

Standard 1: Mission and Governance 8

Standard 2: Leadership and Administration 14

Standard 3: Finances..... 17

Standard 4: Facilities 19

Standard 5: Learning Environment..... 22

Standard 6: Curriculum 26

Standard 7: Faculty and Staff 34

Standard 8: Research and Scholarly Activity..... 39

Standard 10: Graduate Medical Education (GME) 47

Standard 11: Program and Student Assessment and Outcomes..... 49

Standard 12: Institutional Accreditation (if applicable)..... 52

Glossary 56

Introduction

The American Osteopathic Association’s Commission on Osteopathic College Accreditation (COCA) accredits osteopathic medical education programs leading to the Doctor of Osteopathic Medicine (DO) degree in the United States (programmatic accreditation). The COCA also accredits free-standing colleges of osteopathic medicine where no other educational program is offered (institutional accreditation) and serves as the federal Title IV gatekeeper for those institutions. By assessing the compliance of osteopathic medical education programs based on the nationally accepted standards of the COCA, we serve the interests of the public and of the students enrolled in our colleges of osteopathic medicine (COMs).

To achieve and maintain accreditation, an osteopathic medical education program leading to the DO degree must meet the standards contained in this document. COMs beginning the process towards accreditation must follow the guidelines detailed in the *Accreditation of Colleges of Osteopathic Medicine: COM New and Developing Accreditation Standards*.

The COCA regularly reviews the accreditation standards and seeks feedback from the osteopathic community and the public. ~~Changes to the COCA standards are considered at a public hearing before a final vote for adoption is made by the COCA.~~ Substantive changes to existing COCA Standards which impose new or additional requirements on programs will be made only after providing notice and opportunity for comment by affected persons, institutions, and organizations. Once approved, new or revised standards are published in *Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards*, which indicates when the changes become effective.

The *Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards* is organized into 12 accreditation standards, each with an accompanying set of elements and evidentiary submission requirements. The first 11 standards must be met to achieve full accreditation. Standard 12 is applicable only when COCA serves as the institutional accreditor for a COM.

Each of the standards includes a concise statement of the principles that represent the standard. The elements of each standard specify the components that collectively constitute the standard; they are statements that identify the variables that the COCA considers in evaluating a medical education program’s compliance with the standard. The evidentiary submission requirements outline documentation that must be provided to demonstrate compliance with the element.

Within each standard, there are elements that are identified as “core elements.” A core element is critical to maintain the educational quality of the program. Therefore, a COM will be found out of compliance with the standard if the COM fails to meet any core element within that standard. The COCA will consider other non-core elements, which, while important, are considered in the context of the totality of a COM’s response to each of the elements associated with a specific standard in the determination of the compliance with that standard.

In the event a COM fails to meet any standard or element, the COCA will monitor the COM through progress reporting at specified intervals. The COM must come into compliance with each standard or element within 24 months of the initial determination. The United States Department of Education (USDE) requires a COM be compliant with all standards and all elements be met within this timeframe or the COCA must take an adverse accreditation action against the COM.

In addition to determining whether elements are met and the COM is compliant with all standards, the COCA may make any of the following accreditation decisions:

Accreditation with Exceptional Outcome: This indicates that the COM is in compliance with all standards and that all elements are met at the time of the review with no progress report or additional written information required. For schools with this status, accreditation will be granted for ten years. Monitoring is conducted through submission of the COCA annual report and the mid-cycle report that is due in year five. This accreditation status is not available to newly accredited COMs or following an accreditation status of Accreditation with Probation or Accreditation with Warning.

Accreditation: This indicates that a COM is compliant with all standards. However, there may be non-core elements that are not met and must be addressed via progress reporting. For schools with this status, accreditation will be granted for seven years. Monitoring is conducted through submission of the COCA annual report and the mid-cycle report that is due in year three. COMs achieving accreditation for the first time with all Elements met will be granted this status for six years with a mid-cycle report due in year three.

Accreditation with Finding: This indicates that a COM is not compliant with one standard (including non-compliance with a Core Element(s) within a standard) and ongoing monitoring will occur through progress reporting and annual reports. For schools with this status, accreditation will be granted for five years. Mid-cycle reporting is due in year three.

Accreditation with Heightened Monitoring: This indicates that a COM is not compliant with ~~one to~~ two standards (including non-compliance with a Core Element(s) within each standard) and ongoing monitoring will occur through progress reporting and annual reports. For schools with this status, accreditation will be granted for four years. Mid-cycle reporting is due in year two.

Accreditation with Warning: This indicates that a COM is not compliant with ~~between~~ three ~~to and~~ five standards and ongoing monitoring will occur through progress reporting, annual reports, and any other monitoring the COCA deems necessary (e.g., focused site visits, etc.). For schools with this status, accreditation will be granted for two years. The mid-cycle report will be submitted with the annual report.

Accreditation with Probation: This indicates that a COM is not compliant with more than five standards. For schools with this status, the accreditation will be granted for no more than one year. Monitoring will occur continuously as deemed necessary by the COCA, including progress reporting, an annual report, and focused site visits.

Withdrawal of Accreditation: This indicates that the quality of the educational program is compromised, and the school was unable to come into compliance with all standards within the allotted timeframe.

Additional information on COCA accreditation actions may be found in the *Accreditation of Colleges of Osteopathic Medicine: COCA Policies and Procedures* document posted to the COCA website (www.aococa.org). Additional information about the accreditation process and the standards and elements may be obtained from the COCA website or by contacting the COCA office at (312) 202-8124 or predoc@osteopathic.org.

[Information for COMs with Additional Locations and Branch Campuses](#)

[An additional location is geographically apart from the main campus and offers at least 50 percent of the COM's osteopathic medical education program. An additional location may not have separate administration, faculty, or budgetary independence. The additional location must have a common dean, faculty, budget, and curriculum with the parent COM.](#)

[Each additional location must have an osteopathic physician at the level of associate dean or higher with responsibility for the day-to-day operations at the additional location who reports directly to the dean at the main campus.](#)

[The accreditation for an additional location is under the parent COM and is extended to the additional location at the time permission to enroll students is granted. Reporting to the COCA will occur as a combined cohort for all sites as a singular COM. Requirements for student or faculty participation on committees must include representation from a COM's additional location\(s\).](#)

[A branch campus is a location that is geographically apart from the parent COM and 1\) is permanent in nature; 2\) offers courses in educational programs leading to a DO degree; 3\) has its own faculty and administrative or supervisory organization; and 4\) has its own budgetary and hiring authority.](#)

[The curriculum at the branch campus may be the same or different as at the parent COM but the Dean and leadership at the branch campus is responsible for developing and managing the curriculum. The branch campus must have a Dean and leadership distinct and separate from the parent COM with no reporting structure to the Dean at the parent COM. The branch campus must have a separate and distinct budget and the Dean at the branch campus must have full control and independent management of the budget.](#)

[The requirements for a COM in the following standards also apply to a branch campus.](#)

[The accreditation for a branch campus is under the parent COM and is granted at the time permission to enroll students is granted. Reporting to the COCA will occur as separate campuses. Evaluations and reporting for the branch campus will be separate from main campus.](#)

NOTICE TO ALL COMs

The submission of any information pursuant to the following accreditation standards is subject to the COCA's submission of that information to the USDE in compliance with the Department's regulatory requirements to determine recognition of the COCA as an accrediting agency. So as 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 have remain confidential. The redacted document must include the word "redacted" in its title and file name.

Standards

Standard 1: Mission and Governance

A College of Osteopathic Medicine (COM) must have a written statement of mission and goals for the osteopathic medical education program, conduct ongoing planning and assessment, and have written bylaws that describe an effective organizational structure and governance processes. In the conduct of all internal and external activities, including at all additional locations and branch campuses, the COM must demonstrate integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.

Element 1.1: Program Mission (CORE)

A COM must have a mission statement that: 1) explains the overall purpose of the COM's program; and ~~2)~~ serves as a guide for program planning and assessment. A COM must include a commitment to advancing diversity, equity, and inclusion (DEI) in its mission, value, vision, goals, or objectives.

Where the COM is part of a larger educational institution or parent institution, the COM's mission must be consistent with the institution's mission. The COM must review its program mission at least once every five years and upon review, if the COM deems it to be appropriate to do so, the COM should revise its mission to meet the COM's growth and continued development. The COM must consider the input of its students, faculty, and staff, ~~and students~~ with representation from all additional locations and branch campuses when reviewing and revising its mission and any value, vision, goal, or objective statements.

Note: An application for a Substantive Change: Change in Mission is required when the change in mission results in a need to alter the admissions policies, organizational chart, facilities, or financial plans as a result of the new mission or objectives.

Submission 1.1: Program Mission

1. Provide a copy~~ies~~ of the program mission.
2. Provide a copy of the ~~values, vision (optional),~~ goals or objectives statements (optional), if applicable.
- ~~2.3.~~ Provide and a public ~~a~~ link to the public webpage where the documents are published.
- ~~3.4.~~ If the COM is part of a larger educational institution (parent institution), provide a copy of the parent institution's mission statement. The documents should show last updated date (or effective date).
- ~~4.5.~~ Provide documentation of the mission revision process, participants (including faculty, staff, and students), and meeting minutes documenting the most recent governing board approval of the COM's mission.

Element 1.2: Strategic Plan

A COM must produce and publish a current strategic plan addressing all core aspects of the COM mission, [including the advancement of DEI. The strategic plan must include all additional locations. The strategic plan may include a COM's branch campus, or a branch campus may have a separate strategic plan. Students, faculty, and staff, ~~and students from each additional location and branch campus~~](#); must be included in the strategic plan development, review, and revision.

Submission 1.2: Strategic Plan

1. Provide a copy of the COM strategic plan.
2. Provide the list of individuals who participated in the plan creation/revision.
3. Provide a link to [the public webpage](#) where the documents are published.

