

**COCA Substantive Change Request:
Change in Legal Status Form of Control or
Ownership of the Institution**

Effective for reviews submitted on or after October 1, 2024

**Commission on Osteopathic College Accreditation
American Osteopathic Association
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General Information

A substantive change is any modification in a college of osteopathic medicine's (COM) operations, governance, or legal status that does not have a material adverse effect that could impact the COM's capacity to continue to meet the Commission on Osteopathic College Accreditation's (COCA) accreditation requirements for the delivery of the osteopathic medical education curriculum.

Substantive changes that must be reported to the COCA are defined by the U.S. Department of Education under 34 CFR §602.22. The COCA will not grant "pre-approval" of additional locations or branch campuses as those substantive changes are defined in 34 CFR §602.

A COM must receive prior approval from the COCA at least 120 days before the implementation of the substantive change, or within the time frame described under each change below. The COCA will consider requests for expedited reviews of any substantive change application in emergency situations.

The COCA will approve a substantive change when the criteria for the requested change have been met, and the COCA determines that the substantive change will not have a material adverse effect on the capacity of the COM to meet the continuing accreditation standards.

Substantive changes that require COCA approval include:

1. Any change in the established mission or objectives of the institution;
2. A change in location of the institution;
3. Any change in the legal status or form of control of the institution;
4. A change of instruction which represents a significant departure from the current curriculum;
5. A change from clock hours to credit hours or vice versa;
6. A substantial increase or decrease in the number of clock or credit hours awarded for completion of the curriculum;
7. A substantial increase or decrease in the length of the curriculum;
8. Establishment of an additional location or branch campus geographically apart from the main campus;
9. Contracting with a non-Title IV eligible institution for between 25% and 49% of a program;
10. Acquisition of any other institution or any program or location of another institution;
11. Addition of a permanent location at which a teach-out is being conducted for students of another institution that has ceased operations;
12. Any anticipated or unplanned increase in class size;
13. Transition from a branch campus to an additional location or vice versa; and
14. Transition from a branch campus or additional location to an independent COM.

The COCA may consider simultaneous substantive change requests submitted at the same time but may not consider a new request when another request is under review. The COCA will consider requests for reviews of any substantive change application when another is being reviewed in emergency situations.

The COCA will consider applications only from COMs with a current accreditation status of Accreditation or Accreditation with Exceptional Outcome and have no outstanding unmet elements from any type of monitoring including comprehensive reviews, focused reviews, and midcycle reports, for any of the following substantive changes:

1. Additional Location
2. Branch Campus
3. Planned Class Size Increase
4. Acquisition of any other Institution or any Program or Location of Another Institution

The COCA reserves the right to deny any substantive change request.

Substantive Changes Requiring Comprehensive Evaluation

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

1. Had its last comprehensive site visit three (3) or more years ago;
2. Has received an accreditation status that included “with warning,” or “with probation,” within the last five (5) years;
3. Had an approved substantive change-class size increase within five (5) years;
4. Had a substantive change-unplanned class size increase within seven (7) years;
5. Had an approved substantive change-branch campus within five (5) years; or
6. Had an approved substantive change-additional location within five (5) years.

The COCA may grant a new cycle of review of continuing accreditation to a COM that undergoes a comprehensive site visit for purposes of evaluating a request for substantive change.

If COCA serves as a COMs institutional accreditor, additional information may be required to demonstrate compliance with elements in Standard 12 of the COCA COM Continuing Accreditation Standards. As of March 1, 2024, the COCA will no longer accept applications to serve as an institutional accreditor.

As of March 1, 2029, institutional accreditation by the COCA will end for all COMs. The COCA will no longer confer eligibility for Title IV Federal HEA programs. Subsequently, regardless of its accreditation status, any COM previously institutionally accredited by the COCA must obtain full institutional accreditation from one of the six USDE recognized institutional accreditors to retain

2024 COCA Substantive Change Request: Change in Legal Status Form of Control or Ownership of
the Institution

COCA's programmatic accreditation.

