COCA | COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION

142 E. Ontario St., Chicago, IL 60611-2864 • (312) 202-8124 • predoc@osteopathic.org • osteopathic.org/accreditation

Commission on Osteopathic College Accreditation
2023 Pre-Accreditation Standards Crosswalk

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

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

NOTICES TO ALL COMs

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

The submission of any information pursuant to the following accreditation standards is subject to the COCA's submission of that information to the United States Department of Education (USDE) in compliance with the Department's regulatory requirements to determine recognition of the COCA as an accrediting agency. 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.

Table of Contents

Pre-Accreditation Standard 1: Mission and Governance 6
Pre-Accreditation Element 1.1: Program Mission 6
Pre-Accreditation Element 1.2: Strategic Plan 7
Pre-Accreditation Element 1.3: Licensing and Regional/Institutional Accreditation 7
Pre-Accreditation Element 1.4: Governance & Program Policies 8
Pre-Accreditation Element 1.5a: Non-Discrimination 8
Pre-Accreditation Element 1.5b: Non-Discrimination for Faith-Based Institutions 10
Pre-Accreditation Element 1.6: Degree-Granting Body 10
Standard 2: Leadership and Administration 11
Pre-Accreditation Element 2.1: Dean Qualifications 11
Pre-Accreditation Element 2.2: Full Time Dean (CORE) 11
Pre-Accreditation Element 2.3: Academic and Administrative Leadership 12
Pre-Accreditation Element 2.4: Accreditation Standard Complaint Policies and Procedures 13
Pre-Accreditation Element 2.5: Diversity, Equity, and Inclusion (DEI) Leadership 13
Standard 3: Finances 14
Pre-Accreditation Element 3.1: Financial Resources 14
Pre-Accreditation Element 3.2: Financial Planning and Budgeting 14
Pre-Accreditation Element 3.3: Budgetary Authority 15
Pre-Accreditation Element 3.4: Financial Audit 15
Standard 4: Facilities 16
Pre-Accreditation Element 4.1: Facilities 16
Pre-Accreditation Element 4.2: Security and Public Safety 17
Pre-Accreditation Element 4.3: Information Technology 17
Pre-Accreditation Element 4.4: Learning Resources 18
Standard 5: Learning Environment 19
Pre-Accreditation Element 5.1: Professionalism 19
Pre-Accreditation Element 5.2: Diversity 20
Pre-Accreditation Element 5.3: Safety, Health, and Wellness 21
Pre-Accreditation Element 5.4: Patient Care Supervision 21
Pre-Accreditation Element 5.5: Office of Diversity, Equity, and Inclusion 22
Standard 6: Curriculum 23
Pre-Accreditation Element 6.1: Curriculum Design and Management 23
Pre-Accreditation Element 6.2: Programmatic Level Educational Objectives 24

Pre-Accreditation Element 6.3: Maximum Length of Completion 24
Pre-Accreditation Element 6.4: Osteopathic Core Competencies 25
Pre-Accreditation Element 6.5: Scientific Method 25
Pre-Accreditation Element 6.6: Principles of Osteopathic Medicine 26
Pre-Accreditation Element 6.7: Self-Directed Learning 26
Pre-Accreditation Element 6.8: Interprofessional Education for Collaborative Practice 27
Pre-Accreditation Element 6.9: Clinical Education 27
Pre-Accreditation Element 6.10: Clinical Experience 29
Pre-Accreditation Element 6.11: Comparability across Clinical Education Sites 29
Pre-Accreditation Element 6.12: Diversity, Equity, and Inclusion Curriculum 30
Standard 7: Faculty and Staff 30
Pre-Accreditation Element 7.1: Faculty and Staff Resources and Qualifications 30
Pre-Accreditation Element 7.2: Faculty Approvals at All Teaching Sites 31
Pre-Accreditation Element 7.3: Department Chair Qualifications 31
Pre-Accreditation Element 7.4: Primary Care Leadership 32
Pre-Accreditation Element 7.5: OMM/OPP Leadership 32
Pre-Accreditation Element 7.6: Faculty Development 33
Pre-Accreditation Element 7.7: Faculty Association 33
Pre-Accreditation Element 7.8: Faculty Appointment and Advancement 34
Pre-Accreditation Element 7.9: Diversity, Equity, and Inclusion (DEI) Training 35
Standard 8: Scholarly Activity 35
Pre-Accreditation Element 8.1: Research and Scholarly Activity Strategic Plan 35
Pre-Accreditation Element 8.2: Research and Scholarly Activity Budget 36
Pre-Accreditation Element 8.3: OMM/OPP Research and Scholarly Activity 36
Pre-Accreditation Element 8.4: Student Participation in Research and Scholarly Activity 36
Standard 9: Students 37
Pre-Accreditation Element 9.1: Admissions Policy 37
Pre-Accreditation Element 9.2: Academic Standards 38
Pre-Accreditation Element 9.3: Transfer Policies 38
Pre-Accreditation Element 9.4: Secure Student Recordkeeping 38
Pre-Accreditation Element 9.5: Academic Counseling 39
Pre-Accreditation Element 9.6: Career Counseling 39
Pre-Accreditation Element 9.7: Financial Aid and Debt Management Counseling 40
Pre-Accreditation Element 9.8: Mental Health Services 40

Pre-Accreditation Element 9.9: Physical Health Services 41
Pre-Accreditation Element 9.10: Non-Academic Health Professionals 41
Pre-Accreditation Element 9.11: Health Insurance 41
Standard 10: Graduate Medical Education (GME) 42
Pre-Accreditation Element 10.1: Osteopathic Educational Continuum 42
Pre-Accreditation Element 10.2: Accredited GME 42
Pre-Accreditation Element 10.3: Osteopathic Recognition of GME 43
Standard 11: Program and Student Assessment and Outcomes 44
Pre-Accreditation Element 11.1: Program Assessment 44
Pre-Accreditation Element 11.2: Student Evaluation of Instruction 44
Pre-Accreditation Element 11.3: Program and Student Outcomes – Annual and Mid-Cycle Reports 45
Pre-Accreditation Element 11.4: Student Outcomes 45
Pre-Accreditation Element 11.5: Student Survey 47
Standard 12: Institutional Accreditation (if applicable) 47
Pre-Accreditation Element 12.1: Incorporation of the Institution 47
Pre-Accreditation Element 12.2: Degree and Other Educational Offerings 48
Pre-Accreditation Element 12.3: Chief Executive Officer 48
Pre-Accreditation Element 12.5: Course Credit Hours 48
Pre-Accreditation Element 12.6: Public Information 49
Pre-Accreditation Element 12.7 Public Notification of Opportunity to Comment 49
Pre-Accreditation Element 12.8: Academic Freedom 50
Pre-Accreditation Element 12.9: Title IV Responsibility 50
Appendix: Tables 51
Table 4.1: On Campus Facilities 51
Table 4.4: Learning Resources 51
Table 6.9a: Student Population 52
Table 6.9b: Core Clinical Clerkships 52
Table 7.1a On Campus Faculty Effort 53
Table 7.1b: Administrative Staff 53
Table 7.2 Clinical Faculty Credentialing 54
Table 8: Research and Scholarly Activity 54
Table 9.5: Academic Counseling 55
Table 9.6: Career Counseling 56
Table 10.2: Accredited GME 57

Table 11.4b: GME Placement 57
Table 11.4c: Cohort Graduation Rates 58
Table 11.4d: Cohort Retention Rates 59

Pre-Accreditation 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 the COM must demonstrate integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.

Pre-Accreditation Element 1.1: Program Mission

A COM must have a mission statement that: 1) explains the overall purpose of the COM's program; and 2) serves as guide for program planning and assessment. A COM must include a commitment to advancing diversity, equity, and inclusion (DEI) in its mission, values, vision, goals, or objectives to, the extent permitted by law. Where the 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 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 when reviewing and revising its mission and any value, vision, goal or objective statements.

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

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. COM program mission 2. Vision, and goals or objectives 3. Public link to where mission statement, vision, objectives are published. 4. Parent institution's mission statement (if applicable) 5. Documentation of mission review and revision process and its participants 6. Meeting minutes documenting most recent governing board approval of the COM's mission	President/CEO Dean/ Chief Academic Officer Board Members Senior Leadership

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

Pre-Accreditation 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), to the extent permitted by law. Students, faculty and staff must be included in the strategic plan development, review, and revision.
Guideline: The strategic plan should identify goals and outcomes-based objectives aligned with the mission of the COM. The COM must publish its strategic plan on a public facing website (not behind a password protected firewall). A strategic plan should be periodically reviewed by students, faculty, and staff. The plan should address DEI, as permitted by law, or support for students of diverse backgrounds.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. COM's strategic plan 2. A list of individuals involved in the strategic plan's creation or revision. 3. A public link to where the strategic plan is published.	President/CEO Dean/Chief Academic Officer Board Members Faculty Staff Students

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

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

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. A copy of the charter, license, or letter of approval from all agencies issuing such approvals 2. A public link to where the most recent institutional accreditation documents are published.	President/CEO Chief Academic Officer/Dean

Pre-Accreditation 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.

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

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. The bylaws of the governing body 2. A list of members, including titles, of the body 3. Policies for: a. Conflict of interest for board members, employees, and institutionally employed faculty. b. Due process for all employees, students, faculty, and credentialed instructional staff. c. Confidentiality of student and employee records d. fiscal management and accountability e. Ethics, incorporating the AOA Code of Ethics. 4. Copy of annually signed COI statement for governing body members.	President/CEO, Chief Academic Officer/Dean, Board of Trustees Students and Faculty (due process policies)

Pre-Accreditation 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.