Element 1.3: Licensing and Regional / Institutional Accreditation (CORE)

A 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 COM is responsible for ensuring these requirements are maintained for all additional locations and branch campuses.](#)

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

Submission 1.3: Licensing and Regional / Institutional Accreditation

1. Provide a copy of the charter, license, or letter of approval from all agencies issuing such approvals.
2. Provide a ~~public~~-link to [the public webpage](#) where the most recent institutional accreditation [information](#) ~~documents are is~~ published.

Element 1.4: Governance & Program Policies (CORE)

A COM must have a governing body or be part of a parent institution with a governing body, that defines the mission of the COM and/or institution, approves the strategic plan, provides financial oversight, and approves requisite policies. The 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, ~~which.~~ [The ethics policy](#) must incorporate the American Osteopathic Association Code of Ethics.

Submission 1.4: Governance & Program Policies

1. Provide the bylaws of the governing body and a list of members, including titles, of the body.
2. Provide a copy of the 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 employment, student, and medical records.
 - d. Fiscal management and accountability.
 - e. Ethics, incorporating the AOA Code of Ethics.

Element 1.5a: Non-Discrimination (CORE)

A COM must ~~demonstrate~~ have a policy of non-discrimination in the selection of with regard to students, administrative personnel, faculty, and staff, and students based on race, ethnicity, color, sex, sexual orientation, gender, gender identity, national origin, age, ~~or disability~~ies, and religion. This must apply to all COM actions. A COM or its parent institution must develop a mechanism for reporting discrimination incidents and tracking their resolution.

Submission 1.5a: Non-Discrimination

1. Provide a copy of the non-discrimination policy.
2. Provide a ~~public~~ link to the public webpage where the ~~document~~ policy is published.
3. Describe and provide a flowchart of the process for reporting discrimination incidents and tracking their resolution.
4. Provide a list of all reports of discrimination incidents in the last three years and how they were resolved.

Element 1.5b: Non-Discrimination for Faith Based Institutions (CORE)

The COCA respects the religious mission of faith-based schools. A COM having a religious affiliation or purpose must have a policy of non-discrimination with regard to students, administrative personnel, faculty, and staff but may apply ~~selection criteria and/or policies~~ a subset of the bases listed in Element 1.5a if each omission of a listed basis that ~~are~~ is directly related to that affiliation or purpose, and so long as ~~any such criteria and/or the~~ policies are made known to applicants and the public and do not contravene any other COCA standard. This must apply to all COM actions. The COM or its parent institution must develop a mechanism for reporting discrimination incidents and tracking their resolution, as appropriate for the COM's faith-based mission.

Submission 1.5b: Non-Discrimination for Faith Based Institutions

1. Provide a copy of the COM's ~~the~~ faith-based mission ~~for the COM.~~
2. Provide a copy of the non-discrimination policy ~~and procedures for the selection and treatment of students, faculty, and staff.~~
3. Provide a ~~public~~ link to the public webpage where the policy ~~document~~ is published
4. Describe and provide a flowchart of the process for reporting discrimination incidents and tracking their resolution.
5. Provide a list of all reports of discrimination incidents in the last three years and how they were resolved.

Note: Whether or not a COM is a faith-based institution, once a COM elects to comply with either element [1.4a](#) [1.5a](#) or [1.4b](#) [1.5b](#), the COM is expected to comply with all requirements based on that election irrespective of its faith-based designation.

Element 1.6: Degree-Granting Body

The governing body of the COM and/or parent institution must confer the degree Doctor of Osteopathic Medicine (DO) upon those students [at all locations/campuses](#) who have satisfactorily completed the requirements for graduation [at all locations/campuses](#) and have been recommended for graduation by [the COM's](#) faculty.

Submission 1.6: Degree-Granting Body

1. Provide a copy of the bylaws or governing documents that demonstrate the conferral of degree.
2. Provide a copy of the COM policy demonstrating that the faculty ~~association (or approved body)~~ must recommend candidates for graduation.
3. Provide minutes from the faculty association meeting where this [recommendation](#) occurred for the most recent graduates.

Element 1.7: Clinical Education Affiliation Agreements (CORE)

Note: Element 1.7 has been combined with Element 6.9

~~A COM must be able to produce agreements, including executed affiliation agreements, that support the clinical educational experience for its students/campuses, whatever policy is applicable each~~

~~Submission 1.7: Clinical Education Affiliation Agreements~~

- ~~1. Provide the definition of an OMS II student and/or other eligible student to enter clinical rotations.~~
- ~~2. Provide a copy of a COM-approved affiliation agreement.~~
- ~~3. Provide a list of all contracted clinical sites.~~
- ~~4. At the time of the site visit, a COM must produce [Provide](#) all documents that evidence the acceptance of the COM's students to participate at the affiliate sites, including all executed affiliation agreements.~~

Notes:

- ~~Submission number 4 seeks the same information as element 6.9.~~

- ~~• For mid-cycle reports, nos. 1–4 above must be provided. If warranted, the COCA may require that a COM provide copies of all documents (including all executed affiliate agreements) that evidence the acceptance of the COM's students to participate at an affiliate site.~~

Standard 2: Leadership and Administration

A COM must have leadership and senior administrative staff with the knowledge, skills, time, and support necessary to achieve the goals of the osteopathic medical education program and to ensure the functional integration of all programmatic components.

Element 2.1: Dean Qualifications (CORE)

A COM [and any branch campus](#) 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 his/her career, free of disciplinary actions or sanctions while licensed;
3. AOA or ABMS board certification at some time in his/her career; and
4. At least five years of proven experience within the last ten years in academic leadership roles that includes budget management authority.

Submission 2.1: Dean Qualifications

1. Provide a copy of the dean's diploma from a COCA-accredited college of osteopathic medicine.
2. Provide a copy of the dean's most recent medical license.
3. Provide a copy of the dean's AOA or ABMS board certification documents.
4. Provide a copy of the dean's complete and current curriculum vitae.
5. Provide the current job description for the dean.
6. Provide the dean's ~~physician's most recent~~ [current Practitioner Profile](#) report from the Federation Credentials Verification Service.

[Note: A COM must notify the COCA within five business days of any change of dean.](#)

Element 2.2: Full Time Dean (CORE)

The dean must be employed full-time by the COM and/or its parent institution.

Note: In carrying out the full-time responsibilities of the dean, the dean of a COM [or branch campus](#) is administratively responsible for the conduct and quality of the medical education program and for ensuring the adequacy of faculty at the COM and each of its additional locations.

This element requires a dean to be employed full-time without any conflicting, secondary employment. Any secondary employment for which remuneration is given must be: 1) under the auspices of the 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.

Submission 2.2: Full Time Dean

1. Provide the employment contract (compensation redacted) demonstrating that the dean is employed full time.

Element 2.3: Academic and Administrative Leadership

A COM [and any branch campus](#) must have academic and administrative leadership to accomplish the mission of the medical school. Assistant/associate deans must have proven experience in teaching, educational design and evaluation, scholarly activity, and academic leadership in a medical education setting appropriate for the position. [A COM and any branch campus must have a leadership position at an assistant or associate dean level with oversight of the entire clinical education curriculum and assessment. Each additional location must have an osteopathic physician at the level of associate dean or higher with responsibility for the day-to-day operations at the additional location who reports directly to the dean at the main campus.](#)

Submission 2.3: Academic and Administrative Leadership

1. Provide an organization chart that shows the [COM's](#) leadership positions ([include titles and names](#)) and reporting relationships.
2. Provide the current job description for each member of the administrative leadership team (associate deans, assistant deans, and senior level administrators; [do not include department chairs](#)).
3. Provide a [complete current](#) curriculum vitae for each member of the administrative leadership team (associate deans, assistant deans, and senior level administrators; [do not include department chairs](#)).
4. Provide a copy of the employee's medical license (if a DO or MD).
5. Provide a copy of the employee's AOA or ABMS board certification documents (if a DO or MD) [that includes the certification expiration date](#).

Note: Reports from the American Osteopathic Information Association or Federation of State Medical Boards may be used as primary source verification to demonstrate current licensure and board certification.

Element 2.4: Accreditation Standard Complaint Policies and Procedures (CORE)

A COM and any branch campus must publish policies and procedures that include a confidential accreditation standard complaint resolution process that includes a description of how these complaints are filed with the COM, resolved through an adjudication process, (without retaliation), and maintained through the COM's records retention system. The accreditation standard complaint filing process must also include a process for filing confidential complaints with the COCA (and the contact information of the COCA).

Submission 2.4: Accreditation Standard Complaint Policies and Procedures

1. Provide documentation of policies and procedures regarding accreditation standard complaints and their adjudication including an explanation of how the complainant's confidentiality is maintained throughout the process.
2. Provide sample records of accreditation standard complaints that have been received, adjudicated, and resolved.
3. Provide a ~~public~~ link to the public webpage where the accreditation standard complaint policies and procedures are published.

COCA complaint policies can be found at <https://osteopathic.org/accreditation/accreditation-guidelines/>. The COCA contact information is:

[Commission on Osteopathic College Accreditation](#)
142 E. Ontario Street
Chicago, IL 60626
predoc@osteopathic.org
Phone: (312) 202-8124
Fax: (312) 202-8424

Proposed Element 2.X: DEI Leadership (CORE)

A COM and any branch campus or its parent institution must designate an individual with responsibility for oversight of DEI initiatives of the COM.

Submission Proposed 2.X: DEI Leadership

1. Provide a copy of the job description for the DEI leader.
2. Provide a current curriculum vitae for the DEI leader.

Standard 3: Finances

A COM must have sufficient financial resources readily available to meet the needs of the COM and to achieve the COM mission, consistent with its projected and authorized student class size.

Element 3.1: Financial Resources (CORE)

~~A COM must ensure that the financial resources of the school meet the requirements of for participation in federal programs under Title IV of the Higher Education Act of 1965, as amended, and are adequate to sustain a sound program of osteopathic medical education and to accomplish the programmatic and institutional goals.~~

A COM and any branch campus 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 COM or its parent institution experiences a change in status regarding its participation in the Title IV programs following its initial establishment of participation, it must notify the COCA.