Queries about whether a proposed change qualifies as a substantive change and initial requests for a substantive change should be submitted to the COCA at predoc@osteopathic.org or (312) 202-8124. A staff member will contact you to discuss the process and required fees. The required substantive change documents must be submitted through COCA-approved electronic media.

Change in Legal Status, Form of Control, or Ownership of the Institution

Definition

Any change in ownership, move between public and private, or change in business status between non-profit and for-profit of an institution will be considered to be a change in legal status. A merger with another institution will also be considered in this category.

Timing

A request for a change in legal status, form of control, or ownership of the institution must be reviewed at a COCA meeting at least 120 days prior to when the requested change will occur. Application materials must be submitted at least 90 days prior to the COCA meeting where the substantive change request will be reviewed.

Application

A request for a change in an institution’s legal status, form of control, or ownership must provide documentation that describes the following:

1. Governing body decisions and approval of the proposed change;
2. New or amended Articles of Incorporation;
3. New or revised governing body bylaws;
4. New or revised organizational chart;
5. Plans to announce the proposed changes to students, faculty, staff, alumni, and the public;
6. Operating pro forma budget for the next five years; and
7. Three years audited financial reports for the new ownership.

A self-study will be required demonstrating compliance with the following **Continuing accreditation elements**:

1. **Element 1.2: Strategic Plan**
A COM must produce and publish a current strategic plan addressing all core aspects of the COM’s mission, including the advancement of diversity, equity, and inclusion (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, from each additional location and branch campus (unless the branch has its own plan) must be included in the strategic plan development, review, and revision.

Provide:

- a. The COM strategic plan.
- b. The list of individuals who participated in the plan creation/revision.
- c. The link to the public webpage where the documents are published.

COM’s with the last a comprehensive inspection before January 2024, must demonstrate inclusion of advancement of diversity, equity, and inclusion (DEI) in the strategic plan,

provide a copy of the job description for the DEI leader and provide a current curriculum vitae for the DEI leader.

2. **Element 1.3: Licensing and Regional/Institutional Accreditation**

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/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). A 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.

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

Provide:

- a. The charter, license, or letter of approval from all states and agencies issuing such approvals.
- b. The link to the public webpage where the most recent institutional accreditation and COCA accreditation information is published.
- c. The link to the public webpage that describes the COM's relationship with a partner institution (if applicable).

3. **Element 1.4: Governance & Program Policies**

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 majority of the members of the governing body must be independent of financial interest/benefit from the COM. 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. The ethics policy must incorporate the American Osteopathic Association Code of Ethics.

Provide:

- a. The bylaws of the COM's (or parent institution's) governing body and a list of members, including titles, of the body.
- b. The policies for:
 - i. Conflict of Interest for board members, employees, and institutionally employed faculty;
 - ii. Due process for all employees, students, faculty, and credentialed instructional staff;
 - iii. Confidentiality of employment, student, and medical records;
 - iv. Fiscal management and accountability; and

v. Ethics, incorporating the AOA Code of Ethics.

Note: If these policies are part of a larger document, please provide a specific citation (e.g., page number/section number) to where the above policies can be located.

4. **Element 1.5a: Non-Discrimination**

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

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

Provide:

- a. A copy of the non-discrimination and anti-sexual harassment policies.
- b. A link to the public webpage where the policies are published.
- c. Describe and provide a flowcharts of the processes for reporting alleged discrimination and sexual harassment incidents and tracking their resolution.
- d. A log of all COM-related reported discrimination and/or sexual harassment incidents and resolution for each incident since the last COCA accreditation cycle.

Element 1.5b: Non-Discrimination for Faith Based Institutions

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 and anti-sexual harassment with regard to students, administrative personnel, faculty, and staff but need not apply all selection criteria listed in Element 1.5a if each omission is directly related to that affiliation or purpose, and so long as the policies are made known to applicants and the public and do not contravene any other COCA standard. This must apply to all proposed COM actions.

