COCA Substantive Change Request: Additional Location

Effective for reviews submitted on or after October 1, 2024

These policies were updated in July 2026 to reflect changes made to the *Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards* referenced in this document. No changes were made to the substantive change policies.

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No COCA data or information, including COCA Standards, policies, or forms, may be submitted (copied, typed, uploaded, or otherwise entered) into an artificial intelligence (AI) platform without the written permission of the COCA.

For general information regarding COCA substantive change policies and procedures, please refer to the *COCA Substantive Change Requests General Information* document.

Additional Location

Definition
An additional location is geographically apart from the main campus and offers at least 50 percent of the COM's osteopathic medical education program.

The curriculum at the additional location must be the same as at the parent COM. The additional location will not have separate administration, faculty, or budgetary independence. The additional location must have a common Dean, faculty, and budget with the parent COM. The additional location must employ an on-site administrator 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. This individual must be qualified for the position by education and training and 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, and free of disciplinary actions or sanctions while licensed;
3. AOA or ABMS board certification at some time in their career; and
4. Experience in academic leadership.

The term "day-to-day operations" must be defined by the parent institution but will include those key processes that affect the well-being, safety, and orderly functions of the facilities and personnel attached to the campus.

Additional locations currently operating must be under the leadership of a DO meeting the above requirements by August 1, 2026.

Faculty and students at the additional location must have representation on all faculty and student committees at the main campus.

Students may be admitted directly to the additional location as their primary place of enrollment.

The accreditation for an additional location is under the parent COM and is extended to the additional location following review of documents and completion of a site visit prior to the time permission to enroll students is granted. Annual and mid-cycle reporting to the COCA will occur as a combined report as if a single organization. Future comprehensive site evaluations of the COM will include all campuses.

The COCA may serve as the programmatic or institutional accreditor for COMs requesting an additional location.[1] As of March 1, 2024, the COCA will no longer accept applications to serve as an institutional accreditor.

As a component of the application for an additional location, the COM must specify if the parent COM is requesting a class size increase or if students from the current approved class size will be re-located from an existing campus. An additional location with a class size increase will be considered two substantive change requests.

An additional location is required to accept and matriculate students in the following progressive enrollment:

Year 1 – no more than 50% of the approved class size;

Year 2 – no more than 75% of the approved class size; and

Years 3 and 4 – no more than 100% of the approved class size.

If a COM's request for an additional location fails to progress forward in a satisfactory manner evidenced by outstanding unmet elements, the COCA reserves the right to adjust or revoke the progressive enrollment.

The additional location must employ an on-site administrator 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. This individual must be qualified for the position by education and training and 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, and free of disciplinary actions or sanctions while licensed;
3. AOA or ABMS board certification at some time in their career; and
4. Experience in academic leadership.

The term "day-to-day operations" must be defined by the parent institution but will include those key processes that affect the well-being, safety, and orderly functions of the facilities and personnel attached to the campus.

Additional locations currently operating must be under the leadership of a DO meeting the above requirements by August 1, 2026.

Faculty and students at the additional location must have representation on all faculty and student committees at the main campus.

Escrowed Reserve Funds

A COM proposing an additional location must demonstrate the existence of a minimum segregated, unencumbered reserve fund escrowed until graduation of the first class of students from the additional

[1] COCA has limited authority for institutional accreditation. It is only recognized as an institutional accreditor for freestanding COMs that offer only the DO degree.

location and achieving accreditation equal to the highest tuition multiplied by the approved class size increase for the proposed additional location multiplied by four years. Any future increase in tuition at the additional location will require recalculation of the escrow amount and an increase in the amount of the escrowed funds.

The escrowed reserve funds must: 1) not be borrowed or pledged funds; and 2) be funded by immediately available liquid assets that are wholly owned assets of the proposed COM or its parent institution. The governing body of the proposed additional location may not withdraw any interest that accrues in the escrowed funds. The governing body of the proposed additional location must replenish the escrow fund account in the event the value of the account decreases below the required minimum amounts stated above.