Submission 3.1: Financial Resources

1. Provide the operational budget (income, revenue sources, and expenses) for the COM, including any additional location, covering at least three years of data.
2. Provide the operational budget (income, revenue sources, and expenses) for any branch campus, covering at least three years of data.

Note: A COM must notify the COCA within five business days of any decrease in financial resources available to the COM for its medical education program.

Element 3.2: Financial Planning and Budgeting

A COM and any branch campus must have a budgetary~~ing~~ process that is designed to support the mission of the COM, including at any additional locations.

Submission 3.2: Financial Planning and Budgeting

1. Provide a flowchart demonstrating the budget development process for the budget covering the parent COM and any additional location(s), indicating where the final budget approval occurs and clearly reflecting the dean's role in the process.
2. Provide a list of all people with budgetary management and oversight at the COM.
If applicable, also provide the above-referenced documents for any branch campus.

Element 3.3: Budgetary Authority

A COM or parent institution must provide the dean ([and the dean of any branch campus](#)) with the resources and budgetary authority necessary to fulfill his or her responsibility for the management of the COM.

Submission 3.3: Budgetary Authority

1. Provide the current job description demonstrating that the dean possesses budgetary authority for the COM.
2. Provide the employment contract (compensation redacted) demonstrating that the dean possesses budgetary authority for the COM.

[If applicable, also provide the above-referenced documents for any branch campus](#)

Element 3.4: Financial Audit (CORE)

A COM or its parent institution must commission an annual independent audit confirming financial viability and provide evidence of resolution of concerns cited in the audit's accompanying management letter.

Submission 3.4: Financial Audit

1. Provide the annual audited financial statement and audit report for the COM or its parent institution for the latest complete fiscal year.
- ~~1.~~ 2. [Provide evidence of resolution for any concerns cited in the audit's accompanying management letter.](#)

Standard 4: Facilities

A COM must have sufficient [DEI-supportive](#) physical facilities, equipment, and resources for clinical, instructional, research, and technological functions [at all locations/campuses](#) of the COM. These resources must be readily available and accessible across all COM locations to meet [the its COM's](#) needs and the needs of the students consistent with the approved class size, ~~and~~ [allowing the COM](#) to achieve [its](#) mission.

Element 4.1: Facilities (CORE)

A COM ([and any branch campus](#)) must have facilities for the program of instruction that enable the authorized class size of students and faculty to pursue the mission, curriculum, and [research](#)/scholarly activity of the COM. [A COM \(and any branch campus\) must have access to facilities for simulation and standardized patient encounters and must demonstrate how the facilities contribute to assessing student achievement of learning outcomes of its curriculum. A COM \(and any branch campus\) must assess the adequacy of the core clinical rotation facilities and involve students in the assessment.](#)

Submission 4.1: Facilities

1. Complete and submit Table 4.1 to describe the ~~on-campus~~ facilities [the COM uses for instruction. Complete and submit a separate copy of a Table 4.1 for any additional location or branch campus.](#)
2. Provide ~~a~~ facility floor plans [of all campus facilities](#) with designations of how the space will be utilized (full architectural drawings are not required).
3. [Provide a description of the simulation and standardized patient encounters provided to students. Please include a floor plan of the facilities\(ies\) used.](#)
4. Describe how the COM assesses the adequacy of the core clinical rotation facilities, including how students are involved in the assessment.

[Note: A COM must notify the COCA within five business days of any decrease in resources to support the physical facility resources available to the COM for its medical education program.](#)

Element 4.2: Security and Public Safety

A COM must ensure that adequate security systems are in place and publish and follow policies and procedures for security; [student](#), faculty, [and](#) staff, ~~and student~~ safety; and emergency and disaster preparedness at all COM-operated teaching [locations](#) and [core](#) training ~~sites~~ [locations](#). The COM's policy must include methods of communication with [and training of](#) students, faculty, and staff at all teaching and training locations.

Submission 4.2: Security and Public Safety

- [1.](#) Provide a copy of all security and safety related policies and procedures.
- ~~4.2.~~ [Provide documentation of training of students, faculty, and staff regarding safety procedures.](#)
- ~~2.3.~~ Provide a link to [the webpage](#) where ~~the policies~~ [security and public safety information](#) ~~is are~~ published.
- [4.](#) As required under 34 CFR § 668.46, provide a copy of your most recent report required under the *Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act*, 20 U.S.C. § 1092(f), as amended.
- ~~3.5.~~ [Provide the link to the public webpage where the COM's Clery Report is published.](#)

~~Note: COMs for which the COCA is the institutional accreditor, satisfying the evidentiary submissions under element 4.2 will satisfy the required submissions under element 12.7.~~

Element 4.3: Information Technology

A COM must ensure access to information technology to support its mission [at all locations, including clinical rotation sites](#). [Students, faculty, and staff must be involved in the assessment of information technology services.](#)

Submission 4.3: Information Technology

- [1.](#) Provide [a copy of](#) the [COM's](#) information technology strategic plan.
- ~~4.2.~~ [Describe how students, faculty, and staff are involved in the assessment of information technology services.](#)
- ~~2.3.~~ Provide the most recent technology assessment report, [including all locations/campuses and clinical rotation sites.](#)

Element 4.4: Learning Resources

A COM and any branch campus must ensure students and faculty have access to in-person and electronic learning resources that support pre-clinical and clinical education that achieve program objectives and ~~to~~ support its mission at all locations.

Submission 4.4: Learning Resources

1. Complete and submit Table 4.4 to describe the COM's learning resources at all locations.

Proposed Element 4.X: Diversity--Supportive Facilities (CORE)

A COM must have adequate facilities at all its campus locations that accommodate psychosocial support and serve as a point of access for resources to support retention and success of all students. A COM must assess the adequacy and efficacy of diversity-supportive facilities and involve students in the assessment.

Submission Proposed 4.X: Diversity--Supportive Facilities

1. Describe the COM's diversity-supportive facilities at all campus locations.
2. Describe how the COM assesses the adequacy and efficacy of diversity--supportive facilities, including how students are involved in the assessment.

Standard 5: Learning Environment

A COM must ensure that its educational program [at all teaching locations](#) occurs in professional, respectful, non-discriminatory, [culturally sensitive](#), and intellectually stimulating academic and clinical environments. The school ~~must also~~ promotes students' attainment of the osteopathic core competencies required of future osteopathic physicians.

Element 5.1: Professionalism (CORE)

A COM [\(and any branch campus\)](#) must ensure that the learning environment of its osteopathic medical education program is 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. ~~This should also include exposure to aspects of patient safety, cultural competence, and interprofessional collaborative practice.~~ [A COM must have a committee that oversees professionalism.](#)

Submission 5.1: Professionalism

1. Provide a copy ~~to~~ [of](#) the COM's professionalism policies and procedures
2. [Provide](#) ~~and~~ a link to [the webpage](#) where the ~~documents~~ [professionalism policies](#) are published.
3. Provide a list of the membership of the committee [with representation from all campuses](#), that ~~addresses~~ [oversees](#) issues of professionalism, ~~and~~ ethics, [diversity, equity and inclusion](#).
4. ~~Provide~~ a ~~published~~ description and charge of the committee, [with representation from all campuses](#), that ~~addresses~~ [oversees](#) issues of professionalism, ~~and~~ ethics, [diversity, equity, and inclusion](#).

Element 5.2: Diversity

A COM must publish policies [on](#) and ~~have in place practices that~~ engage in ongoing, 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. [A 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.](#)

[A COM must make publicly available on its website three years of admissions and faculty and staff demographics as provided in Table 5.2a, 5.2b, and 5.2c. For any value on the tables less than ten, the COM may indicate that value as '<10' in place of the value.](#)

Submission 5.2: Diversity

- [1.](#) Complete Tables 5.2a, 5.2b, and 5.2c.
- ~~4.~~[2.](#) Provide the COM's policies that demonstrate its current 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.
- [3.](#) Describe 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.
- [4.](#) [Provide a link to the public webpage where admissions and faculty and staff demographics are published.](#)
- ~~2.~~[5.](#) [Provide a report of the percent and amounts of COM scholarship funds awarded including to under-represented diverse individuals.](#)

Element 5.3: Safety, Health, and Wellness

A COM must publish and follow policies and procedures [at all locations](#) that effectively mitigate [student](#), faculty, [and staff](#), ~~and student~~ exposure to infectious and environmental hazards, provide education on prevention of such exposures, and address procedures for care and treatment after such exposures. A COM must also publish and follow policies related to student, faculty, and staff mental health and wellness, and fatigue mitigation [in the clinical learning environment](#).

Submission 5.3: Safety, Health, and Wellness

1. Provide policies and procedures addressing safety and health issues.
2. Provide a link to where [safety, health, and wellness documents](#) ~~are~~ [information is](#) published.
3. ~~Demonstrate~~ [Describe](#) how this information is provided to students, [faculty, and staff](#).

Element 5.4: Patient Care Supervision (CORE)

A COM must ensure that osteopathic students in clinical learning situations involving patient care are under direct supervision by a licensed health care professional at all times in order to ensure [patient](#) safety. The COM must ensure that all supervised activities are within the scope of practice of the supervising health care professional. Students must have clear guidelines on their role in care and the limits of their scope of authority.

Submission 5.4: Patient Care Supervision

1. Provide the policies addressing student supervision during the provision of patient care, [including policies on the use of telemedicine, if applicable](#).
2. Provide a link to where the documents are published.
3. Demonstrate how this information is provided to students.

Proposed Element 5.X: DEI Office (CORE)

A COM or its parent institution must have an Office of Diversity, Equity, and Inclusion (or similar) that supports students, faculty, and staff, and the 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 students, faculty, and staff. A COM must publish the racial demographics of its students, faculty, and staff.

Submission Proposed Element 5.2a: DEI Office

1. Provide a copy of the DEI Office's Strategic Plan.
2. Describe how students, faculty and staff were involved in the development and review of the strategic plan.
3. Provide a link to where student, faculty, and staff racial demographics are published on the COM's website

Standard 6: Curriculum

The faculty of a COM must define how the students will achieve the educational program objectives, including osteopathic core competencies, and is responsible for the detailed design and implementation of the components of a curriculum that enables its students to achieve those competencies and objectives. Educational program objectives are statements of the knowledge, skills, behaviors, and attitudes that osteopathic medical students are expected to demonstrate as evidence of their achievement prior to successful completion of the program.

