

# **COCA Substantive Change Request: Change in the Location of the Institution**

Effective for reviews submitted on or after October 1, 2024

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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 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](mailto: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 the Location of the Institution**

### Definition

Any relocation of the COM that involves a change in the facilities previously reviewed by the COCA will be considered a change in location. A change in clinical training sites will not be considered a substantive change.

### Timing

A request for a change in the location of the institution must be reviewed at a COCA meeting at least 18 months prior to the anticipated move. 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 location must provide documentation that describes the following:

1. Appropriate charters, licenses, or approvals required to function if the location is in a new jurisdiction;
2. The new facilities including a building and/or remodeling plans, project budget, and completion timelines;
3. Budget for move and other related expenses;
4. Impact on the recruitment plan;
5. Impact on the currently enrolled students;
6. Impact on the existing faculty;
7. Impact on the clinical education program;
8. Governing body discussion and approval of the proposed change; and
9. Facility and faculty contingency plan to be implemented if the new facilities are not ready as planned.

The COM must provide the permanent Certificate of Occupancy for all COM buildings, as obtained, and by December 31 of the year prior to the anticipated start of classes at the new location.

Depending on the nature of the requested change, a self-study may be required demonstrating compliance with the following **Pre-accreditation and Continuing accreditation elements** (All elements are Continuing accreditation elements unless otherwise noted.):

1. **Element 1.2: Strategic Planning**

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 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 Location of the Institution request is approved by the

COCA.

b. Documentation of any changes in status in Title IV HEA program participation.

4. **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.

5. **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.

6. **Element 4.1: Facilities** (Pre-Accreditation element)

A COM must have facilities for the program of instruction that enable the authorized class size of students and faculty to pursue the mission, curriculum content and delivery, and research/scholarly activity of the COM.

A COM must have access to facilities for simulation and standardized patient encounters and must demonstrate how the facilities contribute to student achievement of learning outcomes of all components of its curriculum.

A COM must assess the adequacy of the core and required clinical rotation facilities and involve students in the assessment.

A COM must have space available for use by students in a manner intended to support diversity, equity, and inclusion to the extent permitted by law, and must consult with students in the process of establishing such a space.

COMs that have met the qualifications to request a substantive change are expected to provide facility resources at the new location comparable to the previous location. Special attention must be paid to student study space. The new location must have space available for use by students in a manner intended to support diversity, equity, and inclusion to the extent permitted by law, and must consult with students in the process of establishing such a space.



Provide:

- a. A completed Pre-Accreditation Table 4.1 to describe the facilities the COM uses for instruction.
- b. Facility floor plan with designations of how the space will be utilized (full architectural drawings are not required).
- c. A description of, and indicate on the floor plans provided, the facilities used for simulation and standardized patient encounters provided to students.
- d. How the COM will assess the adequacy of the core and required clinical rotation facilities, including how students will be involved in the assessment.
- e. How the COM facilities contribute to student achievement of learning outcomes of the curriculum.
- f. How the COM will assess the adequacy and efficacy of facilities intended to support diversity, equity, and inclusion, including how students will be involved in the assessment.
- g. The construction plan and timeline for all COM buildings. (If applicable)
- h. Provide a contingency plan for COM facilities should the buildings not be completed on time. (If applicable)
- i. Provide the permanent Certificate of Occupancy for all COM buildings, as obtained, and by December 31 of the year prior to the anticipated start of classes.

7. **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 safety; and emergency and disaster preparedness at all COM-operated teaching locations and core and required training sites.

The COM's policy must include methods of communication with students, faculty, and staff at all teaching and training locations.

Provide:

- a. Security and safety related policies and procedures.
- b. The link to the public webpage where security and public safety information is published.

8. **Element 4.3: Information Technology**

A COM must ensure access to information technology to support its mission at all locations and ensure Wi-Fi availability at all core and required rotation sites. Students, faculty, and staff must be involved in the assessment of information technology services.

Provide:

- a. The COM's information technology strategic plan that encompasses the new location.
- b. How students, faculty, and staff are involved in the assessment of information technology services.
- c. The most recent technology assessment report, including input from students, faculty, and staff at all locations/campuses and Wi-Fi availability at core and required clinical rotation sites.

9. **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 at all campus locations that support pre-clinical and clinical education that achieve program objectives and support the COM's mission.

Provide:

- a. A completed Continuing Table 4.4 to describe the COM's learning resources at all campus locations.

10. **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 sites for core and required clinical rotations. At the time of the site visit, a branch campus must produce all documents that evidence the acceptance of

the students of the branch campus 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.

**11. Element 6.10: Clinical Experience**

A COM and any branch campus must ensure that each student's 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.

Provide:

- a. A de-identified document showing how the most recent cohort of students received the mandatory clinical experiences prior to their fourth-year clinical clerkships from the system used by the COM to track compliance with these requirements.
- b. The process the COM uses to ensure students receive the mandatory clinical rotation experiences prior to their fourth-year clinical clerkships. (Not to exceed 250 words)

**12. 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 and required clinical educational sites where students learn, ensuring all students achieve similar outcomes based on educational learning objectives. This comparison of comparability must include a statistical analysis.

Provide:

- a. 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.
- b. The most recent report assessing student outcomes across sites, including a statistical analysis. Describe plans to address any issues found.

13. **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.

14. **Element 7.1: Faculty and Staff Resources and Qualifications**

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 to ensure success of the new location.

Provide:

- a. An organizational chart (including titles and names) demonstrating how the faculty are organized.
- b. A completed Continuing Table 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.

15. **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.

16. **Element 9.8: Mental Health Services**

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 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.

Provide:

- a. The policies and procedures for students seeking counseling and mental health services.
- b. The link to the public webpage where students access mental health care information.
- c. The list of the mental health services available to students at all teaching locations with service locations and hours.

**17. Element 9.9: Physical Health Services**

A COM must have policies and procedures to provide its students with access to diagnostic, preventive, and therapeutic health services accessible in all locations where students receive education from the COM.

Provide:

- a. The policies and procedures for students seeking diagnostic, preventive, and therapeutic health services.
- b. The link to the public webpage where students access physical health services information.
- c. The list of the health services locations where students may seek care at all teaching locations.

Site Visits

Not less than six months prior to the matriculation of students at the new location, a pre-operational site visit will be conducted and reviewed by the COCA (refer to Appendix A of the COCA Substantive Change Request: Appendices document for additional information). Upon approval of the pre-operational site visit report, operations may begin at the new location. In the event the pre-operational site report is not approved, the COCA may require that the contingency plan be implemented, that accepted students be notified, and that the contingency status be posted with a public link on the COM's website.

Monitoring

Monitoring will occur as part of the routine annual reporting to the COCA. In addition, the COCA may require a progress report, student survey, or a focused site visit.

Successful completion of the application and all required monitoring, and approval by COCA, completes the Change in Location of the Institution process.