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

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. The non-discrimination/anti-harassment policy 2. A public link to the non-discrimination policy 3. A description and flowchart of the process for reporting alleged incidents of discrimination or sexual harassment and tracking their resolution. 4. A log of all COM-related reported discrimination and/or sexual harassment incidents and resolutations for each incident since the last COCA accreditation cycle (Not applicable to COMs applying for pre-accreditation).	Registrar Admissions Leadership DEI Leader HR leadership Associate/Assistant Dean Director of Faculty Affairs

Pre-Accreditation 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 tracking their resolution, as appropriate for the COM's faith-based mission.

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

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. The faith-based mission of the COM 2. The non-discrimination/anti-harassment policy 3. A public link to where the policy and procedures are published. 4. A description and flowchart of the process for reporting alleged incidents of discrimination and tracking their resolution. 5. A log of all COM-related reported discrimination and/or sexual harassment incidents and resolutations for each incident since the last COCA accreditation cycle. (Not applicable to COMs applying for pre-accreditation)	Registrar Admissions Leadership DEI Leader HR leadership Associate/Assistant Dean Director of Faculty Affairs

Pre-Accreditation Element 1.6: Degree-Granting Body

The governing body of the COM and/or institution must confer the degree of 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.

Guideline: The governing body's bylaws should state that the institution's governing body confers the DO degree. The COM's policies should indicate that the faculty association (or approval body) recommends students for graduation. The minutes from the most recent faculty association (or approval body) meeting where students were recommended for degrees and the board meeting were the board approved conferral of degrees must be provided.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. The bylaws or governing documents that demonstrate the conferral of degree. 2. The COM policy that demonstrates that the faculty association (or approved body) must recommend candidates for graduation. 3. Minutes from the faculty association meeting where this occurred for the most recent graduates. (Not applicable to COMs applying for pre-accreditation)	Board of Trustees Promotion Committee Faculty Association (or the approved body)

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.

Pre-Accreditation Element 2.1: Dean Qualifications

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 their career, free of disciplinary actions or sanctions while licensed;
3. AOA or ABMS board certification at some time in their career; and
4. At least five years of proven experience within the last ten years in academic leadership roles that includes budget management authority.

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

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

Pre-Accreditation 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 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.

Guideline: Secondary activities, including clinical practice and research, must not detract from the Dean's attentiveness and availability to the responsibilities customarily accorded to the Chief Academic Officer of the degree program.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. Employment contract (compensation redacted) demonstrating that the dean is employed full time.	Dean President or Provost

Pre-Accreditation Element 2.3: Academic and Administrative Leadership

A COM must have academic and administrative leadership to accomplish the COM's mission. 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 must have at least one leadership position at an assistant or associate dean level with oversight of the entire clinical education curriculum and assessment.

Guideline: The organization chart must indicate that the Dean has oversight authority over the COM. For Assistant/Associate Deans reporting to the Dean, compare their credentials to their job descriptions to determine their experience and preparation. Interviews will reveal the alignment with position titles held in the past with actual scope of experience.

For COMs with an additional location, each location must employ a DO at the level of associate dean or higher (may hold any title, including but not limited to Dean or Campus Dean), with responsibility for the day-to-day operations at the additional location who reports directly to the Dean at the main campus.

A COM dean may have their office at the main campus or an additional location.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. An organizational chart that shows the COM's leadership positions, names, and reporting structure. 2. The job description for each member of the administrative leadership team. 3. The CV for each member of the administrative leadership team. 4. The employee's medical license (if a DO or MD). 5. The employee's AOA or ABMS board certification.	Dean Associate/Assistant Deans

Pre-Accreditation Element 2.4: Accreditation Standard Complaint Policies and Procedures

A COM 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.
Guideline: The complaint policies and procedures must include how the complainant's confidentiality is maintained throughout the complaint process as well as how complaints are adjudicated. The element does not require anonymity. The procedures must be posted on a public webpage. The COM must include a statement that complaints may be submitted directly to the COCA. The COCA's contact information must be included. Samples of complaint, if applicable, should demonstrate how the COM followed its policies to adjudicate and resolve the complaints.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. 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. Sample records of accreditation standard complaints that have been received, adjudicated, and resolved. (Not applicable to COMs applying for pre-accreditation). 3. Link to a public webpage where the accreditation standard complaint policies and procedures are published.	Dean/Associate/Assistant Deans Students Faculty Staff

Pre-Accreditation Element 2.5: Diversity, Equity, and Inclusion (DEI) Leadership

A COM and any branch campus or its parent institution must designate an individual with responsibility for oversight of diversity, equity, and inclusion (DEI) initiatives of the COM to the extent permitted by law.
Guideline: Having this specific position is guided by the applicable state and federal laws. This position informs the COM on current statutes and best practices in support of students, faculty, and employees to meet diversity goals in alignment with the COM's mission. A job description can be used to verify responsibilities. If the COM or institution does not have formal DEI leadership, it should be able to describe in the self-study and during interviews how it provides support to students, faculty, and staff from diverse backgrounds.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. DEI leader's job description 2. DEI leader's CV	Dean DEI Leader Students Faculty and Staff

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

Standard 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.

Pre-Accreditation Element 3.1: Financial Resources

A COM must ensure that the financial resources of the school are adequate to sustain a sound program of osteopathic medical education and to accomplish the programmatic and institutional goals. Because of the potential financial consequences, if any 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.	
Guideline: The institution's budget should reflect sufficient financial resources for the COM to meet its mission. Any outstanding risks such as maturing loans, deteriorating physical facilities, or recurring losses to reserve investments should be identified. A pro-forma or profit or loss statement is not a substitute for an operational budget if the COM is in operation. The budget should include line items for research and GME development, or an explanation should be provided if those expenses are covered in other line items, such as personnel expenses.	
Documents to review for verifying compliance 1. Operational pro-forma (income, revenue sources, and expenses) for the COM, up through the anticipated graduation of the first class of students. 2. Proposed capital budget for the development of the COM.	Interviews to conduct for verifying compliance Dean President Chief Financial Officer/Comptroller Associate/Assistant Deans Department Chairs Faculty

Pre-Accreditation Element 3.2: Financial Planning and Budgeting

A COM must have a budgetary process that is designed to support the mission of the COM.	
Guideline: The COM should have a sound budgeting process that includes oversight by the Dean. The flowchart should demonstrate how department heads and others contribute to the COM's budgeting processes. The flowchart must indicate where the Dean is in the budget approval process .	
Documents to review for verifying compliance 1. A flowchart demonstrating the budget development process indicating where the final budget approval occurs and clearly reflecting the dean's role in the process.	Interviews to conduct for verifying compliance Dean President Chief Financial Officer/Comptroller Associate/Assistant Deans Chairs

Pre-Accreditation Element 3.3: Budgetary Authority

A COM or parent institution must provide the dean with the resources and budgetary authority necessary to fulfill his or her responsibility for the management of the COM.	
Guideline: The Dean must have authority over direct expenditures for the COM. Some institutions will apportion costs to the COM that are budgeted centrally. If so, the Dean should be active in the budgetary discussions that determine those costs along with the formula for distribution of tuition revenues from COM students. The budget flowchart submitted under Pre-Accreditation Element 3.2 must show the Dean at the highest of approval before submission to the parent institution.	
Documents to review for verifying compliance 1. Current job description demonstrating the dean's budgetary authority for the COM. 2. Employment contract (compensation redacted) demonstrating the dean's budgetary authority for the COM.	Interviews to conduct for verifying compliance Dean President Chief Financial Officer/Comptroller Associate/Assistant Deans Department Chairs

Pre-Accreditation 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.	
Guideline: All institutions operating a COM must secure an annual independent audit. Documentation must be provided to demonstrate that the COM has addressed any findings indicated in the auditor's management letter.	
Documents to review for verifying compliance 1. Annual financial statement and audit report for the COM or its parent institution for the latest complete fiscal year. 2. Evidence of resolution for any concerns cited in the audit's management letter.	Interviews to conduct for verifying compliance Chief Financial Officer/Comptroller Title IV Officer

Standard 4: Facilities

A COM must have sufficient physical facilities, equipment, and resources for clinical, instructional, research, and technological functions of the COM. These resources must be readily available and accessible across all COM locations to meet the COM's needs, the needs of the students consistent with the approved class size, allowing the COM to achieve its mission.

Pre-Accreditation Element 4.1: Facilities

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.

Guideline: An understanding of the COM's curriculum and instructional design is needed to determine the adequacy of available facilities. Workflow and schedules must be correlated with the class size; capacities of lecture halls and laboratories; and availability of faculty facilitators workstations in labs, and standardized patient and simulation facilities. Sufficient individual and small group study space must be available. The COM must provide facilities to support students diverse needs such as prayer rooms or space for club meetings. This space does not have to be dedicated solely for this purpose, but there must be a mechanism for students to request it. Students whould be involved in determining what space is available for student use.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. Pre-Accreditation Table 4.1, with separate tables for additional locations and branch campuses (if applicable). 2. Facility floor plans with designations of how the space will be utilized. 3. A description of and indications on floorplans the facilities used for simulation and standardized patient encounters to students. 4. A description for how the COM assesses adequacy of core clinical rotation facilities, including how students are involved. 5. A description of how the COM facilities contribute to student achievement of learning outcomes of the curriculum. 6. A description of how the COM assesses the adequacy and efficacy of facilities intended to support diversity, equity, and inclusion, including how students are involved in the assessment.	Dean Associate/Assistant Deans Facilities/Operations Director Laboratory/Research Director Librarian Students Faculty/Staff

7. Construction plan and timeline for all COM buildings. (applicable only for COMs applying FOR pre-accreditation status). 8. A contingency plan for facilities should the building snot be completed on time. (applicable only for COMs applying FOR pre-accreditation status). 9. Permanent Certificate of Occupancy for all COM buildings by Dec 31 the year prior to initial matriculation. (applicable only for COMs applying FOR pre-accreditation status).	