The faculty of a COM must periodically and regularly review and revise the COM's curriculum and evaluate the COM's educational program to ensure that the quality of the program meets the current standards of osteopathic core competencies that students achieve all program objectives and participate in required clinical training experiences and environments.

An additional location must offer at least 50% of the same curriculum as its parent campus. All design, development, and management of the curriculum must include representation of students, faculty, and staff from the additional location.

The curriculum at the branch campus may be the same or different as the curriculum at the parent COM but the dean and leadership at the branch campus is responsible for developing and managing the curriculum.

Element 6.1: Curriculum Design and Management (CORE)

A COM (and any branch campus) must have in place a body (e.g., faculty-curriculum committee) that exercises collective responsibility for the education program as a whole, and has responsibility for the development, management, evaluation, and enhancement of the curriculum. This committee must include student and faculty representation from the pre-clinical (~~years 1 and 2~~) and clinical education (~~years 3 and 4~~)-years, including representation from any additional campus locations. The curriculum must ensure that students attain the skills, including osteopathic core competencies, interprofessional education and humanistic skills, necessary to demonstrate GME readiness and meet the mission of the COM.

Submission 6.1: Curriculum Design and Management

1. Provide the charge and responsibility of the curriculum committee.
2. Provide a list of the members of the curriculum committee and their titles.
3. Provide a list of meeting dates and meeting minutes for the past academic year.

Element 6.2: Programmatic Level Educational Objectives (CORE)

A COM [\(and any branch campus\)](#) must define and make all programmatic level educational objectives known to students, faculty, and others with responsibility for student education and assessment.

Submission 6.2: Programmatic Level Educational Objectives

1. Provide the programmatic level educational objectives.
2. Provide a public link to where the document is published.

Element 6.3: Maximum Length of Completion

~~A COM must ensure that each single degree DO student completes the DO degree within 150% of the standard time to achieve the degree (six years following matriculation).~~

A COM [\(and any branch campus\)](#) must have a policy that requires that each single degree student completes the DO degree within 150% of the standard time to achieve the degree (six years following matriculation) and describes any exceptions to the 150% time limit.

Submission 6.3: Maximum Length of Completion

1. Provide the policy that describes that single degree DO students must complete their education within 150% of the standard time (six years following matriculation).
2. Provide the ~~public~~ link to [the webpage where the document where this policy is published.](#)
3. Provide a list identifying any single degree DO student(s) who graduated beyond 150% of the standard time and provide a detailed explanation as to the reason for allowing the student(s) to graduate past the 150% of the standard time.

Element 6.4: Osteopathic Core Competencies (CORE)

A COM ([and any branch campus](#)) 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.

Submission 6.4: Osteopathic Core Competencies

1. Provide a description of the 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. Not to exceed 250 words.
2. Provide Aa curriculum map demonstrating [where the osteopathic core competencies are delivered.](#) ~~how the content of t is delivered must be made available during any site visit.~~

Element 6.5: Scientific Method

A COM ([and any branch campus](#)) must ensure that the curriculum includes instruction in the scientific method including data collection to test and verify hypotheses or address questions regarding biomedical phenomena and in the basic scientific and ethical principles of clinical and translational research. The curriculum must include the methods by which such research is conducted, evaluated, explained to patients who are part of clinical studies, and applied to patient care.

Submission 6.5: Scientific Method

1. Provide a description of the COM's delivery of its curriculum including instruction in the scientific method addressing data collection, testing and verifying hypotheses or questions regarding biomedical phenomena and the basic scientific and ethical principles of clinical and translational research. The curriculum must include the methods by which such research is conducted, evaluated, explained to patients/subjects of a clinical study, and applied to patient care. Not to exceed 250 words.
2. Provide Aa curriculum map demonstrating [where this content is delivered.](#) ~~how the content of these courses is delivered must be made available during any site visit.~~

Element 6.6: Principles of Osteopathic Medicine (CORE)

In each year of the curriculum, a COM ([and any branch campus](#)) must provide each student with instruction in Osteopathic Principles and Practice (OPP), including both observation and hands-on application of Osteopathic Manipulative Medicine (OMM) supervised by COM-credentialed physicians (DO or MD).

Submission 6.6: Principles of Osteopathic Medicine

1. Provide a description of the COM's delivery of its OPP and OMM curricula ~~ums~~ including instruction in OPP, including both observational and hands-on application of OMM. Not to exceed 250 words.
2. [Provide Aa](#) curriculum map demonstrating [where this content is delivered](#). ~~how the content of these courses is delivered must be made available during any site visit.~~

Element 6.7: Self-Directed Learning

A COM ([and any branch campus](#)) must ensure that the curriculum includes self-directed learning experiences and time for independent study to allow students to develop skills for lifelong learning. Self-directed learning includes students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of sources of information.

Submission 6.7: Self-Directed Learning

1. Provide a description of the COM's delivery of its curriculum including self-directed learning experiences and time for independent study allowing students to develop skills for lifelong learning. Not to exceed 250 words.
2. [Provide Aa](#) curriculum map demonstrating [where this content is delivered](#). ~~how the content of these courses is delivered must be made available during any site visit.~~

Element 6.8: Interprofessional Education for Collaborative Practice (CORE)

In each year of the curriculum, a COM [\(and any branch campus\)](#) must ensure that the core curriculum prepares osteopathic medical students to function collaboratively on health care teams, adhering to the [Interprofessional Education Collaborative \(IPEC\)](#) core competencies, by providing learning experiences in academic and/or clinical environments that permit interaction with students enrolled in other health professions degree programs or other health professionals.

Submission 6.8: Interprofessional Education for Collaborative Practice

1. Provide a description of the COM's delivery of its curriculum, that includes the COM's preparation of students to function collaboratively on health care teams, [adhering to the IPEC core competencies](#), by providing learning experiences in academic and/or clinical environments that permit interaction with students enrolled in other health professions degree programs or other health professionals. Not to exceed 250 words.
2. [Provide](#) ~~Aa~~ curriculum map demonstrating ~~how~~ [where](#) the content of these courses is delivered ~~must be made available during any site visit~~.

[Note: A single curriculum map may be provided for Elements 6.4 – 6.8.](#)

Element 6.9: Clinical Education (CORE)

A COM must:

- A. Describe how clinical skills are taught and assessed throughout its curriculum;
- B. define eligibility requirements, including clinical skills, for ~~a~~ an OMS-II and/or other student to enter clinical rotations;
- C. define the types of patients and clinical conditions that osteopathic medical students are required to encounter, the clinical skills to be performed by the students, the appropriate clinical setting for these experiences, and the expected levels of student responsibilities;
- D. ~~be able to~~ provide core clinical education rotations, including demonstration of adequate faculty, for the three-year rolling average of the number of ~~second-year students~~ eligible to enter core rotations for the first time, students repeating core rotations, and off-cycle students; ~~and~~
- E. have published policies and procedures (protocols) addressing methodologies by which students can satisfactorily complete, including remediation activities, the ~~entire~~ clinical education curriculum, including standardized/simulated and supervised patient encounters; and
- F. have executed affiliation agreements that support the clinical education experience for its students at all its locations/campuses.

Submission 6.9: Clinical Education

- 1. Provide a copy of a COM-approved affiliation agreement.
- 2. Provide all documents that demonstrate the acceptance of the COM's students to participate at the affiliate sites, including all executed affiliation agreements.
- 3. Provide the definition of ~~an OMS-II~~ student ~~and/or other student~~ eligible to enter clinical rotations.
- 4.4. Provide documentation (e.g., clinical education manual) listing core third- and fourth- year rotations
- 2.5. Provide ~~a sample syllabus-syllabi~~ for all core clinical rotations.
- 3.6. Provide policies and procedures (protocols) demonstrating how clinical education is delivered to all students through the COM.
- 4.7. Complete Table 6.9a detailing student population.
- 5.8. Complete Table 6.9b demonstrating adequacy of core clinical rotation capacity.
- 9. Provide a contingency plan for all core rotations indicating how students will be placed in clinical education in the event opportunities are no longer available.

Note: A COM must notify the COCA within five business days of any anticipated change in affiliation agreements affecting ten percent or more of the core clinical rotations.

Element 6.10: Clinical Experience

~~A COM must ensure that each student participates in one or more required core rotation(s) prior to the fourth-year clinical clerkship experience that is conducted in a health care setting in which the student works with resident physicians currently enrolled in an accredited program of graduate medical education. In addition to the above expectation, a minimum of one required third-year clinical clerkship must be completed under the supervision of an osteopathic physician and more than one of the required third-year clinical clerkship experiences must include an inpatient component.~~

A COM (and any branch campus) must ensure that each student's required core rotations prior to the fourth-year clinical clerkships include the following experiences: 1) at least one rotation conducted in a health care setting in which the student works with resident physicians currently enrolled in an accredited program of graduate medical education; 2) at least one rotation under the supervision of an osteopathic physician; and 3) more than one rotation in an inpatient setting.

Submission 6.10: Clinical Experience

1. Complete Table 6.9b.—Provide de-identified documentation showing how the most recent set of students received these experiences prior to their fourth-year clinical clerkships from the system used by the COM to track compliance with these requirements.

Element 6.11: Comparability across Clinical Education Sites

A COM (and any branch campus) must ensure that the curriculum includes comparable educational experiences and equivalent methods of assessment across all core clinical educational sites where students learn, ensuring all students achieve similar outcomes based on core educational learning objectives. This comparison of comparability must include a statistical analysis.

Submission 6.11: Comparability across Clinical Education Sites

1. Provide the policies and procedures describing how student outcomes at clinical educational sites are reviewed and utilized in the determination of the comparability of outcome of the clinical experiences.
2. Provide the most recent report assessing student outcomes across sites and describe plans to address any issues found.