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

Provide:

- a. The faith-based mission for the COM or its parent institution.
- b. A copy of the non-discrimination and anti-sexual harassment policies.
- c. A link to the public webpage where the policies are published.
- d. Describe and provide a flowcharts of the processes for reporting alleged discrimination and sexual harassment incidents and tracking their resolution.
- e. A log of all COM-related reported discrimination and/or sexual harassment incidents and resolution for each incident since the last COCA accreditation cycle.

5. **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 who have satisfactorily completed the requirements for graduation and have been recommended for graduation by the COM's faculty.

Provide:

- a. The bylaws or governing documents that demonstrate the conferral of degree.
- b. The COM policy demonstrating that the faculty association (or approved body) must recommend candidates for graduation.
- c. The minutes from the faculty association meeting where this recommendation was made for the most recent graduates.

6. **Element 3.1: Financial Resources**

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.

Provide:

- a. An updated operational budget that shows impact to the financial resources available to the operation and stability of the COM and/or institution. The operational budget should include (at minimum) the anticipated income, revenue sources, and expenses including budget for faculty and staff through the anticipated graduation of the first class of students after the Change in Legal Status Form of Control or Ownership of the Institution request is approved by the COCA.
- b. Documentation of any changes in status in Title IV HEA program participation.

7. **Element 3.2: Financial Planning and Budgeting**

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

Provide:

- a. The 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.

8. **Element 3.4: Financial Audit**

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.

Provide:

- a. The annual audited financial statement and audit report for the COM or its parent

institution for the latest complete fiscal year.

b. Evidence of resolution for any concerns cited in the audit's accompanying management letter.

9. **Element 6.9: Clinical Education**

A COM must:

1. Describe how clinical skills are taught and assessed throughout its curriculum;
2. Define eligibility requirements, including clinical skills, for a student to enter clinical rotations;
3. Define its core clinical rotations, core clinical rotations must include family medicine, internal medicine, general surgery, and pediatrics (all core clinical rotations must be a minimum of four weeks long and must include in-person patient care);
4. Define its required clinical rotations, required clinical rotations must include psychiatry, obstetrics and gynecology, and emergency medicine (all required clinical rotations must be a minimum of four weeks long and must include in-person patient care); Note: Critical care medicine can be substituted for emergency medicine. Note: Psychiatry and obstetrics and gynecology will change from a required to a core rotation by July 1, 2027.
5. 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;
6. Provide clinical education rotations, including demonstration of adequate faculty, for the three-year rolling average of the number of students eligible to enter core and required rotations for the first time, students repeating core and required rotations, and off-cycle students;
7. Have published policies and procedures (protocols) addressing methodologies by which students can satisfactorily complete, including remediation activities, the clinical education curriculum, including standardized/simulated and supervised patient encounters; and
8. Provide executed affiliation agreements that support the clinical educational experience for its students.

Note: The distinction between core rotations and required rotations is that core rotations must be taught in the third year of the curriculum by the faculty who hold (or have held) board certification, or be board eligible, in the listed specialty. These stipulations do not apply to required rotations.

Provide:

- a. A copy of a COM-approved clinical education affiliation agreement.
- b. A list of all contracted clinical sites for core and required clinical rotations. At the time of the site visit, a COM must produce all documents that evidence the acceptance of the COM's students to participate at the affiliate sites, including all executed affiliation agreements.
- c. The definition of a student eligible to enter clinical rotations.
- d. Documentation (e.g., clinical education manual) listing core and required third- and

fourth-year rotations.

e. Syllabi for all core and required clinical rotations.

f. Evidence that each student at a minimum must successfully complete core clinical rotations including family medicine, internal medicine, general surgery, and pediatrics.

g. Evidence that each student must successfully complete required clinical rotations including psychiatry, obstetrics and gynecology, and emergency medicine.

h. The policies and procedures (protocols) demonstrating how clinical education is delivered to all students through the COM.

i. A completed Continuing Table 6.9a detailing student population eligible to participate in clinical rotations.

j. A completed Continuing Table 6.9b demonstrating adequacy of core clinical rotation and required clinical rotation capacity.

k. A contingency plan for all core and required rotations indicating how students will be placed in clinical education in the event opportunities are no longer available.