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

Pre-Accreditation 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.	
Guideline: A COM is expected to comply with all local building safety codes. A COM must demonstrate in its policies how it ensures a safe environment during all hours that the COM or offsite rotation facilities are open to students and employees. COMs must provide their most recent public annual security report.	
Documents to review for verifying compliance 1. All security and safety policies and procedures and the link to where they're published. 2. Most recent report under the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, 20 U.S.C. §1092, et al., as amended, and the link to where it is published. (Not applicable to proposed COMs applying for pre-accreditation status.)	Interviews to conduct for verifying compliance Security Director Clinical Rotation Site Directors Students Faculty/Staff

Pre-Accreditation 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.	
Guideline: Wi-Fi must be available at the main campus and all rotation sites with sufficient bandwidth to accommodate the number of students at the location and planned curricular activities. COMs should have a mechanism to assess adequate IT service on campus and at clinical rotation sites. IT assessment reports must include student and faculty input. For COMs operating additional locations with synchronous learning activities, video connectivity should be reliable with opportunity for two-way communication. Help Desk services should be available to assist students and faculty with technology issues.	
Documents to review for verifying compliance 1. COM's information technology strategic plan.	Interviews to conduct for verifying compliance Association/Assistant Deans Department Chairs IT Director

2. A description of student, faculty, and staff involvement in the assessment of information technology services. 3. Most recent technology assessment report, including all locations/campuses/and Wi-Fi availability at core clinical rotation sites. (Not applicable for proposed COMs applying for pre-accreditation status).	Clinical Rotation Site Directors Students Faculty/Staff

Pre-Accreditation Element 4.4: Learning Resources

A COM 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 the program objectives and support the COM's mission.	
Guideline: Required learning resources are determined by the curriculum and include more than access to a library or electronic publications. High fidelity simulators, models for training clinical skills and anatomy, examination and OMM tables, and hand-held ultrasound are examples of resources that may be utilized by the unique curriculum of the COM. COMs with learning resources that are utilized by non-DO students must indicate how the needs of COM students accommodated. A COM's library resources should also be discussed as part of this element.	
Documents to review for verifying compliance 1. Table 4.4, which describes the COM's learning resources at all campus locations.	Interviews to conduct for verifying compliance Associate/Assistant Deans Department Chairs IT Director Librarian Clinical Rotation Site Directors Students Faculty/Staff

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 promote students' attainment of the osteopathic core competencies required of future osteopathic physicians.

Pre-Accreditation Element 5.1: Professionalism

<table>
<tr><td colspan="2">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.

A COM must have a committee, or other approved body that oversees professionalism.</td></tr>
<tr><td colspan="2">Guideline: The COM should demonstrate how it follows its policies and procedures regarding professionalism and how it adjudicates and resolves issues. This is usually done through a committee or other approved body. The COM must provide the roster and a description and charge of this committee or approved body. The policies and procedures must be publicly published.</td></tr>
<tr><td><u>Documents to review for verifying compliance</u>
1. The COM's professionalism policies and procedures and a link to the webpage on which they're published.
2. A roster for the committee or approved body with representations from all campuses that oversees issues of professionalism and ethics. (COMs applying for pre-accreditation status may use only job titles for unfilled positions)
3. A description and charge of the committee or approved body.</td><td><u>Interviews to conduct for verifying compliance</u>
Associate/Assistant Deans
Department Chairs
Faculty/Staff
Students
Professionalism Committee</td></tr>
</table>

Pre-Accreditation Element 5.2: Diversity

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

A 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 available by request three years of student, faculty, and staff demographics, at a minimum including race/ethnicity and gender. The mechanism to request this data must be published and easily identifiable on the COM's website. When applicable, for any value less than ten, the COM should indicate that value as "less than 10" in place of the value. (Not applicable to proposed COMs applying for pre-accreditation status.)

Guideline: The COM should make available any policies and procedures regarding the recruitment and retention of students, faculty, senior administrative staff, and other members of its academic community. It should also make available any agreements with partner organizations such as an undergraduate institution as a source for a diverse pool of applicants. The website should be reviewed to confirm instructions to request demographic information are available.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. 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. 2. A description of the COM's programs and partnerships with other institutions and organizations aimed at achieving diversity among qualified applicants for medical school admission and the COM's evaluation of program and partnership outcomes. 3. A public webpage where student, faculty, and staff demographics can be requested.	Dean Associate/Assistant Deans Department Chairs DEI Leader Admissions Leadership Faculty/Staff Students

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

Pre-Accreditation Element 5.3: Safety, Health, and Wellness

A COM must publish and follow policies and procedures that effectively mitigate student, faculty, and staff, 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 publish and follow policies related to student, faculty, and staff mental health and wellness and fatigue mitigation in the clinical learning environment.
Guideline: A COM must not only publish its safety policies and procedures but must also demonstrate how its policies are communicated to students, faculty, and staff. It must also show that it provides prevention education and addresses procedures for care in the event of an exposure to infectious and environmental hazards, mental health and wellness and fatigue mitigation.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. COM's policies and procedures addressing safety and health issues, and a link to the webpage where this information is published. 2. A description of how this information is provided to students, faculty, and staff.	Associate/Assistant Deans Department Chairs Rotation Site Directors Laboratory Director Students Faculty

Pre-Accreditation Element 5.4: Patient Care Supervision

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.
Guideline: The policies provided must address student supervision during the provision of patient care (including telemedicine), ensuring that osteopathic students in clinical settings are always under direct supervision. Direct Supervision is defined as 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. Supervised activities must be within the scope of practice of the supervising health care professional. The COM must demonstrate how this information is provided to students, faculty, and staff.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. COM's policies addressing student supervision during the provision of patient care, including those on telemedicine, if applicable, and a link to where they are published. 2. A description of how this information is provided to students.	Clinical Associate Dean Clinical Department Chairs Rotation Site Directors Students

Pre-Accreditation Element 5.5: Office of Diversity, Equity, and Inclusion

A COM or its parent institution must have an Office of Diversity, Equity, and Inclusion (DEI) (or similar) to the extent permitted by law 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.
Guideline: The COM must demonstrate how the DEI Office (or similar) engaged students, faculty, and staff in the development of its strategic plan. This strategic plan can be a part of the COM's or parent institution's strategic plan. The COM should demonstrate its efforts to promote recruitment, retention, and success of its students, faculty, and staff. If an office of DEI is not permitted, the COM should explain how it supports students of different backgrounds and with special needs.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. COM's DEI Office's strategic plan. 2. A description of student, faculty, and staff involvement in its development and review.	Dean DEI Leader Students Faculty Staff

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

Standard 6: Curriculum

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 and that students achieve all program objectives and participate in required clinical training experiences and environments.

Pre-Accreditation Element 6.1: Curriculum Design and Management

<table>
<tr><td colspan="2">A COM must have in place an approved body (e.g., 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 and clinical education years. 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.</td></tr>
<tr><td colspan="2">Guideline: The Curriculum Committee must include faculty and students from any additional locations, if applicable. A branch campus must have its own Curriculum Committee. Students must be voting members of the curriculum committee. Meeting minutes of the Curriculum Committee or its equivalent should demonstrate regular participation by students and faculty in critical decision making that includes determination of curriculum content, instructional methods, and assessment strategies appropriate for the learning objectives. The committee should be receiving performance and evaluation data to inform curricular modifications. The COM should demonstrate that it is assuring that its curriculum is adequately preparing students for graduation, COMLEX-USA exams, and GME placement.</td></tr>
<tr><td><u>Documents to review for verifying compliance</u>
1. The charge and responsibility of the curriculum committee
2. A roster of the current members of curriculum committee and their titles. (Proposed COMs applying for pre-accreditation status may use job titles).
3. A list of meeting dates and meeting minutes for the past academic year. (Not applicable to proposed COM's applying for pre-accreditation status.)
4. A description of the COM's curriculum design and teaching methods.</td><td><u>Interviews to conduct for verifying compliance</u>
Dean
Associate/Assistant Deans
Department Chairs
Course Directors
Curriculum Committee
Students
Faculty</td></tr>
</table>

Pre-Accreditation Element 6.2: Programmatic Level Educational Objectives

A COM must define and make all programmatic level educational objectives known to students, faculty, and others with responsibility for student education and assessment.	
Guideline: The COM must state what it seeks to accomplish in offering its Doctor of Osteopathic Medicine degree program. Programmatic objectives must clearly articulate the broad knowledge and skills graduates of the program will have acquired in earning their degree. These objectives should align with the mission of the COM and inform the deliberations of the Curriculum Committee. The COM must verify how these objectives are communicated to students, faculty, and staff, and demonstrate how achievement of the program-level objectives are assessed and used for program improvement.	
Documents to review for verifying compliance 1. The programmatic level educational objectives and the link to the public webpage to where they are published.	Interviews to conduct for verifying compliance Dean Associate/Assistant Deans Department Chairs Course Directors Curriculum Committee Students Faculty

Pre-Accreditation Element 6.3: Maximum Length of Completion

A COM 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.	
Guideline: Students are expected to complete the single degree program within six years of initial matriculation for programs that are designed for completion in four years. The COM dean may grant exceptions to this requirement at their discretion, for example for s*tudents with required military commitments, extended leave for personal illness or to care for a family member, or other reasons at their discretion. All exceptions must be documented and provided to the COCA on request. Upon transferring to a new COM, the time spent in a previous osteopathic medical education program does not count towards a student's six years at the current COM.*	
Documents to review for verifying compliance 1. The policy that describes that single degree DO students must complete their educational program within the 150% time limit. 2. Provide the link to the public webpage where this policy is published.	Interviews to conduct for verifying compliance Dean Associate/Assistant Deans Students Registrar