Element 6.12: COMLEX-USA

~~All students must successfully pass COMLEX-USA Level 1, Level 2-CE, and Level 2-PE prior to graduation from an osteopathic medical school. The COM must publish to the public the COMLEX-USA Level 1, Level 2-CE, Level 2-PE, and Level 3 first time pass rate for all students in each class at the COM.~~

Prior to graduation, all students must demonstrate osteopathic medical knowledge and osteopathic clinical skills by passing the COMLEX-USA undergraduate examinations (Level 1 and Level 2) and meeting a national standard for osteopathic clinical skills competency.

The COM must publish to the public the first-time pass rates for all students in each of the competency assessments in the COMLEX-USA examination series (Level 1, Level 2, and Level 3).

Submission 6.12: COMLEX-USA

1. Provide all COMLEX-USA related school policies and procedures.
2. Provide a public link to the ~~location~~-webpage where the last four years of COMLEX-USA Level 1, Level 2-~~CE~~, ~~Level 2-PE~~, and Level 3 first time pass rates are published.

Proposed Element 6.X: DEI Curriculum (CORE)

A COM must incorporate diversity, equity, and inclusion into its curriculum.

Submission Proposed 6.X: DEI Curriculum

1. Provide a description of the COM's curriculum that includes issues related to diversity, equity, and inclusion.
2. Provide a curriculum map demonstrating where the content of these courses is delivered.

Standard 7: Faculty and Staff

The faculty members at a COM must be qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution's educational, research, and service goals.

A COM must ensure that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

Element 7.1: Faculty and Staff Resources and Qualifications (CORE)

At all educational teaching sites, including affiliated sites, a COM must have sufficient faculty and clinical staff resources to achieve the program mission, including part time and adjunct faculty, and preceptors who are appropriately trained and credentialed. The physician faculty, in the patient care environment, must hold current medical licensure and have had AOA or ABMS board certification/~~board eligibility~~ in the specialty being taught at some time in their career or board eligible in the specialty being taught. All non-physician faculty must have demonstrated, appropriate qualifications in ~~his/her~~ their disciplinary field.

Submission 7.1: Faculty and Staff Resources and Qualifications

1. Provide the organizational chart (titles and names) demonstrating how the faculty are organized.
- ~~2. For all OMM/OPP faculty provide current complete curriculum vitae, medical license and AOA board certification.~~
3. Complete Tables 7.1a and 7.1b.
4. If a physician faculty does not meet the requirement of board certification or board eligibility, the COM must provide documentation of their qualifications to provide instruction in the patient care environment.

Notes: A COM must notify the COCA within five business days of any decrease in resources to support the faculty available to the COM for its medical education program.

At the time of ~~the site visit~~ a site inspection and upon request of the COCA staff, the COM must have available for inspection the complete faculty file, including the most recent and complete curricula vitae and credentialing information, of all faculty, including all adjunct faculty.

Note: For all submission requirements below, certification documentation must include the date of certification and expiration, if applicable. Reports from the American Osteopathic Information Association or Federation of State Medical Boards may be submitted as primary source verification to demonstrate current licensure and board certification.

Element 7.2: Faculty Approvals at All Teaching Sites

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

Submission 7.2: Faculty Approvals at All Teaching Sites

1. Provide a copy of the policies and procedures for credentialing and appointment, or approval of all COM faculty.
2. Complete Table 7.2 listing credentials for all clinical faculty.

Element 7.3: Department Chair Qualifications

A COM and any branch campus must employ chairs of department(s), or the equivalent of departments, with ~~a minimum of five years of~~ proven experience in teaching and academic leadership in a medical education setting. For clinical department chairs, the chair must have an active medical license and active AOA or ABMS board certification in ~~his/her~~ their specialty.

Submission 7.3: Department Chair Qualifications

1. Provide the organizational chart, showing names and titles, demonstrating the reporting hierarchy for each department.
2. Provide the current job description for each department chair (or equivalent).
3. Provide a complete and current, ~~up to date~~ curriculum vitae, for each department chair (or equivalent).
4. For each clinical department chair (or equivalent), provide a copy of the department chair's medical license.
5. For each clinical department chair (or equivalent), provide a copy of the department chair's AOA or ABMS board certification documents.

Element 7.4: Primary Care Leadership

A COM may organize its medical faculty under an organizational structure of its own design, but the leadership of the COM's clinical education must include one or more actively licensed osteopathic physicians who are ABMS or AOA board certified in a primary care [discipline](#) (family medicine, internal medicine, [or](#) pediatrics) ~~discipline~~ with ~~a minimum of five years of~~ [proven](#) experience in teaching and academic leadership in a medical education setting.

Submission 7.4: Primary Care Leadership

1. Provide a copy of the job description for the chair of primary care (or equivalent).
2. Provide a complete and current curriculum vitae for the chair of primary care (or equivalent).
3. Provide a copy of the chair's (or equivalent) medical license.
4. Provide a copy of the chair's (or equivalent) AOA or ABMS board certification documents.

Element 7.5: OMM/OPP Leadership (CORE)

Osteopathic philosophy and principles (OPP) that include osteopathic manipulative medicine (OMM) are defining characteristics of a COM in maintaining its osteopathic distinction. Accordingly, in a Department of OMM/OPP or equivalent, a COM must employ at least one full-time Doctor of Osteopathic Medicine with ~~a minimum of three years of full-time faculty~~ [proven](#) experience [in developing and delivering OMM/OPP curriculum at a COM](#), an active medical license, and active board certification from the American Osteopathic Board of Neuromusculoskeletal Medicine (AOBNMM) or a Certificate of Special Proficiency in OMM (C-SPOMM), whose principal duties include developing the osteopathic content of the COM's curriculum.

Submission 7.5: OMM/OPP Leadership

1. Provide a copy of the job description for the chair of OMM/OPP.*
2. Provide a complete [and](#) current curriculum vitae for the chair of OMM/OPP.*
3. Provide a copy of the chair's* medical license.
4. Provide a copy of the chair's* AOA board certification documents.

* or person responsible for developing the OMM/OPP curriculum

Element 7.6: Faculty Development

A COM must develop and implement an ongoing needs-based, assessment-driven, faculty development program [for faculty at all campus locations](#) that is in keeping with the COM's mission.

Submission 7.6: -Faculty Development

1. Provide a report of the most recent annual faculty development needs assessment.
2. Provide a roster of all faculty development activities, for the past academic year, including documentation of the faculty participation at each activity.

Element 7.7: Faculty Association

A COM must have a faculty organization that serves as a representative forum for faculty participation for the free exchange of ideas and concerns, of all faculty.

[The faculty association must include representation of faculty from all of the COM's campus locations, when applicable. A branch campus may have a faculty association independent from its parent COM.](#)

Submission 7.7: Faculty Association

1. Provide a copy of the bylaws for the faculty association(s).
2. Provide a list of faculty association meeting dates and meeting minutes for the past academic year.
3. [Provide a copy of or link to the faculty handbook.](#)

Element 7.8: Faculty Appointment and Advancement

A COM must have clear 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. [A COM or its parent institution must create a process to review pay and rank parity every three years consistent with its appropriate diversity outcomes among its faculty.](#)

Submission 7.8: Faculty Appointment and Advancement

1. Provide 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. Provide a link to [the webpage](#) where the documents are published.
3. [Provide a copy of the pay/rank equity review policy.](#)
4. [Provide a copy of the most recent pay/rank equity study.](#)

Proposed Element 7.X: Diversity, Equity, and Inclusion Training

[All employed faculty and staff must complete annual DEI training.](#)

Submission Proposed 7.X: Diversity, Equity, and Inclusion Training

1. [Provide documentation showing completion of annual DEI training by all employed COM faculty and staff.](#)

Standard 8: Research and 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.

Element 8.1: Research and Scholarly Activity Strategic Plan (CORE)

A COM must produce and publish a strategic plan for research and scholarly activities [at all campus locations](#) that documents how the COM intends to contribute to the advancement of knowledge through research and scholarly contributions. [The plan must include DEI-related research/scholarly activities.](#)

Submission 8.1: Research and Scholarly Activity Strategic Plan

1. Provide a copy of the COM's research and scholarly [activity](#) strategic plan.
2. Provide a ~~public~~ link [to the public webpage](#) ~~to~~ where the research and scholarly [activity](#) strategic plan may be accessed.

Element 8.2: Research and Scholarly Activity Budget (CORE)

A COM must ~~include~~ [have](#) budgetary processes [and a budget](#) that support research [and scholarly activity](#) by its faculty and students.

Submission 8.2: Research and Scholarly Activity Budget

1. [Provide a description of the COM's budgetary processes that support research and scholarly activity by its faculty and students.](#)
- ~~1.~~2. Provide a copy of the COM's research and scholarly activity budget(s).

Element 8.3: OMM/OPP Research and Scholarly Activity (CORE)

A COM must demonstrate how its research/scholarly activity includes or incorporates osteopathic manipulative medicine (OMM) and osteopathic principles and practice (OPP) ~~as a component of the research/ and/or scholarly activity.~~

Submission 8.3: OMM/OPP Research and Scholarly Activity

1. [Provide a description of how OMM and OPP are incorporated into the COM's research and scholarly activity.](#)
2. Complete and submit Table 8 to identify the [OMM/OPP research/scholarly](#) activity of the COM's faculty ([and](#) students and staff, if applicable) over the past three years.

Element 8.4: Student Participation in Research and Scholarly Activity (CORE)

A 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 [at all campus locations](#).

Submission 8.4: Student Participation

1. Provide a copy of all student research and scholarly activity policies.
2. Provide a link [to the webpage](#) where the policies are published.
3. Submit Table 8 to document student research and scholarly activity.

Standard 9: Students

A COM must establish and publish admission requirements for potential applicants to the osteopathic medical education program and must develop and apply effective policies and procedures for medical student selection and enrollment consistent with the COM's mission, vision, and values.

A COM must develop and implement policies and procedures as well as provide the human and physical resources required to support and promote health and wellness in order to meet and advance the physical, emotional, mental, career, academic and professional needs of its students, faculty, and staff. All osteopathic medical students of the COM have the same rights to and must receive comparable services.