Clarification and explanation: The escrow fund is calculated based on the approved class size multiplied by four years of tuition, without considering any phased-in percentages. The tuition used for this calculation is determined based on the highest tuition charged throughout the four-year period. If there are any increases in tuition for any class, the calculated escrow amount will be adjusted as if the increase applies to all four classes. In cases where there are multiple tuition rates, such as in-state versus out-of-state, the escrow calculation will use the higher tuition rate.

Operating Reserve Fund

A proposed additional location must demonstrate the existence of a minimum operating reserve fund until graduation of the first class of students and equal to one-quarter (1/4) of the amount of the minimum segregated, unencumbered escrowed reserve fund as described above.

Notes on Reserve Funds

Reserve funds must: 1) not be borrowed or pledged funds; and 2) be funded by immediately available liquid assets that are wholly owned assets of the parent COM or its parent institution. The parent COM or its parent institution may not withdraw any interest that accrues in the account and must replenish the funds in the event the value of the account decreases below the required minimum amounts stated above. Any changes in the required escrow amount will result in a required change in the operational reserve fund calculation.

The additional location will undergo a comprehensive evaluation in year 4 of operation. If all standards are met at that time, the escrow reserve and operating reserve accounts will be released upon graduation of the first class of students. If any standards are unmet, the additional location will be monitored (via progress reports and focused visits, if deemed necessary by the COCA) until all standards are met. At the time all standards are met, the reserve funds will be released.

A parent COM applying for an additional location may request that the requirement for escrow and operating reserve funds be waived if it can demonstrate the ability to accommodate all students from the additional location in the event that a teach-out is required. It is in the sole discretion of the COCA whether or not a waiver is granted.

Timing

The request for an additional location must be reviewed at a COCA meeting at least 36 months prior to the planned matriculation of the first class of students. Application materials must be submitted at least 90 days prior to the COCA meeting where the substantive change request will be reviewed. The

application for an additional location must be completed within 36 months. A sample timeline for the application of an additional location can be found in Appendix B of the COCA Substantive Change Request: Appendices document.

A COM applying for an additional location must have an accreditation status of Accreditation or Accreditation with Exceptional Outcome at the time of application and continue to maintain such status throughout the time that the application is pending. A COM with a status of Accreditation with Finding may demonstrate through a progress report, focused site visit, or any other monitoring the COCA may require, that it complies with the required standards for an accreditation status of Accreditation or Accreditation with Exceptional Outcome for the purpose of applying for a substantive change.

A COM applying for an additional location must have completed a comprehensive site visit within three years of application. If the COM's last comprehensive site visit was more than three years prior to the request, a comprehensive site visit must be completed as part of the application of the additional location request. The COCA retains discretionary authority to require a comprehensive site visit even if the COM has undergone a comprehensive site visit less than three years prior to the time of application.

Application and Monitoring

The application (Steps I-III) and monitoring (Steps IV-VII) for an additional location is a seven-step process. The COM must successfully complete the application for an additional location within 36 months or the application will be deemed expired. The COCA may, at its discretion, direct that a new application or supplemental information be submitted. In either event, the fees required by the COCA fee schedule shall apply.

A non-refundable additional location application fee must be submitted prior to beginning the application.

Successful completion of all seven steps and approval by COCA completes the additional location process.

Step I: Additional Location Application

A. Submission of a written narrative that includes the following:

1. Introduction to the parent COM, including history and mission;
2. Introduction to the additional location, including campus name, location, class size requested, and anticipated start date;
3. Explanation of the need for the additional location, including healthcare needs in the region;
4. Rationale for an additional location versus a branch campus;
5. Feasibility study (Business Plan) completed by an external business consulting group;
6. Description of the student recruitment plan for the additional location and its impact on the parent COM;

7. Anticipated impact of the additional location on the parent COM's resources;
8. Anticipated impact of the additional location on existing curriculum;
9. Anticipated impact of the additional location on existing clinical rotation capacity at the parent COM;
10. COMLEX-USA pass rates for the parent COM for the last three years (The COM must demonstrate that for the previous three years, its first-time pass rate on all levels of the COMLEX-USA have been within two standard deviations of the national mean and above 90%. If the COM does not meet these criteria, the application for the additional location will not be approved.);
11. GME placement rates for the parent COM for the last three years (The COM must demonstrate that for the past three years the GME placement rates have been above 95%. If the COM does not meet this criterion, the application for the additional location will not be approved.);
12. Anticipated impact of GME needs for the additional location on the parent COM's GME needs;
13. A description of how the parent COM will fund the required escrowed reserve funds for the additional location, including draft escrow agreements;
14. A Substantive Change – Planned Class Size Increase application, if required.