Pre-Accreditation Element 6.4: Osteopathic Core Competencies

A COM must teach and educate students in order to ensure the development of the seven osteopathic core competencies of medical knowledge, patient care, communication, professionalism, practice-based learning, systems-based practice, and osteopathic principles and practice/osteopathic manipulative treatment.	
Guideline: The COM must provide a written description of its curriculum model to enable the COCA to determine its pedagogic validity. The curriculum map can take many forms but should clearly identify where each of the seven core competencies are delivered and assessed in each year of the curriculum.	
Documents to review for verifying compliance 1. A description of the COM's delivery of its curriculum including teaching and educating its students to ensure the development of the seven osteopathic core competencies of medical knowledge, patient care, communication, professionalism, practice-based learning, systems-based practice, and osteopathic principles and practice/osteopathic manipulative treatment. 2. A curriculum map that demonstrates where the osteopathic core competencies are delivered. **The same curriculum map may be used in Pre-Accreditation Elements 6.4-6.8 and Pre-Accreditation Element 6.12.**	Interviews to conduct for verifying compliance Associate/Assistant Deans Department Chairs Course Directors Curriculum Committee Students Faculty

Pre-Accreditation Element 6.5: Scientific Method

A COM 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.	
Guideline: This content may be offered en bloc *within a single course or individual elements may be identified on the curriculum map as occurring at various times throughout the degree program. All students must receive this instruction with uniform assessment of learning.*	
Documents to review for verifying compliance 1. A description of the COM's delivery of its curriculum including instruction in the scientific method. 2. A curriculum map that demonstrates how the content of these courses is delivered.	Interviews to conduct for verifying compliance Associate/Assistant Deans Department Chairs Course Directors Curriculum Committee Students Faculty

Pre-Accreditation Element 6.6: Principles of Osteopathic Medicine

In each year of the curriculum, a COM 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 DO or MD.	
Guideline: The COM must provide evidence that discreet learning activities (facilitated labs, workshops, clinical encounters, and hands-on training) are conducted in each year of the curriculum with participation required of every student. Hands-on OMM training is required in each year of the curriculum.	
Documents to review for verifying compliance 1. A description of the COM's delivery of its OPP and OMM curricula throughout the four-year curriculum. 2. A curriculum map that demonstrates how the content of these courses is delivered.	Interviews to conduct for verifying compliance Dean Associate/Assistant Deans OMM Department Chair Curriculum Committee Students OMM/OPP Faculty

Pre-Accreditation Element 6.7: Self-Directed Learning

A COM 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.	
Guideline: Self-directed learning is not just a blank space in the curriculum map or schedule for study but involves the student taking the initiative and responsibility for their own learning. The curriculum map must identify content for which the COM provides learning objectives and scheduled time for students to accomplish knowledge creation and acquisition (guided discovery). The COM must include this content in its assessment of student learning and may provide opportunities for knowledge application through classroom or small group exercises.	
Documents to review for verifying compliance 1. A description of the COM's delivery of its curriculum self-directed learning experiences and time for independent study. 2. A curriculum map that demonstrates how the content of these courses is delivered.	Interviews to conduct for verifying compliance Dean Associate/Assistant Deans Department Chairs Curriculum Committee Students Faculty

Pre-Accreditation Element 6.8: Interprofessional Education for Collaborative Practice

In each year of the curriculum, a COM 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.
Guideline: Students are required to have formal interaction with other health professionals. A prescribed curricular requirement must appear in each year of the curriculum. Pre-clinical years are usually on-campus activities with allied health students. Clinical years may satisfy this requirement with scheduled group activities on-campus or at rotation sites in each year that brings students together with allied health students/professionals.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. A description of the COM's delivery of its curriculum, which includes the COM's preparation of students to function collaboratively on health care teams, adhering to the IPEC core competencies. 2. A curriculum map that demonstrates how the content of these courses is delivered.	Dean Associate/Assistant Deans Department Chairs Director of IPE Curriculum Committee Students Faculty

Pre-Accreditation Element 6.9: Clinical Education

A proposed COM applying for pre-accreditation status or a COM in pre-accreditation status must:

a. Describe how clinical skills are taught and assessed throughout its curriculum;
b. define eligibility requirements, including clinical skills, for a student to enter clinical rotations;
c. 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);
d. 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.

e. 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;
f. provide core clinical education rotations, including demonstration of adequate faculty, for 100% of the pre-accredited COM's students eligible to enter core and required clinical rotations for the first time, students repeating core rotations, and off-cycle students (COM's applying for pre-accreditation should use the requested approved class size);
g. 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

<table>
<tr><td colspan="2">h. have executed affiliation agreements that support the clinical education 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.</td></tr>
<tr><td colspan="2">Guideline: The COM's policy must describe how students advance to clinical rotations (e.g., course completion, COMLEX Level 1 passage, other unique requirements of the COM). A clerkship manual must provide all common requirements, policies, and procedures for successfully completing clinical rotations. Each core and required rotation must have a syllabus that describes the conduct of the rotation and all outcomes-based learning objectives to be acquired and generally detail the scope of patient presentations or diagnoses to be encountered. Affiliation agreements must be current and executed with regard to how clerkships are conducted at the individual affiliates. Documentation provided by the COM and corroborated through interviews with affiliates should allow an accurate estimation of the capacity for core and required clerkships in each specialty. The COM should describe its procedures for accommodating students when planned rotation sites become unavailable unexpectedly.</td></tr>
<tr><td><u>Documents to review for verifying compliance</u>
1. A COM-approved affiliation agreement.
2. Documents that demonstrate the acceptance of the COM's students to participate the affiliate sites, including executed affiliation agreements.
3. The definition of a student eligible to enter clinical rotations.
4. Documentation that lists core third- and fourth- year rotations.
5. Sample syllabi for all core clinical rotations.
6. Evidence that core and required core clinical rotations are successfully completed by every student.
7. Policies and procedures demonstrating how clinical education is delivered to all students at the COM.
8. Pre-Accreditation Table 6.9a detailing student population eligible to participate in clinical rotations.
9. Pre-Accreditation Table 6.9b demonstrating adequacy of core clinical rotation capacity.
10. A contingency plan for all core rotations indicating how students will be placed in clinical education in the event of opportunities are no longer available.</td><td><u>Interviews to conduct for verifying compliance</u>
Dean
Associate/Assistant Dean of Clinical Education
Clinical Department Chairs
Curriculum Committee
Clinical Rotation Site Directors/Preceptors
Students</td></tr>
</table>

Pre-Accreditation Element 6.10: Clinical Experience

A COM 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.	
Guideline: Every student must receive each of the required rotation experiences as documented through the COM reporting and through interviews with third- and fourth-year students.	
Documents to review for verifying compliance 1. A de-identified document showing how the most recent cohort of students received the required clinical experiences prior to their fourth-year clinical clerkships from the system used by the COM to track compliance with these requirements. (Not applicable for COMs applying for pre-accreditation status) 2. A description of the process the COM uses to ensure students receive the required clinical rotation experiences prior to their fourth-year clinical clerkships. (Not required for COMs in pre-accreditation status).	Interviews to conduct for verifying compliance Dean Associate/Assistant Dean of Clinical Education Clinical Department Chairs Curriculum Committee Clinical Rotation Site Directors/Preceptors Third and fourth-year Students on campus and on the clinical site.

Pre-Accreditation Element 6.11: Comparability across Clinical Education Sites

A COM 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.	
Guideline: Evidence of comparability should include collection by the COM of student logs for each core and required rotation. Other data sources include end of rotation evaluations completed by students and site visit surveys completed by staff. A COM must complete an analysis that indicates if any meaningful statistical difference in outcomes exists between rotation sites. A statistical analysis is required. The COM should describe any corrective action taken as a result of a previous comparability analysis.	
Documents to review for verifying compliance 1. 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. The most recent report, including a statistical analysis, assessing student outcomes across clinical education sites, describing plans to address any issues found. (Not applicable to proposed COMs applying for pre-accreditation status.)	Interviews to conduct for verifying compliance Dean Associate/Assistant Dean of Clinical Education Clinical Department Chairs Clinical Rotation Site Directors/Preceptors Students

Pre-Accreditation Element 6.12: Diversity, Equity, and Inclusion Curriculum

A COM must incorporate diversity, equity, and inclusion into its curriculum to the extent permitted by law.	
Guideline: Evaluators should review the curriculum map to ensure the incorporation of DEI in the curriculum, as permitted by law. This may include topics in health disparities, health equity, or health care issues that impact certain populations. These topics may be covered in the curriculum without reference to DEI.	
Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. A description of the COM's curriculum that includes issues related to diversity, equity, and inclusion. 2. A curriculum map demonstrating where the content of these courses is delivered.	Curriculum Committee DEI Leader Students Faculty

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

Standard 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.