Element 9.1: Admissions Policy (CORE)

A COM must establish and publish, to the public, 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 technical standards for admissions. A COM must tie all admissions policies to the COM mission.

Admissions policies for COMs with additional locations must be the same for the parent campus and its additional location. Branch campuses may have separate admissions policies.

Submission 9.1: Admissions Policy

1. Provide all admission requirements, ~~and~~ policies, and procedures for osteopathic medical student selection and enrollment.
2. Provide a copy of the technical standards required of matriculants.
3. Provide a link to the public webpage, ~~link to~~ where the ~~documents~~ policies are published.

Element 9.2: Academic Standards (CORE)

A COM must publish and follow policies and procedures on academic standards that include grading, class attendance, tuition and fees, refunds, student promotion, retention, graduation, students' rights and responsibilities, and the filing of grievances and appeals.

Submission 9.2: Academic Standards

1. Provide copies of policies and procedures on academic standards, including:
 - a) grading
 - b) class attendance
 - c) tuition and fees
 - d) refunds
 - e) student promotion
 - f) retention
 - g) graduation
 - h) students' rights and responsibilities; and
 - i) filing of grievances and appeals
2. Provide a ~~public~~ link to the public webpage where the documents are published.

Element 9.3: Transfer Policies

A COM must publish and follow policies regarding transfer or admissions with advanced standing. A COM may only accept credits from a school accredited by the COCA or the Liaison Committee on Medical Education (LCME) where the student is eligible for readmission. The COM must ensure ~~that~~ if transfer occurs from an LCME accredited school of medicine, the student must acquire OMM/OPP competency prior to graduation from the COM. The last two years of education must be completed at the COM granting the degree.

COMs with additional locations or branch campuses must indicate if the same transfer policies apply to all campus locations.

Submission 9.3: Transfer Policies

1. ~~Pursuant to 34 CFR §6688.43(a)(11), p~~ Provide copies of all transfer policies and procedures, including those made available to students pursuant to 34 CFR § 668.43(a)(11).
2. Provide a ~~public~~ link to the public webpage where the ~~policies—documents~~ are published.

Element 9.4: Secure Student Recordkeeping

A COM must develop an accurate, confidential and secure system for official student record keeping [at all campus locations](#) that includes admissions, advisement, academic and career counseling, evaluation, grading, credits, and the training of faculty and staff in the regulations regarding these records.

Submission 9.4: Secure Student Recordkeeping

1. Provide the policies and procedures on student recordkeeping.
2. Provide the policies and procedures for training of faculty and staff pursuant to the Family Educational Rights and Privacy Act (FERPA) (20 USC 1232g; 34 CFR §.99).

Element 9.5: Academic Counseling (CORE)

A COM must provide academic counseling to assist ~~its~~[all](#) students in study skills, learning styles, learning resources, and other assistance for academic success.

Submission 9.5: Academic Counseling

1. Describe the process for [ensuring that](#) academic counseling [is equitably](#) provided to students at all locations.
2. Complete Table 9.5.

Element 9.6: Career Counseling (CORE)

A COM must provide career counseling to assist ~~its~~[all](#) students in evaluating career options and applying to graduate medical education training programs.

Submission 9.6: Career Counseling

- ~~1.~~ Describe the process for [ensuring that](#) career counseling, including GME readiness, [is equitably](#) provided to students [at all locations](#).
- 2.1. Complete Table 9.6.

Element 9.7: Financial Aid and Debt Management Counseling

A COM must provide ~~its financial aid counseling to all~~ students at all locations ~~with counseling~~ to assist them with financial aid applications and debt management. A COM must publish annually a list of active scholarship opportunities made available by the institution to COM students in order to increase awareness and accessibility of funds to promote academic equity.

Submission 9.7: Financial Aid and Debt Management Counseling

1. Provide a description of all financial aid and debt counseling sessions provided to its students at all locations, including:
 - a. When the financial aid and debt counseling sessions are/were provided to the students;
 - b. The OMS year during which students are required to receive these sessions; and
 - c. A roster of students that received financial aid and debt counseling.

2. Provide the link to the public webpage listing scholarship opportunities made available by the institution to COM students.

Element 9.8: Mental Health Services (CORE)

A COM must have policies and procedures to provide its students at all locations with confidential access to an effective system of counseling and mental healthcare from a mental health care representative provider. A mental health care provider must be accessible 24 hours a day, 365 days a year, from all locations where students receive education from the COM.

Submission 9.8: Mental Health Services

1. Provide the policies and procedures for students seeking counseling and mental health services.
2. Provide a link to the webpage where ~~the documents are published~~ students access mental health care information.
3. Provide a list of the mental health services available to students at all teaching locations with service locations and hours.

Element 9.9: Physical Health Services (CORE)

A COM must have policies and procedures to provide its students with access to diagnostic, preventive, and therapeutic health services ~~24 hours a day, 365 days a year,~~ accessible in all locations where students receive education from the COM.

Submission 9.9: Physical Health Services

1. Provide the policies and procedures for students seeking diagnostic, preventive and therapeutic health services.
2. Provide a ~~public~~ link to the webpage where ~~the documents are published~~ students access physical health care information.
3. Provide a list of the health services locations where students may seek care at all teaching locations.

Element 9.10: Non-Academic Health Professionals (CORE)

A COM must ensure that any health professional providing health services, through a ~~physician provider-~~ patient relationship, must recuse ~~him/herself~~ themselves from the academic assessment or promotion of the student receiving those services. A COM must provide a copy of the recusal policy annually to students and faculty.

Submission 9.10: Non-Academic Health Professionals

1. Provide the policies and procedures on recusal from student assessment and promotion for health professionals providing services to students.
2. Provide links to webpages where these policies and procedures are published for students and faculty.
3. Explain how this information is provided to students and faculty (not to exceed 250 words).

Element 9.11: Health Insurance

A COM must require that all students have health insurance.

Submission 9.11: Health Insurance

1. Provide the policies and procedures regarding health insurance for students.
2. Provide a link to [the webpage](#) where the documents are published.

Standard 10: Graduate Medical Education (GME)

The faculty of a COM must ensure that the curriculum provides content of sufficient breadth and depth, to prepare students for entry into a graduate medical education program for the subsequent practice of medicine. The COM must strive to develop graduate medical education to meet the needs of its graduates within the defined service area, consistent with the mission of the COM.

Element 10.1: Osteopathic Educational Continuum

A COM must ~~demonstrate its~~have policies, procedures, personnel, and budgetary resources to support the continuum of osteopathic education including graduate medical education (GME).

Submission 10.1: Osteopathic Educational Continuum

1. Provide the COM's policy~~(ies)~~ and describe the COM's ~~structure and~~ procedures, personnel, and budgetary resources that support the continuum of osteopathic education.

Element 10.2: ~~ACGME~~-Accredited GME

A COM must provide a mechanism to assist new and existing ~~graduate medical education (GME)~~ programs in meeting the requirements for accreditation ~~by the Accreditation Council for Graduate Medical Education (ACGME)~~.

Submission 10.2: ~~ACGME~~-Accredited GME

1. Provide the COM's policy~~(ies)~~ and description of its mechanism for developing new GME programs and continuing to assist existing GME programs.

Element 10.3: Osteopathic Recognition of GME

A COM must provide a mechanism to assist ~~graduate medical education~~ GME programs ~~accredited by the ACGME~~ in meeting the requirements of osteopathic recognition.

Submission 10.3: Osteopathic Recognition GME

1. Provide documentation demonstrating the COM's processes and commitment of resources to assist GME programs to achieve osteopathic recognition.

Element 10.4: GME Placement Rates (CORE)

A COM must ~~demonstrate and~~ publish publicly the placement ~~rates, including by race/ethnicity and gender,~~ of its students in graduate medical education programs, including by race/ethnicity and gender ~~including through the publication of placement rates of its students.~~

Submission 10.4: GME Placement Rates

1. Provide a ~~public~~ link to the public webpage where the COM's GME placement rates are published, including average match placement rate by race/ethnicity and gender, for the last four academic years in all residency ~~match~~ programs ~~is listed~~. The ~~post-graduate medical education~~ placement rate must be calculated by dividing the number of students who matched into a PGY1 position by the number of students ~~who attempted to match.~~ were match eligible.
2. Submit Table 10.41a:

Standard 11: Program and Student Assessment and Outcomes

A COM must define and assess both programmatic and individual student outcomes, including attainment of core osteopathic core competencies and skills, to ensure GME readiness, including its DEI mission, vision and goals, ~~to ensure that the COM meets its mission.~~ Additionally, a COM must use the data from programmatic and individual outcomes to continuously improve all aspects of the COM and to meet its mission.

Element 11.1: Program Assessment (CORE)

A COM must ~~connect its~~ conduct learning outcomes assessments that connect to its program mission, goals, and objectives to continuously improve the educational quality of its osteopathic medical education program.

Submission 11.1: Program Assessment

1. Provide the guiding documents which govern how the COM conducts ~~systematic program review~~ learning outcome assessments. This may be in the form of a program review manual or guide that has been adopted by the faculty. This ~~should~~ must ~~include~~ describe an assessment of the manner in which the ~~core~~ osteopathic core competencies are in the curriculum ~~embedded in the curriculum and assessed as an aspect of the review.~~
2. Provide a list of the learning outcome assessments performed over most recent scheduled program reviews for the past three academic years, ~~preceding a site visit or any submission to the COCA for any monitoring purposes (e.g., annual report, mid-cycle report, supplemental report, etc.).~~
3. Provide examples of changes in curriculum, pedagogy, counseling, or other aspects of the student experience that have been made as a result of recent program reviews in order to more fully support the student learning, including ~~of~~ the core competencies.-

Element 11.2: Student Evaluation of Instruction

A COM must have policies and procedures in place to collect and consider confidential student evaluations of their courses, clerkships, faculty, and other relevant student experiences. The COM must demonstrate that these results are incorporated into the COM's self-assessment to improve curriculum; [promote diversity, equity, and inclusion](#); and address deficiencies in student experiences.