B. Completion of a self-study demonstrating compliance with the following **Candidate, Pre-Accreditation, and Continuing accreditation elements** at the existing campus and at the additional location. (All elements are Continuing accreditation elements unless otherwise noted.)

1. **Element 1.3: Licensing and Regional/Institutional Accreditation**
   A COM must maintain in effect any charter, licenses, or approvals required for it to function as an institution of higher education, including the provision of degree programs beyond the secondary level.

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

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

   Provide:
   a. Copies of the charter, license, or letter of approval from all states and agencies issuing such approvals, including evidence of approval from an institutional accreditor for the COM or the parent institution.
   b. A link to the public webpage where the most recent institutional accreditation and COCA accreditation information is published.

c. A link to the public webpage that describes the additional location's relationship with a partner institution (if applicable).

2. **Element 2.3: Academic and Administrative Leadership**
Each additional location must have an osteopathic physician at the level of Associate Dean or higher with responsibility for the day-to-day operations at the additional location who reports directly to the Dean.

Provide:
a. An organizational chart that shows the COM's leadership positions (including titles and names) and reporting relationships.
b. The current job description for each member of the administrative leadership team (Associate Deans, Assistant Deans, and senior level administrators; do not include department chairs).
c. A current curriculum vitae for each member of the administrative leadership team (Associate Deans, Assistant Deans, and senior level administrators; do not include department chairs).
d. A copy of the employee's medical license (if a DO or MD) if required based on the position description.
e. A copy of the employee's AOA or ABMS board certification documents (if a DO or MD) that includes the certification expiration date if required based on the position description.

Note: Reports from the American Osteopathic Information Association, the physician's primary state of licensure, or American Board of Medical Specialties may be used as a primary source of verification to demonstrate current licensure and board certification.

3. **Element 3.1: Financial Resources**[2]
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.

Provide:
a. An updated operational budget that shows impact to the financial resources available to the operation and stability of the COM and/or institution. The operational budget should include (at minimum) the anticipated income, revenue sources, and expenses including budget for faculty and staff for the additional location up through the anticipated graduation of the first class of students.

[2] Historical financial reports from the existing campus, plus operating budget, capital budget, and hiring pro forma for the additional location.

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

4. **Element 3.3: Escrowed Reserve Funds** (Candidate Element, referenced on p. 6 above)

   Provide:
   a. Evidence of availability of unencumbered funds equal to the escrow amount.
   b. A copy of the proposed escrow agreement substantially consistent with the form prescribed by the COCA.

5. **Element 3.4: Operating Reserve Fund** (Candidate Element, referenced on p. 7 above)

   Provide:
   a. Evidence of availability of unencumbered funds equal to the operating reserve fund amount.
   b. A copy of the proposed operating reserve fund agreement substantially consistent with the form prescribed by the COCA.

6. **Element 3.4: Financial Audit**
   A COM or its parent institution must commission an annual independent audit confirming financial viability and provide evidence of resolution of concerns cited in the audit's accompanying management letter.

   Provide:
   a. The annual audited financial statement and audit report for the COM or its parent institution for the latest complete fiscal year.

7. **Element 4.1: Facilities** (Details on the additional location only)
   A COM and its additional location 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 (and any branch campus) 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 its curriculum.

   A COM (and any branch campus) must assess the adequacy of the core and required clinical rotation facilities and involve students in the assessment.

   Provide:
   a. A completed Continuing Table 4.1 to describe the on-campus facilities of the additional location dedicated to DO students.