Pre-Accreditation Element 7.1: Faculty and Staff Resources and Qualifications

At all educational teaching sites, including affiliated sites, a pre-accredited 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 rotations 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 pre-accredited 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.	
Guideline: There is no single formula or benchmark minimum number of faculty adequacy.. Each COM should be evaluated based on its class size, curriculum, and instructional design. There should be a sufficient full-time equivalent (FTE) number of diverse (by area of specialization) faculty to execute the curriculum. Committees should be adequately populated and attended. Faculty should have time to perform research and student advising. Preceptors should be available in each core and required specialty to deliver clinical experiences. Faculty should be satisfied with the COM's demands for their work effort. Students should feel that faculty are sufficiently available for questions and advising.	
Documents to review for verifying compliance	Interviews to conduct for verifying compliance

1. An organizational chart demonstrating how the faculty are organized. 2. Pre-Accreditation Tables 7.1a and 7.1b 3. A description of the mechanism to review and approve credentials of physician faculty that have never been board certified or are not currently board eligible by the AOA or ABMS at non-core rotations. 4. For the site visit: The complete faculty file, including the most current and complete curricula vitae and credentialing information, of all faculty, including all adjunct faculty.	Dean Associate/Assistant Dean for Faculty Affairs Faculty Faculty Association Students Human Resources

Pre-Accreditation 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.	
Guideline: COM approval of faculty can include formal appointment to the faculty with assignment of rank, appointment to adjunct faculty, or designation as an instructor or preceptor without rank. Credentials on file with the COM should include confirmation of experience, licensure, training, and certification as appropriate for the scope of teaching responsibility and appointment status. Where preceptor appointment is delegated to an affiliated institution, it must be specified in the affiliation agreement and the affiliate must be able to provide such records upon request. Delegation of credentialing responsibilities must be outlined in the COM's policies. The COM must provide credential documents when requested during a review.	
Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. The policies and procedures for credentialing and appointment, or approval of all COM faculty. 2. Complete Pre-Accreditation Table 7.2 listing credentials for all clinical faculty.	Human Resources Associate Dean of Clinical Education Clinical Rotation Site Directors Associate Dean for Pre-Clinical Education Chairs Faculty at the teaching sites

Pre-Accreditation Element 7.3: Department Chair Qualifications

A COM must employ (have under contract prior to the granting of Pre-accreditation Status) chairs of department(s) or the equivalent of departments with 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 their specialty.	
Guideline: Experience in a medical education setting for purposes of serving as a department chair can include a prior appointment to a medical school faculty, residency core faculty, or allied health faculty where the scope of responsibility included participation in the administration of the program, service as a vice-chair or equivalent or leadership of participating teams. Service as a preceptor or residency non-core faculty does not qualify as required experience. This individual must have acquired expertise in curriculum design and assessment prior to being placed in a leadership role.	
Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. An organizational chart, showing names and titles, demonstrating the reporting hierarchy for each department. 2. Current job description for each department chair (or equivalent).	Dean Associate Deans for Pre-Clinical and Clinical Education Department Chairs Human Resources

3. Current CV for each department chair (or equivalent). 4. For clinical department chairs (or equivalent), a copy of the department chair's medical license. 5. For clinical department chair (or equivalent), a copy of the department chair's AOA or ABMS board certification documents.	

Pre-Accreditation 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 of actively licensed osteopathic physicians who are AOA or ABMS board certified in a primary care discipline (family medicine, internal medicine, or pediatrics) with proven experience in teaching and academic leadership in a medical education setting.	
Guideline: At least one board-certified osteopathic physician must oversee the development and delivery of the primary care curriculum. Such leadership roles would include course directorships, prominent responsibility within the framework of a curriculum committee, and Assistant/Associate Dean whose scope of responsibility includes the clinical curriculum. This individual must have acquired expertise in curriculum design and assessment prior to being placed in a leadership role.	
Documents to review for verifying compliance 1. The job description for the chair of primary care (or equivalent). 2. The complete CV for the chair of primary care (or equivalent). 3. The chair's (or equivalent) medical license. 4. The chair's (or equivalent) AOA or AMBS board certification documents.	Interviews to conduct for verifying compliance Dean Associate/Assistant Dean of Primary Care Department Chairs (as appropriate)

Pre-Accreditation Element 7.5: OMM/OPP Leadership

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 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.	
Guideline: The OMM/OPP curriculum must be created by and delivered under the direction of an osteopathic physician possessing the credentials as listed in this element. This individual must have acquired expertise in curriculum design and assessment prior to being placed in a leadership role. The AOA's OMT designation does not count towards the credentialing requirement for this element.	
Documents to review for verifying compliance 1. The job description for the chair of OMM/OPP* 2. The complete CV for the chair of OMM/OPP* 3. The chair's* medical license 4. The chair's* board certification documents *or person responsible for developing the OMM/OPP curriculum.	Interviews to conduct for verifying compliance Dean Associate/Assistant Dean OMM/OPP Department Chairs

Pre-Accreditation Element 7.6: Faculty Development

A COM must develop and implement an assessment-driven faculty development program that is in keeping with the COM's mission.	
Guideline: The faculty development program should be directed by a periodic needs assessment informed by student performance, faculty surveys, external consultants, and awareness of best practices. Reassessment of faculty development needs should occur regularly.	
Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. The most recent annual faculty development needs assessment. 2. A roster of all faculty development activities, for the past academic year, including documentation of the faculty participation at each activity.	Associate/Assistant Dean of Faculty affairs Chairs Human Resources Faculty Association Faculty

Pre-Accreditation 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.	
Guideline: The faculty must be formally organized to exercise self-advocacy. The entity can determine its own structure and leadership. The entity must meet on a regular basis to afford all faculty ample opportunity to address issues of concern. Leadership of the entity must demonstrate that it engages in regular dialogue with the leadership of the COM to convey issues and identify others to be brought back to its constituents. The entity must not discriminate against any group of duly appointed faculty in its advocacy efforts. During faculty interviews it will be determined if the faculty perceives that there was a free exchange of ideas during these meetings. There must be representation from additional location(s) in the faculty association.	
Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. The bylaws for the faculty association(s) 2. A list of meeting dates and meeting minutes for the faculty association(s) for the past academic year. (Not applicable to proposed COMs applying for pre-accreditation status.) 3. A copy or a link to the faculty handbook. (COM's applying for pre-accreditation status may provide a draft copy of the faculty handbook.)	Dean Faculty Association Faculty

Pre-Accreditation 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.

Guideline: The COM must provide its policies and procedures that address each requirement. Faculty interviews should confirm receipt of this information. Evaluators and reviewers must confirm policies on items A through H in the submission requirements below. Policies on lines of communication may be a defined reporting structure.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. the policies and procedures for faculty appointment and advancement, including a. term of appointment; b. responsibilities; c. lines of communication; d. privileges and benefits; e. performance evaluation and remediation; f. terms of dismissal; g. due process; and h. the policy on practice earnings (if relevant). 2. The link to where the policies and procedures are published. 3. The pay/rank equity review policy 4. The most recent pay/rank equity review study. (Not applicable to COMs applying for pre-accreditation status).	Dean Associate/Assistant Deans Chairs Faculty Association Faculty Human Resources

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

Pre-Accreditation 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.	
Guideline: The COM must identify how notice of available training is distributed to faculty and staff. Training may be live, pre-recorded asynchronous, or a commercially available online program. The element only requires that training is made available, if allowed by law. Confirmation of faculty or staff completing such training is not required.	
Documents to review for verifying compliance 1. Documentation that demonstrates that DEI training is offered to all COM-employed faculty and staff at least annually. (Not applicable for proposed COMs applying for pre-accreditation status.) 2. A description of the COM's plans to offer DEI training to all employed faculty and staff at least annually. (Not applicable to COMs in pre-accreditation status.)	Interviews to conduct for verifying compliance Human Resources DEI Leader Faculty Association Faculty Staff

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

Standard 8: Scholarly Activity

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

Pre-Accreditation Element 8.1: Research and Scholarly Activity Strategic Plan

A COM must produce and publish a strategic plan for research and scholarly activities that documents how the COM intends to contribute to the advancement of knowledge through research and scholarly contributions. The plan must include cultural competency and health disparities research/scholarly activities.	
Guideline: The research plan should identify the COM's goals/objectives for the research program, proposed activities to accomplish the objectives, a timeline for the start/completion of those activities, and any interim milestones. The COM's leadership should periodically prepare a report or otherwise record its progress toward satisfying its strategies.	
Documents to review for verifying compliance 1. The COM's research and scholarly activity strategic plan and a link to the public webpage where it may be accessed.	Interviews to conduct for verifying compliance Dean Chairs Research Director Faculty Staff (as appropriate) Students

Pre-Accreditation Element 8.2: Research and Scholarly Activity Budget

A COM must have budgetary processes and a budget that supports research and scholarly activity by its faculty and students.	
Guideline: The operating budget of the COM must identify support specifically allocated to the research program. Development and maintenance of dedicated research facilities, salary for leadership and support personnel, expenditures unique to individual projects, and publication costs are all examples of line items that may be seen in an operating budget in support of institutional research. Some expenses (such as personnel) may be incorporated into larger line items in the COM's budget. Documentation must describe the COM's process for developing the research budget.	
Documents to review for verifying compliance 1. Description of COM's budgetary processes that shows support for research and scholarly activity by its faculty and students. 2. The COM's research and scholarly activity budget through the anticipated graduation of the first class of students.	Interviews to conduct for verifying compliance Dean Chairs Research Director Chief Financial Officer Faculty Staff (as appropriate)

Pre-Accreditation Element 8.3: OMM/OPP Research and Scholarly Activity

A COM must demonstrate how its research and/or scholarly activity includes and/or incorporates osteopathic manipulative medicine (OMM) and osteopathic principles and practice (OPP).	
Guideline: OMM/OPP may be uniquely studied as a curricular element, a clinical study of efficacy, or embedded as a diagnostic or treatment modality as part of another clinical study. The role of OMM/OPP should be described in any resulting scholarly production.	
Documents to review for verifying compliance 1. A description of OMM and OPP incorporation into the COM's research and scholarly activity. 2. Pre-Accreditation Table 8, which identifies the activity of the COM's faculty (and staff, if applicable) over the past three years. (Not applicable for COMs applying for pre-accreditation status).	Interviews to conduct for verifying compliance Dean OMM Chair Research Director OMM Faculty Students

Pre-Accreditation Element 8.4: Student Participation in Research and Scholarly Activity

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.	
Guideline: The COM must provide opportunities for students to engage in research and report outcomes (scholarly activity). Activity can be episodic or longitudinal, original (with faculty oversight) or within a faculty member's existing research activity. The COM should define which students are eligible to participate in research and should have clear and comprehensive policies and procedures that govern the conduct of their activity and any resulting intellectual property.	
Documents to review for verifying compliance	Interviews to conduct for verifying compliance

1. All student research and scholarly activity policies 2. A link to the public webpage where these policies are published. 3. Pre-Accreditation Table 8, which documents student research and scholarly activity. (Not applicable for COMs applying for pre-accreditation status).	Dean Chairs Research Director Faculty Students

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.