Submission 11.2: Student Evaluation of Instruction

1. Describe the processes for obtaining student evaluation of classroom and clinical instruction.
2. [Describe how student evaluations are kept confidential.](#)
3. Provide a copy of the evaluation forms used by the students for these purposes; ~~and~~
4. Provide a flowchart demonstrating how the evaluation data are utilized in curricular improvement.

Element 11.3: Student Debt Outcomes

A COM and/or its parent institution must collect and publish data on the debt load and student loan default rates of its students in such a way that applicants can be aware of the information.

Submission 11.3: Student Debt Outcomes

1. Provide the current average debt for the last four years of students [at each campus location, disaggregated by race/ethnicity and gender, if available.](#)
2. Provide a ~~public~~ link to [the public webpage](#) where the information is published.
3. For each of the four academic years preceding the submission of this information, provide the student loan default rate for all federal financial aid obtained under the Higher Education Act of 1965-~~(HEA)~~, as amended, including financial aid provided under Title IV of the HEA.

Element 11.4: Student Survey

A COM must cooperate with the administration of the COCA student survey as part of the comprehensive accreditation process.

Submission 11.4: Student Survey

1. Describe the methods the COM used to support the completion of the COCA student survey.

Element 11.5: ~~Program and Student Outcomes~~—COCA Annual and Mid-Cycle Reports (CORE)

A COM having accreditation status must submit specified annual and mid-cycle reports to the COCA.

Submission 11.5: Program and Student Outcomes – Annual and Mid-Cycle Reports

1. COCA staff will confirm that the COM has completed and submitted the COCA Annual and Mid-Cycle Reports by the established deadlines.

Standard 12: Institutional Accreditation (if applicable)

For any COM that is not affiliated with a parent institution, the COCA may serve as both institutional and programmatic accreditor. When the COCA serves as the institutional accreditor, the COM must demonstrate that it is compliant with this standard and its supporting elements.

Element 12.1: Incorporation of the Institution (CORE)

A COM that is not affiliated with a parent institution 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 COM must have an autonomously appointed functioning governing body that is broad in representation of expertise in education, [DEI](#), finance, law, health policy, and osteopathic medicine.

Submission 12.1: Incorporation of the Institution

1. Provide the annual registration documents for ongoing incorporation for the COM.
2. Provide a copy of the bylaws of the governing body.
3. Provide a list of members of the governing body and their titles.
4. Provide evidence of an annual assessment of the governing body's conflicts of interest.
5. [Provide a copy of DEI-related training and/or educational certificates for the appointed governing body of the COM.](#)

Element 12.3: Chief Executive Officer (CORE)

A COM that is not affiliated with a parent institution must employ a chief executive officer who is qualified by education, training, and experience to provide effective leadership to the 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.

Submission 12.3: Chief Executive Officer

1. Provide the current job description for the chief executive officer.
2. Provide a current and complete curriculum vitae for the chief executive officer.
3. [Provide a copy of the chief executive officer's DEI-related training and/or educational certificates.](#)

Element 12.4: Chief Financial Officer (CORE)

A COM that is not affiliated with a parent institution 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 COM. The chief financial officer must have a minimum of three years' experience in administration in financial management of an institution of higher education or healthcare setting.

Submission 12.4: Chief Financial Officer

1. Provide the current job description for the chief financial officer.
2. Provide a current and complete curriculum vitae for the chief financial officer.
3. [Provide a copy of the chief financial officer's DEI-related training and/or educational certificates.](#)

Element 12.5: Course Credit Hours

A COM that is not affiliated with a parent institution must publish policies and procedures for the assignment of credit hours for all intended courses within its anticipated curriculum.

Submission 12.5: Course Credit Hours

1. Provide a copy of the COM's credit hour assignment policy.
2. Provide a public link to where the document is published.

Element 12.6: Public Information

All public information published by a COM in its catalogs, student handbooks, advertising literature, or any other publicly available information must be presented in ~~an~~ [DEI-informed language that is accurate, fair, and complete](#). ~~manner.~~ [The COM's catalog must include a diversity statement and the student handbook must include a description of the discrimination/bias incident reporting system and how such situations are resolved.](#)

Submission 12.6: Public Information

1. Provide all documentation that demonstrates the institution's calendar, as well as its policies on grading, admissions, academic program requirements, [\(including DEI training\)](#), tuition and fees, and refund.

2. Provide evidence of all communication that accurately represents the COM's accreditation status. This communication must include information on how to contact COCA.

Element 12.7: Public Notification and Opportunity to Comment

A COM that is not affiliated with a parent institution must seek third-party comments addressing the quality of the COM's educational program prior to the completion of a comprehensive [or focused](#) review by the COCA. [The notice must include information on how the public can contact the COCA directly.](#)

Submission 12.7: Public Notification of Opportunity to Comment

1. Provide evidence that a public notice inviting any third-party comments prior to an impending [a](#) comprehensive ~~site visit~~ or ~~a~~-focused site visit was posted on the institution's website no later than three months [prior to the date the site visit is scheduled to commence, including information on how to contact the COCA directly.](#)
- ~~2. Provide evidence that the public notice was available on a public link readily accessible by the general public.~~
- ~~3. Provide evidence that the public notice includes, at a minimum, the date of the visit, purpose of the visit, instruction for submitting any comments to the COCA at.~~

Element 12.8: Academic Freedom

A COM that is not affiliated with a parent institution must include in its publications policies regarding academic freedom. All such policies must be approved by the COM's governing board. [Policies must apply to all campus locations.](#)

Submission 12.8: Academic Freedom

1. Provide the institution's policies regarding academic freedom evidencing a commitment to academic freedom, intellectual freedom, freedom of expression, and respect for intellectual property rights.

Element 12.9: Campus Security (CORE)

A COM that is not affiliated with a parent institution must provide comprehensive information about its ~~campus~~ security [at all campus locations](#) to its students, faculty, staff, and to the public at large.

Submission 12.9: Campus Security

1. Provide a ~~public~~ link to [a public webpage that includes](#) the last three years of the annual security report [for each campus location as](#) required to be filed by state and/or federal law.
2. Provide a ~~public~~ link [to a public web page that](#) ~~which~~ includes policies and procedures about the annual security report required to be filed by state and/or federal law.

Element 12.10: Title IV Responsibility (CORE)

A COM that is not affiliated with a parent institution must demonstrate compliance with ~~all federal funding guidelines~~ [the requirements for participation in federal programs](#) under Title IV of the Higher Education Act of 1965, as amended.

Submission 12.10: Title IV Responsibility

1. Provide a copy of the most recent ~~filing of the~~ annual audit ~~pursuant to the meeting~~ [the requirements of the](#) Single Audit Act Amendments of 1996, ~~and~~ OMB Circular A-133.
2. Provide the date of the most recent program review conducted pursuant to Title IV of the HEA and the final action letter from that review.
3. Provide a copy of the most recent audit(s) ~~of the~~ [performed in connection with any](#) state financial aid programs, if applicable.
4. Provide copies of all relevant correspondence submitted to, and received from, the U.S. Department of Education for ongoing noncompliance issues, including liabilities owed.
5. Provide negotiated settlement agreements for the payoff of any fines or monies owed in connection with program reviews.
6. Provide institutional responses to all audits and/or findings.

END OF STANDARDS

Glossary

The glossary should be used for information and guidance purposes only. The glossary should not be used as a resource to interpret the Standards; only the Commission on Osteopathic College Accreditation may interpret the Standards according to the context presented. The document serves only to define terms.

AACOM – American Association of Colleges of Osteopathic Medicine

Academic Credentialing – Approval of faculty members either for on-campus or off campus, through a process of verification of education, licensure, insurance, and other requirements deemed necessary to meet COM policy.

Accreditation – The status of public recognition that an accrediting agency grants to an educational institution or program that meets the agency’s standards and requirements. This process ensures that educational programs provided by institutions of higher education meet acceptable levels of quality, as follows:

Accreditation with Exceptional Outcome: This indicates that the COM is in compliance with all standards and that all elements are met at the time of the review with no progress report or additional written information required. For schools with this status, accreditation will be granted for ten years. Monitoring is conducted through submission of the COCA annual report and the mid-cycle report that is due in year five. This accreditation status is not available to newly accredited COMs or following an accreditation status of Accreditation with Probation or Accreditation with Warning.

Accreditation: This indicates that a COM is compliant with all standards. However, there may be non-core elements that are not met and must be addressed via progress reporting. For schools with this status, accreditation will be granted for seven years. Monitoring is conducted through submission of the COCA annual report and the mid-cycle report that is due in year three. COMs achieving accreditation for the first time with all Elements met will be granted this status for six years with a mid-cycle report due in year three.

Accreditation with Finding: This indicates that a COM is not compliant with one standard (including non-compliance with a Core Element(s) within a standard) and ongoing monitoring will occur through progress reporting and annual reports. For schools with this status, accreditation will be granted for five years. Mid-cycle reporting is due in year three.

Accreditation with Heightened Monitoring: This indicates that a COM is not compliant with ~~one to~~ two standards (including non-compliance with a Core Element(s) within each standard) and ongoing monitoring will occur through progress reporting and annual reports. For schools with this status, accreditation will be granted for four years. Mid-cycle reporting is due in year two.

Accreditation with Warning: This indicates that a COM is not compliant with ~~between~~ three ~~to and~~ five standards and ongoing monitoring will occur through progress reporting, annual

reports, and any other monitoring the COCA deems necessary (e.g., focused site visits, etc.). For schools with this status, accreditation will be granted for two years. The mid-cycle report will be submitted with the annual report.

Accreditation with Probation: This indicates that a COM is not compliant with more than five standards. For schools with this status, the accreditation will be granted for no more than one year. Monitoring will occur continuously as deemed necessary by the COCA, including progress reporting, an annual report, and focused site visits.

Withdrawal of Accreditation: This indicates that the quality of the educational program is compromised, and the school was unable to come into compliance with all standards within the allotted timeframe.

ACGME – Accreditation Council for Graduate Medical Education.