   Note: COMs that have met the qualifications to request a substantive change are

expected to expand facility resources or demonstrate current facility resources can accommodate the requested change and ensure the same level of student success that was achieved prior to the request. Special attention must be paid to student study space

b. Floor plans of the additional location facilities with designations of how the space will be utilized (full architectural drawings are not required).
c. A description of, and indicate on the floor plans provided, the facilities used for simulation, study space, and standardized patient encounters provided to students.
d. If there will be any changes in the core and required rotation facilities, describe how the COM will assess the adequacy of the core and required clinical rotation facilities, including how students will be involved in the assessment.
e. The construction plan and timeline for any alterations or additions to existing facilities that will be required to accomplish the requested change(s).
f. A contingency plan for COM facilities should the buildings, (in submission "e" above) not be completed on time.
g. The permanent Certificate of Occupancy for all additional location buildings, that will be required to accomplish the requested change(s) and by December 31 of the year prior to the anticipated start of classes.

8. **Element 4.2: Security and Public Safety** (Details on the additional location only)
A COM must ensure that adequate security systems are in place and publish and follow policies and procedures for security; student, faculty, and staff safety; and emergency and disaster preparedness at all COM-operated teaching locations and core and required training sites.

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

   Provide:
   a. An updated copy of all security and safety related policies and procedures at the additional location.

9. **Element 4.3: Information Technology** (Details on the additional location only)
A COM must ensure access to information technology to support its mission at all locations and ensure Wi-Fi availability at all core and required rotation sites. Students, faculty, and staff must be involved in the assessment of information technology services.

   Provide:
   a. An updated copy of the COM's information technology strategic plan that describes the technological resources of the additional location. The strategic plan should include goals, objectives, timelines, and parties responsible for attaining the goals.
   b. A description of how students, faculty, and staff will be involved in the assessment

of information technology services at the additional location.

10. **Element 4.4: Learning Resources**
    A COM and any branch campus must ensure students and faculty have access to in-person and electronic learning resources at all campus locations that support pre-clinical and clinical education that achieve program objectives and support the COM's mission.

    Provide:
    a. A completed Continuing Table 4.4 to describe the COM's learning resources including resources needed to accomplish the learning objectives of the curriculum at the additional location.

11. **Element 6.1: Curriculum Design and Management**
    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, including representation from any additional campus locations. The curriculum must ensure that students attain the skills, including osteopathic core competencies, interprofessional education and humanistic skills, necessary to demonstrate GME readiness and meet the mission of the COM.

    Provide:
    a. A statement as to how the approved body (e.g., curriculum committee) will include representation from the additional location. This committee must include student and faculty representation from the pre-clinical and clinical education years.
    b. A list of meeting dates and meeting minutes for the past academic year.

12. **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.

    Provide:
    a. An explanation of any changes in the curriculum to include instruction at the additional location that will be required in each academic year.

13. **Element 6.4: Osteopathic Core Competencies**
    A COM must teach and educate 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.

Provide:
a. An explanation of any changes to the COM's delivery of its curriculum including teaching and educating its students to ensure the development of the seven osteopathic core competencies.
b. An updated curriculum map if there are changes to the curriculum.

Note: A single curriculum map can be provided for elements 6.4-6.8 and 6.12.

14. **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.

Provide:
a. An explanation of any changes to the COM's inclusion of scientific method in the curriculum.
b. An updated curriculum map if there are changes to the curriculum.

15. **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.

Provide:
a. An explanation of any changes to the COM's delivery of Osteopathic Principles and Practice (OPP), including both observation and hands-on application of Osteopathic Manipulative Medicine (OMM) in all four years of the curriculum.
b. An updated curriculum map if there are changes to the curriculum.

16. **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.

Provide:
a. An explanation of changes to the COM's inclusion of self-directed learning in the curriculum.
b. An updated curriculum map if there are changes to the curriculum.

17. **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.

Provide:
a. An explanation of changes to the COM's inclusion of interprofessional education for collaborative practice in the curriculum.
b. An updated curriculum map if there are changes to the curriculum.