Pre-Accreditation Element 9.1: Admissions Policy

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 demonstration of technical standards for admissions. A COM must tie all admissions policies to the COM mission.	
Guideline: All requirements, prerequisites, and any other applicant characteristics that will be used by the COM to make admissions decisions must be clearly described on the COM's public-facing web pages.	
<u>Documents to review for verifying compliance</u>	<u>Interviews to conduct for verifying compliance</u>
1. All admission requirements, policies, and procedures for osteopathic medical student selection and enrollment. 2. The technical standards required of prospective students.	Dean (+Branch Campus Dean) Admission Leadership Registrar Financial Aid Leadership Students

3. A link to the public webpage where the policies are published.	

Pre-Accreditation Element 9.2: Academic Standards

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.	
Guideline: Policies and practices that govern how the COM addresses and holds accountability for each of the listed requirements must appear in its catalogue, handbooks, or other public facing documents to inform potential candidates for admission, admitted students, faculty, staff, and other community stakeholders.	
Documents to review for verifying compliance	Interviews to conduct for verifying compliance
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. A link to the public webpage where these documents are published	Associate/Assistant Deans Registrar Students

Pre-Accreditation 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 a 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.	
Guideline: A COM is not required to accept transfer students and must state its policy in its catalogue. However, if the COM accepts transfer students, it must follow the requirements stated in this element and clearly state these requirements in its public-facing documents. The COM must describe its plan for assuring OMM/OPP competency for students who transfer with credit hours from an LCME-accredited school.	
Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. All transfer policies and procedures, including those made available to students pursuant to 34 CFR § 668.43(a)(11), and a link to where these transfer policies are published on a public webpage.	Admissions Leadership Registrar Students

Pre-Accreditation Element 9.4: Secure Student Recordkeeping

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

Guideline: A COM may keep student records in hardcopy, digital format, or both. Hardcopies must be stored in an environment that is not subject to document deterioration (moisture, temperature) and is protected from view by any individual without authorized access. For digital format, backup should occur to ensure that no new information or intended change to the record is lost. All students, faculty, employees, and contractors with access to protected student information must receive training as required under FERPA rules. The COM must produce records of how such training is provided and who received that training.	
Documents to review for verifying compliance 1. The policies and procedures on student recordkeeping. 2. the policies and procedures for training of faculty and staff pursuant to the Family Educational Rights and Privacy Act (FERPA).	Interviews to conduct for verifying compliance Registrar IT personnel Students Faculty Staff

Pre-Accreditation Element 9.5: Academic Counseling

A COM must provide academic counseling to assist all students in study skills, learning styles, learning resources, and other assistance for academic success.	
Guideline: The COM must operate a plan for student coaching/advising that provides students with effective strategies for learning. The plan should describe a process for identifying and intervening with students at risk. Faculty charged with academic advising responsibilities solely or in partnership with staff must have protected time reserved for these activities. A dedicated counseling staff is not required. Students at additional locations should have access to these services on-site.	
Documents to review for verifying compliance 1. A description of the process for ensuring that academic counseling is provided to students at all locations. 2. Pre-Accreditation Table 9.5. (Not applicable to COMs applying for pre-accreditation status.)	Interviews to conduct for verifying compliance Student Services Office Academic Counseling Staff Faculty Students

Pre-Accreditation Element 9.6: Career Counseling

A COM must provide career counseling to assist all students in evaluating career options and applying to graduate medical education training programs.	
Guideline: The COM's career advising program should begin in Year 1 and add greater depth each year as students progress toward residency application. Informative activities may be live, asynchronous, or web-based. Students must have access to a knowledgeable advisor (staff or faculty). Students are expected to receive timely individual counseling to prepare their ERAS application, review the contents of their MSPE letter (if the COM's policy allows), and adopt an interview and match strategy. Student utilization is confirmed by a record of participation, such as a sign-in sheet or other documentation. Students at additional locations should have access to these services on-site.	
Documents to review for verifying compliance	Interviews to conduct for verifying compliance

1. A description of the process for ensuring that career counseling, including GME readiness, is/will be provided to students at all locations. 2. Table 9.6. (Not applicable to proposed COMs applying for pre-accreditation status.)	Student Services Office Career Counseling Staff Students

Pre-Accreditation Element 9.7: Financial Aid and Debt Management Counseling

A COM must provide financial aid counseling to all students 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.

Guideline: The COM must provide entrance and exit counseling for students participating in Title IV federal loan programs. The COM must provide access to a financial aid counselor to address unique student debt management issues. Students at additional locations should have access to these services on-site.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. Provide a description (250 words or less) of all financial aid and debt counseling sessions provided to its students, 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. A link to the public webpage listing scholarship opportunities made available by the institution to COM students.	Student Services Office Director of Financial Aid Financial Aid Counseling Staff Students

Pre-Accreditation Element 9.8: Mental Health Services

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

Guideline: A COM is not required to have on-site mental health service providers. The COM may subscribe to a national behavioral health service that provides virtual access for students 24/7/365. Alternatively, or additionally, the COM should identify mental health providers who agree to accept its students as patients in the communities where the COM is located and where complete rotations. Students must be informed of how to access these services.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. Policies and procedures for students seeking counseling and mental health services. 2. A link to webpage where students access mental health care information. 3. A list of the mental health services available to students at all teaching locations with service locations and hours.	Student Services Offices Mental Health Counselors Students

Pre-Accreditation 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.	
Guideline: The COM is not required to have on-site physical health service providers. The COM may subscribe to a national health care service that provides virtual access for students 24/7/365. Alternatively, or additionally, the COM may identify health care providers who agree to accept its students as patients in the communities where the COM is located and where students complete rotations. Students must be informed of how to access these services.	
Documents to review for verifying compliance 1. The policies and procedures for students seeking diagnostic, preventive and therapeutic health services. 2. A link to webpage where students access physical health care information. 3. A list of the health services locations where students may seek care at all teaching locations.	Interviews to conduct for verifying compliance Student Services Offices Student Health Services (if applicable) Students

Pre-Accreditation Element 9.10: Non-Academic Health Professionals

A COM must ensure that any health professional providing health services, through a provider-patient relationship, must recuse 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.	
Guideline: Providers rendering health care to any student cannot provide an academic assessment of that student for purposes deriving a grade in any course or clinical rotation. They can facilitate learning opportunities through lectures, skills training, coaching, mentorship, or other venues exclusive of individual assessment for a grade.	
Documents to review for verifying compliance 1. The policies and procedures on recusal from student assessment and promotion for health professionals providing services to students. 2. links to webpage where these policies and procedures are published for students and faculty. 3. A description of how this information is/will be provided to students and faculty.	Interviews to conduct for verifying compliance Student Health Services Faculty Students

Pre-Accreditation Element 9.11: Health Insurance

A COM must require that all students have health insurance. A COM, or its parent institution, must offer a health insurance plan option to all students.	
Guideline: The COM should confirm how it assures that all students hold health insurance. Confirmation can be made by requesting sample records and through student interviews. Policies should confirm how the COM makes health insurance available to its students.	
Documents to review for verifying compliance 1. All policies and procedures regarding health insurance for students, including the annual	Interviews to conduct for verifying compliance Admissions Leadership Students Services

verification process, and a link to the webpage where these documents are published.	Students

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.

Pre-Accreditation Element 10.1: Osteopathic Educational Continuum

A COM must have policies, procedures, personnel, and budgetary resources to support the continuum of osteopathic education, including graduate medical education and continuing medical education.	
Guideline: The COM must dedicate resources for the development, growth, and support of graduate medical education and continuing medical education. The COM must show that it has an established infrastructure to provide this support. Residency faculty development, COM-based resident training, and sponsored CME courses are examples of activities that advance the continuum of osteopathic medical education.	
Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. The COM's policies regarding and a description of the COM's procedure, personnel, and budgetary resources that support/will support the continuum of osteopathic education.	Dean Associate/Assistant Dean of GME Chief Financial Officer Associate/Assistant Dean of Clinical Education Chairs of Clinical Departments

Pre-Accreditation Element 10.2: Accredited GME

A COM must provide a mechanism to assist new and existing GME programs in meeting the requirements for accreditation. A COM seeking pre-accreditation status must support development and growth of GME through establishment of a GME office with qualified personnel, expertise, and financial support focused on supporting new and established GME in obtaining accreditation. The COM must have qualified personnel to assist students with the UME/GME transition.