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. The Additional Location will not have separate administration, faculty, or budgetary independence. The additional location must have a common Chief Academic Officer, faculty, budget, and curriculum with the parent COM. Students may be admitted directly to the Additional Location as their primary place of enrollment (34 CFR §602.22).

Adverse Action – A decision by the COCA involving the status of probation, warning, denial, withdrawal, suspension, revocation of accreditation or pre-accreditation or any other negative effect on a COM's accreditation status. Upon the determination of the COCA, the decision is reported to the United States Department of Education, irrespective of the appeal status of a decision.

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

Affiliated Clinical Site – A clinical site in 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.

Annual Report – A required report from each COM addressing programmatic outcomes.

Anticipated change in class size – A substantive change initiated by the COM and approved by its governing board.

AOA – American Osteopathic Association

[Approved Class Size – The maximum class size allowed by the COCA. All COMs with entering first-time matriculants in excess of the approved class size plus the permitted variance of eight](#)

percent (8%) will be determined to have an unplanned class size increase. For the purpose of an accurate accounting of class size, in those instances where a student matriculates in one year but takes a leave of absence or other decelerated program options, the COM will count that student towards the class in which they matriculated

Branch Campus – A branch campus is a location that is geographically apart from the COM and is:

1. Permanent in nature;
2. Offers courses in educational programs leading to a DO degree;
3. Has its own faculty and administrative or supervisory organization; and
4. Has its own budgetary and hiring authority.

The COCA may serve as the programmatic or institutional accreditor for COMs wishing to request a Branch Campus. (34 CFR §600.2).

CHEA – Council for Higher Education Accreditation

Clery Act – Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act) - Federal statute which requires all colleges and universities that participate in federal financial aid programs to keep and disclose information about crime on and near their respective campuses.

COCA – Commission on Osteopathic College Accreditation

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

Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) – A series of osteopathic medical licensing examinations administered by the National Board of Osteopathic Medical Examiners (NBOME).

CORE Element – An element considered fundamental to the meeting of the standard. COM will be found out of compliance with the standard if the COM fails to meet any core element within that standard.

Culturally-Sensitive – to be aware that differences and similarities exist between people without judging those differences as positive or negative.

Credit Hour – 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, practicum, studio work, and other academic work leading to the award of credit hours.

Curriculum Changes – A substantive change in curriculum will be considered when a comprehensive change in the curriculum is occurring, which means a significant departure from the existing curriculum content or method of delivery. A substantive change is NOT merely a modification made as part of the routine curricular improvement process. A substantive change in curriculum may also be considered if there is a change from clock hours to credit hours or a substantial increase or decrease (more than 20%) in the number of clock or credit hours awarded for successful completion of a program. CFR 602.22 a-(2)iii.

[Curriculum Vitae – A brief account of an individual’s education, qualifications, and professional experiences, updated within the last three years.](#)

[DEI-informed – An awareness of principals how diversity, equity, and inclusion impact actions, policies, and procedures.](#)

[DEI-related research/scholarly activities – Examples include research that aims to improve the health of marginalized groups, reduce health disparities, or remove the barriers to advancing health disparities research.](#)

[DEI-supportive facilities – Facilities that accommodate psychosocial support and serve as a point of access for resources to support retention and success of all students](#)

Direct Supervision of a Medical Student – ~~Direct supervision of a medical student by a licensed provider who is available in the facility at the time the student is providing care to any patient. For a procedure, the licensed provider must be credentialed to perform the procedure and in the room with the student.~~

Observation of a student in the clinical learning environment that can occur while the supervisor is physically present with the student and the patient, or when the supervisor allows the student to interact with the patient without being present but is immediately available. In both cases the supervisor must physically see the patient during the key portions of the interaction and is responsible for student and patient safety.

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

1. The internet;
2. One-way and two way transmission through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
3. Audio conferencing; or
4. Video cassettes, DVD's 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. (34 CFR 600.2)

EPAs – Entrustable Professional Activities

Equitably-Provided – a service or resource that is provided so that everyone can benefit.

Escrow Reserve Fund – A minimum segregated, unencumbered reserve fund escrowed until one year after graduation of the first class of students and equal to an amount approved by the COCA. 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.

Faculty member – An individual who contributes in a full or part time manner to a COM in the areas of teaching, research/scholarly work, service, or administrative responsibilities.

Full Time Faculty Member – A faculty member is determined to work full time for a COM or institution if he/she contributes at least thirty two hours per week of work, including responsibilities in the area of teaching, research/scholarly work, service or administrative responsibilities. In the faculty adequacy model, a faculty member meeting this definition may be considered full-time or 1.0 full time equivalent (FTE).

Part Time Faculty Member – Faculty members working fewer hours or with contractual arrangements resulting in routine payments from sources other than the COM or institution are considered part-time and should be assigned the working percentage of a full time equivalent.

Feasibility Study – An assessment of the practicality of a proposed plan or method. The submitted document will be verified at the time of the site visit. It includes 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 from the regional accreditor indicating approval of the substantive change must accompany the 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 a substantive change.
3. Assessment of the degree of support the substantive change 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 substantive change intends to have clinical training sites.
4. A statement of the curriculum proposed to be offered and the COM's previous experience with that curriculum.
5. Demonstrate and document with written verification it has the availability of adequate clinical training sites. Documentation must include an assessment of the impact of the substantive change's proposed clinical training programs upon any osteopathic training programs already in existence at the clinical sites under discussion.
6. A GME feasibility report demonstrating the expected placement of the COM's current and prospective graduates in GME positions. The COM must demonstrate educational planning and noted progress in generating postdoctoral training opportunities.
7. The parent must provide student services for the substantive change consistent with Standard 9 in the Continuing Accreditation Standards.
8. Identify the faculty and administration who will provide instruction and complete administrative duties.
9. Projected revenues, expenditures, and cash flows for the substantive change.

10. Operation, management, and physical resources for the substantive change, including learning resources.

Fulltime equivalent (FTE) – An FTE is the number of hours worked by one employee on a full-time basis.

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 Education (IPE) – When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. (World Health Organization 2010)

NACIQI – National Advisory Committee on Institutional Quality and Integrity

NBOME – National Board of Osteopathic Medical Examiners, Inc

Observer – A site team member who is an official from a federal or state agency or a representative of any other organization, who is not assigned a specific role on the site visit team.

Operating Reserve Fund – A fund consisting of an amount approved by the COCA but no less than one-fourth of the escrow 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.

Osteopathic Core Competencies (OCC) – The Seven Osteopathic Core Competencies were defined to meet the requirements of AOA-accredited postdoctoral training programs: Medical knowledge; osteopathic philosophy and osteopathic manipulative medicine; patient care; professionalism; interpersonal and communication skills; practice-based learning and improvement; and systems based practice.

Progress Report – A document submitted by a COM for compliance monitoring purposes to demonstrate the COM's compliance with accreditation standards the COCA has deemed not met.

[Proposed College of Osteopathic Medicine – A COM that has not yet achieved pre-accreditation status. A proposed COM may not advertise, interview, or admit students or accept any money or other compensation from any applicant as a reservation fee or payment for any part of a future tuition. A proposed COM may not begin to offer any facts, ideas, or skills imparted through education, erudition, knowledge, learning, scholarship, science that will result in awarding partial or complete credit leading to the awarding of the Doctor of Osteopathic Medicine degree](#)

until pre-accreditation status is awarded. The proposed COM must specifically and conspicuously note this status on its website or in communication to the target audience.

Published Document – A document that is provided by the COM in hard copy or posted to the COM’s website. Documents requiring public notice must be made available on request to the public or posted to the COM’s website for access without a password.

Public Notice: A statement accessible to or shared by all members of the community or persons affected by a matter of general interest.

Public Website – An unencrypted webpage published by the COM that is accessible to all members of the public without need for a password or other specific permission.

Right to recruit but not to admit students or to offer instruction - This phrase identifies a proposed COM (i.e., a COM that has not yet achieved pre-accreditation status) that has been approved by the COCA to advertise, interview, and otherwise seek applicants for a future class, but may not accept payments for fees or tuition, admit students, or offer instruction. A proposed COM with the right to recruit but not to admit students or to offer instruction must specifically and conspicuously note this status on its website and in all communications.

Self-Study – A self-assessment report submitted by a COM to the COCA to demonstrate the COM’s compliance with all applicable COCA standards.

Show Cause – A directive by the COCA to a COM mandating the COM to produce information or evidence as to why the COCA should not take an adverse accreditation decision following information evidencing a COM’s non-compliance with the accreditation standards, policies or procedures.

Site Visit – The process through which the COCA examines, through an on-site review, a COM’s compliance with all accreditation standards. Site reviews may be conducted virtual as directed by the COCA.

Comprehensive Site Visit – A review that addresses all standards.

Focused Site Visit – A review that addresses a specific set of identified standards.

Site Visit Team – A group of individuals each classified under certain categories of on-site evaluators, as required by 34 CFR § 602.15. The categories of on-site evaluators are:

1. Administrator- An individual who is currently or recently, and directly, engaged in a significant manner in postsecondary program or institutional administration.

2. Educator- An individual who is currently or recently, and directly, engaged in a significant manner in osteopathic education in an academic capacity (e.g. professor, instructor, academic dean).
3. Academic- individual who is currently or recently, and directly, engaged in a significant manner in postsecondary teaching and/or research.
4. Practitioner- individual who is currently or recently, and directly, engaged in a significant manner in the practice of the osteopathic profession.

Teach-out Agreement – A written agreement an accredited COM provides for the equitable treatment of its students to complete their program of study, if the COM stops offering its educational program before all students enrolled in that program complete their program of study.

Teach-out Plan – A written plan developed by a COM providing for the equitable treatment of its students if an institution, an additional location or a branch campus ceases to operate 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.

Technical Assessment Report – The process of setting goals about technical facets of the institution, determining how well those goals are being met, and determining the best course of action to take to improve those results.

Title IV – Title IV of the Higher Education Act [of 1965, as amended](#).

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

Withdrawal - The voluntary withdrawal of a COM from the accreditation process.