10. **Element 6.12: Diversity, Equity, and Inclusion (DEI) Curriculum**

A COM must incorporate diversity, equity, and inclusion into its curriculum to the extent permitted by law.

Provide:

a. A description of the COM's curriculum that includes issues related to diversity, equity, and inclusion.

b. A curriculum map demonstrating where the diversity, equity, and inclusion content is delivered.

11. **Element 7.1: Faculty and Staff Resources**

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 at core rotation sites, must hold current medical licensure and have had AOA or ABMS board certification at some time in their career or be currently board eligible in the specialty being taught.

A COM must have a mechanism to review and approve credentials of physician faculty that have never been board certified or are not board eligible by the AOA or ABMS at non-core rotations sites.

All non-physician faculty in the patient care environment must have demonstrated appropriate qualifications in their disciplinary field.

COMs that have met the qualifications to request a substantive change are expected to uphold the same level of faculty and staff resources.

Provide:

a. An organizational chart (including titles and names) demonstrating how the faculty are organized.

b. Completed Continuing Tables 7.1a and 7.1b

c. A description of the mechanism to review and approve credentials of physician faculty that have never been board certified or are not currently board eligible by the AOA or ABMS at non-core rotations sites.

12. **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 campus locations, when applicable. A branch campus may have a faculty association independent from its parent COM.

Provide:

- a. The bylaws for the faculty association(s).
- b. A list of faculty association(s) meeting dates, rosters of attendees, and meeting minutes for the past academic year.
- c. A copy of, or link to, the faculty handbook.

13. **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 mission-appropriate diversity outcomes among its faculty.

Provide:

- a. The policies and procedures for faculty appointment and advancement, including:
 - i. term of appointment;
 - ii. responsibilities;
 - iii. lines of communication;
 - iv. privileges and benefits;
 - v. performance evaluation and remediation;
 - vi. f. terms of dismissal;
 - vii. due process; and
 - viii. the policy on practice earnings (if relevant).

Note: If these policies/procedures are part of a larger document, please provide a specific citation (e.g., page number/section number) to where the above policies can be located.

- b. The link to the webpage where the documents are published.
- c. The pay/rank equity review policy.

d. The most recent pay/rank equity study.

14. **Element 7.9: Diversity, Equity, and Inclusion (DEI) Training**

A COM must offer DEI training to employed faculty and staff at least annually to the extent permitted by law.

Provide:

a. Documentation demonstrating that DEI training is offered to all COM-employed faculty and staff at least annually.

15. **Element 12.3: Chief Executive Officer**

A COM 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.

Provide:

a. The current job description for the Chief Executive Officer.

b. The current complete curriculum vitae for the Chief Executive Officer displaying a minimum of five years' experience in senior administration in an institution of higher education or healthcare setting.

16. **Element 12.4 Chief Financial Officer**

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

Provide:

a. The current job description for the Chief Financial Officer.

b. The current complete curriculum vitae for the Chief Financial Officer displaying a minimum of three years' experience in senior administration in an institution of higher education or healthcare setting.

Monitoring

The COCA will conduct a focused or comprehensive site visit to an institution that has undergone a change of control as soon as practicable, but no later than six months after the change of ownership.

Additional monitoring will occur as part of the routine annual reporting to the COCA. In addition, the COCA may require a progress report or student survey.

Successful completion of the application and all required monitoring, and approval by COCA, completes the Change in Legal Status Form of Control or Ownership of the Institution process.