A candidate COM applying for pre-accreditation may support development and growth of GME under strategies of its own design, but the COM should provide evidence of approval of any new PGY-1 positions supported by the COM consistent with its GME development plan. (New PGY-1 positions may not be claimed by other COMs.) Class size ramp up may not be approved to progress past 50% of the requested class size if the COM fails to demonstrate sufficient fulfillment of its GME development plan.
Guideline: The COM must describe its structure to support (office, staff, budget) to support development and expansion of GME. The COM must show where it is actively engaged in the creation and expansion of graduate medical education programs. The COM should identify its accomplishments since its previous inspection. Interviews with affiliates should describe how the COM assisted them in attaining and maintaining ACGME accreditation. COMs should describe grants they have applied to that assist in the creation of GME.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. The COM's policy and description of its mechanism to assist new and existing GME programs in meeting the requirements for accreditation. 2. Pre-Accreditation Table 10.2a. 3. Evidence of ACGME approval of new PGY-1 positions supported by the proposed COM.	Dean Associate/Assistant Dean of GME Associate/Assistant Dean of Clinical Education Chairs of Clinical Departments

Pre-Accreditation Element 10.3: Osteopathic Recognition of GME

A COM must provide a mechanism to assist GME programs in meeting the requirements of osteopathic recognition.
Guideline: The COM must show where it is actively engaged in the creation and expansion of graduate medical education programs seeking osteopathic recognition. The COM should identify its accomplishments since its previous inspection. Interviews with affiliates should describe how the COM assisted them in attaining and maintaining osteopathic recognition of their GME programs.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. The documentation demonstrating the COM's processes and commitment of resources to assist GME programs to achieve osteopathic recognition.	Dean Associate/Assistant Dean of GME Chair OMM

Standard 11: Program and Student Assessment and Outcomes

A COM must define and assess both programmatic and individual student outcomes including attainment of osteopathic core competencies and skills, to ensure GME readiness, including its DEI mission, vision, and goals, to the extent permitted by law.

A COM must use the data from programmatic and individual outcomes to continuously improve all aspects of the COM and to meet its mission.

Pre-Accreditation Element 11.1: Program Assessment

<table>
<tr><td colspan="2">A COM must 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.</td></tr>
<tr><td colspan="2">Guideline: The COM must have a data driven plan to determine its success in meeting its program learning outcomes. If the COM has been in operation, it should provide a list of the assessments completed in the last three years and examples how its curriculum, pedagogy, counseling and other aspects of the program were changed to improve program outcomes.</td></tr>
<tr><td><u>Documents to review for verifying compliance</u>
1. The guiding documents which govern how the COM conducts program learning outcome assessments. This may be in the form of a program review manual or guide that has been adopted by the faculty. This must describe an assessment of the osteopathic core competencies in the curriculum.
2. A list of the program learning outcome assessments performed over the past three academic years. (Not applicable for COMs applying for pre-accreditation status.)
3. Examples of changes in curriculum, pedagogy, counseling, or other aspects of the program that have been made as a result of recent reviews. (Not applicable for COMs applying for pre-accreditation status.)</td><td><u>Interviews to conduct for verifying compliance</u>
Dean
Associate/Assistant Deans
Department Chairs
Curriculum Committee
Faculty
Students</td></tr>
</table>

Pre-Accreditation Element 11.2: Student Evaluation of Instruction

<table>
<tr><td colspan="2">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 (to the extent permitted by law); and address deficiencies in student experiences.</td></tr>
<tr><td colspan="2">Guideline: The COM must require students to evaluate courses and faculty following each contact, on a course-by-course basis, or periodically at its discretion. The COM must demonstrate consistent review of these evaluations and how they inform curricular change, faculty development, or other elements of the degree program.</td></tr>
<tr><td><u>Documents to review for verifying compliance</u>
1. The processes for obtaining student evaluation of classroom and clinical instruction.
2. A description of how student evaluations are kept confidential.</td><td><u>Interviews to conduct for verifying compliance</u>
Associate/Assistant Deans
Department Chairs
Curriculum Committee
Faculty</td></tr>
</table>

3. The evaluation forms used by students for these purposes. 4. A flowchart demonstrating how the evaluation data are utilized in curricular improvement.	Rotation administrators and preceptors Students

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

Pre-Accreditation Element 11.3: Program and Student Outcomes – Annual and Mid-Cycle Reports

A COM having pre-accreditation status must submit specified annual reports to the COCA.	
Guideline: The COM is responsible for providing required and requested reports to the COCA in a timely manner. COCA staff will confirm that this has occurred. The COM should maintain records of all reports submited to the COCA.	
Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. COCA staff will confirm that the COM has completed and submitted the required COCA Annual and Mid-Cycle Reports by the established deadlines. (Not applicable for proposed COMs applying for pre-accreditation status.)	None. COCA staff provides this information.

Pre-Accreditation Element 11.4: Student Outcomes

11.4a COMLEX-USA	
Prior to graduation, all students must demonstrate osteopathic medical knowledge and osteopathic clinical skills by passing the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) undergraduate examinations (Level 1 and Level 2) and meeting a national standard for osteopathic clinical skills competency. The COM must continually 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) as reported by the NBOME. COMs must update their public websites within 30 days of receiving their annual update for each COMLEX-USA level testing cycle.	
Guideline: The COM's policy must require that students pass COMLEX-USA Levels 1 and 2 prior to graduation. The pass rate data for Levels 1, 2 and 3 must be posted publicly to the COM's website. Branch campus data must be published pass rate data separately. Additional locations may also be published separately or data may be combined with the main campus.	
Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. all policies and procedures relating to the COMLEX-USA exams. 2. A link to the public webpage where the COM's COMLEX-USA level 1, 2, and 3 first time pass rates are published.	Dean Students Promotions Committee
11.4b GME Placement Rates	
A COM must continually publish publicly the placement rates of its students in graduate medical education programs.	

A COM must make available by request four years of student GME placement rates including, at a minimum, race/ethnicity and gender demographic data (as permitted by law). The mechanism to request this data must be published and easily identifiable on the COM's website. When applicable, for any value less than ten, the COM should indicate that value as "less than 10" in place of the value.

Guideline: GME placement rate data must be publicly available on the COM's website. The COM must confirm it has a mechanism in place that allows demographic data to be requested. Placement is defined as obtaining post-graduate employment through the NRMP Match or other matches, SOAP, or outside the NRMP. The cut-off for this data is by July 1 following the most recently completed academic year. A COM should show how it continually tracks the progress of students from previous cohorts.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. Provide a link to the public webpage where the COM's GME placement rates are/will be published. The placement rate must be calculated by dividing the number of students who entered into a PGY-1 position by the number of students that applied to enter into a PGY-1 position. 2. A link to the public webpage where GME placement rates can be requested. 3. Table 11.4b.	Dean Associate/Assistant Dean of GME or equivalent Students

11.4c Cohort Graduation Rates

A COM must continually publish publicly the graduation rates by matriculation cohort at years 4, 5, and 6 for students only pursuing the DO degree.

Guideline: The COM must provide the graduation data on a publicly available webpage.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. A link to the public webpage where the COM's cohort graduation rates at years 4, 5, and 6 are/will be published. 2. Table 11.4c	Promotions Committee Student Affairs Students

11.4d Cohort Retention Rates

A COM must continually publish publicly the retention rates (as defined in the glossary) by matriculation cohort.

Guideline: The COM must provide the retention data on a publicly available webpage

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. Provide a link to the public webpage where the COM's cohort retention rates are/will be published. 2. Table 11.4d	Registrar Students

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

Pre-Accreditation Element 11.5: Student Survey

A COM must cooperate with the administration of the COCA student survey as part of the comprehensive accreditation process.	
Guideline: The COM must describe its efforts to encourage and facilitate the completion of the COCA survey by all students prior to a scheduled comprehensive or focused site visit as may be requested by the COCA. This may include email, other social media, and in-class announcements. Students should not be coached on how to complete the survey. The expectation of completion rate is at least 50% for each campus. COM leadership should be aware of the results of the survey and submit an action plan to address student concerns, as needed	
Documents to review for verifying compliance 3. The description of the methods the COM used/will use to support the completion of the COCA student survey. 4. COM's response to the findings of the survey, provided within 30 days of receipt.	Interviews to conduct for verifying compliance Dean Associate/Assistant Deans Students

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. As of March 1, 2024, the COCA will no longer accept applications to serve as an institutional accreditor. When the COCA serves as the institutional accreditor, the COM must demonstrate that it is compliant with this standard and its supporting elements. A COM may not add another program of study in addition to the osteopathic medicine program while the COCA serves as its institutional accreditor.

Pre-Accreditation Element 12.1: Incorporation of the Institution

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

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

Pre-Accreditation Element 12.2: Degree and Other Educational Offerings

A COM must demonstrate evidence of approval to grant the Doctor of Osteopathic Medicine (DO) degree and any other educational offerings from all appropriate regulatory agencies whether it is a board of regents, a state regulatory agency, or any other regulatory agency charged with granting such authority under the laws of the state in which the COM is located.
Guideline: The COM must produce its charter or other communication from a state licensing agency or office of higher education that confirms its authority to grant doctoral degrees. When the COCA serves as a COM's institutional accreditor, the COM may only offer the Doctor of Osteopathic Medicine degree.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. All charters, licenses, or letters of approval from any educational or business agencies that grant authority to offer the DO degree.	President Board of Trustees

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

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. The current job description for the CEO. 2. The current and complete CV for the CEO.	Chief Executive Officer Governing Body Members

Pre-Accreditation Element 12.4: Chief Financial Officer (CORE)

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 institution. The chief financial officer must have a minimum of three years' experience in administration in financial management in an institution of higher education or healthcare setting.
Guideline: The inspection team should ascertain the experience of the CFO in managing the finances of organizations with comparable physical size, number of employees, and budget.

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. The current job description for the CFO 2. The current and complete CV for the CFO.	Chief Financial Officer Chief Executive Officer Governing Body Members

Pre-Accreditation Element 12.5: Course Credit Hours

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

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. The COM's credit hour assignment policy and a link to the public webpage where it is published.	Registrar

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

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. All documentation that demonstrates the institution's calendar, as well as its policies on grading, admissions, academic program requirements DEI training, discrimination incident report, tuition and fees, and refunds. 2. Evidence of all communication that accurately represents the COM's accreditation status. This communication must include information regarding how to contact COCA.	President or Provost Dean Associate/assistant Dean Students

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

Pre-Accreditation Element 12.7 Public Notification of Opportunity to Comment

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

Documents to review for verifying compliance	Interviews to conduct for verifying compliance
1. Evidence that a public notice inviting any third-party comments prior to an impending comprehensive or 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 regarding how to contact the COCA directly.	COCA Staff

Pre-Accreditation Element 12.8: Academic Freedom

A COM must include in its publications policies regarding academic freedom. All such policies must be approved by the COM's governing board.	
Guideline: The COM may consult guidelines from the American Association of University Professors (AAUP) or other bodies in determining its policies regarding academic freedom and intellectual property. Policies may be extended to students and staff in addition to faculty. The faculty senate or equivalent should inform the creation of the policy and be in general agreement with its content. All faculty should be aware of the policies and procedures germane to this issue.	
Documents to review for verifying compliance 1. The institution's policies regarding academic freedom evidencing a commitment to academic freedom, intellectual freedom, freedom of expression, and respect for intellectual property rights.	Interviews to conduct for verifying compliance President or Provost Faculty Association Faculty Human Resources

Pre-Accreditation Element 12.9: Title IV Responsibility

A COM must demonstrate compliance or its intent to comply with the requirements for participation in federal programs under Title IV of the Higher Education Act of 1965, as amended.	
Guideline: The COM must produce all documentation as required in this element. Depending on ownership structure, stand-alone COMs may not have been accepted to the Title IV program. In such instances, the COM should produce any correspondence it has exchanged with the US Department of Education in seeking admission to the program.	
Documents to review for verifying compliance 1. The most recent filing of the annual audit pursuant to the Single Audit Act Amendments of 1996, OMB Circular A-133. 2. 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. The most recent audit(s) of the state financial programs, if applicable. 4. All relevant correspondence submitted to, and received from, the US department of education for ongoing noncompliance issues, including liabilities owed. 5. The negotiated settlement agreements for the payoff of any fines or monies owed in connection with programs reviews. 6. The institutional responses to all audits and/or findings. 7. If the COM has not been approved to participate in an HEA program, evidence of commitment by the institution to do so.	Interviews to conduct for verifying compliance Director of Financial Aid Title IV Coordinator

Appendix: Tables

Table 4.1: On Campus Facilities

Last Updated: mm/dd/yyyy

COCA 2023 Continuing Accreditation Standards
Table 4.1 On Campus Facilities

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

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

Table 4.4: Learning Resources

Last Updated: mm/dd/yyyy

COCA 2023 Continuing Accrediation Standards
Table 4.4 Learning Resources

Use this table to list the learning resoruces that are available to COM students. For COMs with additional locations and branch campuses, Column A should specify which location the resource is located on or for.

Campus Location	Resource, e.g., library, simulation, question bank, online resource	Resource type, e.g., electronic, paper	Number of resources available. If electronic resource, indicate how many users the license permits
Main	Library Collection	paper (books)	unlimited

Table 6.9a: Student Population

Last Updated: mm/dd/yyyy

COCA 2023 Continuing Accreditation Standards
Table 6.9a Student Population

For each year of the last three years, provide the number of students participating in core clinical rotations.

Academic year	Number of students beginning core clinical rotations.	Number of students repeating any core clinical rotations.	Total
2022-2023	95	1	96
2021-2022	90	2	92
2020-2021	97	0	97
		Average	**95.00**

Table 6.9b: Core Clinical Clerkships

Last Updated: mm/dd/yyyy

COCA 2023 Continuing Accreditation Standards
Table 6.9b Core Clinical Clerkships

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

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

Table 7.1a On Campus Faculty Effort

Last Updated: mm/dd/yyyy

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

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

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

Table 7.1b: Administrative Staff

Last Updated: mm/dd/yyyy

COCA 2023 Continuing Accreditation Standards
Table 7.1b Administrative Staff

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

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

Table 7.2 Clinical Faculty Credentialing

Last Updated: mm/dd/yyyy

COCA Continuing Accreditation Standards
Table 7.2 Clinical Faculty Credentialing

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

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

Table 8: Research and Scholarly Activity

Last Updated: mm/dd/yyyy

COCA 2023 Continuing Accreditation Standards
Table 8 Research and Scholarly Activity

Use this table to record research and scholarly activity completed by the COM in the last three years. List each research or scholarly activity on a separate line. Please only enter a number in fields that ask for a number.

Enter Academic Year:	Title of Research/Scholarly Activity	Breifly describe the types of Research and/or Scholarly Activity (e.g., article, poster, presenter)	Osteopathic Research? Yes or No	**Number** of Faculty Participants	**Number** of Staff Participants	**Number** of Osteopathic Medical Student Participants
2022-2023	The Efficacy of Small Dose Biologics in the Treatment of Crohn's Disease	Article	no	3	0	2

Table 9.5: Academic Counseling

Last Updated: mm/dd/yyyy		
COCA Continuing Accreditation Table 9.5 Academic Counseling		
Describe the academic counseling sessions available to students in the most recently completed academic year.		
Academic Year:		
OMS I		
Academic Counseling Type	Person(s) providing the counseling, e.g. faculty, staff, peers, etc.	Approximate number of students involved in the academic year
Tutoring	Students	**148**
Study skills	Faculty	**142**
Test taking	Peers	**115**
COMLEX preparation		
Learning styles		
Use of learning resources		
Other (please enter)		

Table 9.6: Career Counseling

Last Updated: mm/dd/yyyy

COCA 2023 Continuing Accreditation Standards Table 9.6 Career Counseling		
Describe the career counseling sessions available to students.		
Academic Year:		
OMS I		
Career Counseling Type	Person(s) Providing the Counseling, e.g., faculty, staff, peers, etc.	Approximate number of students involved in the academic year
Choice of residency	**Faculty**	162
Preparation for interviews	**Faculty**	135
Writing a personal statement	**Peers**	126
Writing a curriculum vitae		
Match strategy		
Other (please enter)		

Table 10.2: Accredited GME

last updated mm/dd/yyyy

COCA 2023 Continuing Accreditation Table 10.2
Accredited GME

In this table provide information on the affiliated ACGME programs for which the COM has supported development and growth.

Site Name	City	State	Specialty	# PGY-1 Slots	#PGY-2 Slots	#PGY-3 Slots	#PGY-4 or Higher Slots
ACE Hospital - Chicago	Chicago	IL	Family Medicine	5	7		
Triton Healthcare	St. Louis	MO	Internal Medicine	3	4		

Table 11.4b: GME Placement

Last Updated: mm/dd/yyyy

COCA 2023 Continuing Accreditation Standards Table 11.4b
GME Placement

Use this table to record the GME placement rates for the COM's graduates for the most recently completed academic year. Enter the number of graduates of that cohort in Column B, and the number of students placed in the residency types listed. If no students fit a category, leave it blank. The percent of class will be calculated automatically. In Columns F and H, if students were not applying to GME or were unable to be placed, select from the drop down what they ultimately did.

This table should be inclusive of students who placed through other matches, SOAP or outside the NRMP match by July 1 following the most recently completed academic year.

Academic year	Total number of graduates	Number of graduates applying to positions	Placement in any GME program		Students not applying to GME program		Students unable to be placed in a GME program	
			# of students	*% of the class*	*# of students*	*% of the class*	*# of students*	*% of the class*
2022-2023	125	120	116	97%	5	4%	4	3%

Of your placements listed above, how many were military, osteopathic recognized, and PGY-1 Only positions?					
Placement in a military program. All military programs are ACGME accredited.		**If a student was not applying to GME, what did they do?**	**Number of students**	**If a student was unable to be placed, what did they do?**	**Number of students**
# of students	% of GME placements	Began research year	2	Began a fellowship	1
10	9%	Entered biomedical/pharm	1	Other	3
Placement in an osteopathic recognized program		Began a Masters program	2		
# of students	% of GME placements				
95	82%				
Placement in a PGY-1 Only (Transitional Year, Preliminary Position)					
# of students	*% of the GME placements*				
88	76%				

Table 11.4c: Cohort Graduation Rates

Last Updated: mm/dd/yyyy

COCA 2023 Continuing Accreditation Standards Table 11.4c
Cohort Graduation Rates

Please provide graduation data for the last three graduating classes. Label each graduating year in column A. Matriculants are students who enrolled in your COM for the first time. Students who repeated a year get counted in the cohort they matriculated with.

Matriculating Cohort Academic Year	Number of Matriculants	Number of students who transferred into the cohort	How many graduated in four years?		How many graduated in five years? (if applicable)		How many graduated in six years? (if applicable)	
2019-2020	105	2	99	93%				
2018-2019	108	0	101	94%	108	100.00%		
2017-2018	100	1	88	87%	92	91.09%	99	98%

Table 11.4d: Cohort Retention Rates

Last Updated: mm/dd/yyyy

COCA 2023 Continuing Accreditation Standards Table 11.4c
Annual Cohort Retention Rates

The table data should reflect the conclusion of the most recent academic year. Retention is defined as the number school's percentage of first-time enrolling students who continue at that COM year to year.

Matriculating Cohort Academic Year	Number of matriculants (do not count transfer students)	Number of students who withdrew or were dismissed from this cohort for any reason	Number of students who transferred out to a new medical school	Retention Rate
2022-2023	100	2	0	98%
2021-2022	101	4	0	96%
2020-2021	108	6	0	94%
2019-2020	105	2	0	98%