18. **Element 6.9: Clinical Education**
A COM must:
1. Describe how clinical skills are taught and assessed throughout its curriculum;
2. Define eligibility requirements, including clinical skills, for a student to enter clinical rotations;
3. Define its core clinical rotations, core clinical rotations must include family medicine, internal medicine, general surgery, and pediatrics (all core clinical rotations must be a minimum of four weeks long and must include in-person patient care);
4. Define its required clinical rotations, required clinical rotations must include psychiatry, obstetrics and gynecology, and emergency medicine (all required clinical rotations must be a minimum of four weeks long and must include in-person patient care); Note: Critical care medicine can be substituted for emergency medicine. Note: Psychiatry and obstetrics and gynecology will change from a required to a core rotation by July 1, 2027.
5. Define the types of patients and clinical conditions that osteopathic medical students are required to encounter, the clinical skills to be performed by the students, the appropriate clinical setting for these experiences, and the expected levels of student responsibilities;
6. Provide clinical education rotations, including demonstration of adequate faculty, for the three-year rolling average of the number of students eligible to enter core and required rotations for the first time, students repeating core and required rotations, and off-cycle students;
7. Have published policies and procedures (protocols) addressing methodologies by which students can satisfactorily complete, including remediation activities, the clinical education curriculum, including standardized/simulated and supervised patient encounters; and
8. Provide executed affiliation agreements that support the clinical educational experience for its students.

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

Provide:
a. Demonstration of adequate faculty, for 100% of the additional location's students that will be eligible to enter core and required clinical rotations for the first time, for 3 academic years following the approval of the requested change.
b. A list of all contracted clinical sites for core and required clinical rotations. At the time of the site visit, a COM must produce all documents that evidence the acceptance of the COM's students to participate at the affiliate sites, including all executed affiliation agreements.
c. Contingency plan for all core and required clinical rotations indicating how students at the additional location will be placed in clinical education in the event that opportunities are no longer available.

19. **Element 6.10: Clinical Education 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.

Provide:
a. The process the COM will use to ensure students will receive:
    i. 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;
    ii. At least one rotation under the supervision of an osteopathic physician; and
    iii. More than one rotation in an inpatient setting prior to their fourth-year clinical clerkships.

20. **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.

Provide:
a. A description of any changes to the policies and procedures that outline how student outcomes at clinical educational sites will be reviewed and utilized in the determination of the comparability of outcome of the clinical experiences. The policies and procedures should describe the mechanism for performing a statistical analysis and a plan to address any issues found.

21. **Element 7.1: Faculty and Staff Resources and Qualifications**
An additional location 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.

Note: COMs that have met the qualifications to request a substantive change are expected to uphold the same level of faculty and staff resources to ensure success of the additional location.

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

An additional location 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.

Provide:
a. An organizational chart (including titles and names) demonstrating how the faculty at the additional location are organized.
b. Continuing Tables 7.1a and 7.1b
c. A description of the mechanism to review and approve credentials of physician faculty that have never been board certified or are not currently board eligible by the AOA or ABMS at non-core rotations sites.

22. **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.

Provide:
a. A copy of the policies and procedures for credentialing and appointment, or approval of all COM faculty.
b. A completed Continuing Table 7.2 listing credentials for all clinical faculty.

23. **Element 7.3: Department Chair Qualifications**
A COM must employ 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.

Provide:
a. A copy of job description for each department chair, or equivalent.
b. A complete and current curriculum vitae for each department chair, or equivalent.

c. For each clinical department chair, or equivalent, provide a copy of the medical license. (If a DO or MD)
d. For each clinical department chair, or equivalent, provide a copy of the AOA or ABMS board certification documents. (If a DO or MD)

24. **Element 7.4: Primary Care Leadership**
A COM may organize its medical faculty under an organizational structure of its own design, but the leadership of the COM's clinical education must include one or more actively licensed osteopathic physicians who are 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.

Provide:
a. A current job description,
b. A complete current curriculum vitae,
c. A copy of the medical license, and
d. The AOA or ABMS board certification for each chair of primary care (or equivalent).

25. **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.

Provide:
a. A current job description,
b. A complete current curriculum vitae,
c. A copy of the medical license, and
d. The American Osteopathic Board of Neuromusculoskeletal Medicine (AOBNMM) or a Certificate of Special Proficiency in OMM (C-SPOMM) documentation for the chair/content expert of OMM/OPP.

26. **Element 7.6: Faculty Development**
A COM must develop and implement an ongoing needs-based, assessment-driven, faculty development program for faculty at all campus locations that is in keeping with the COM's mission.

Provide:
a. A description of the process that ensures the faculty members at the additional location participate in faculty development programs and participate in the ongoing

needs-based, assessment-driven faculty development process.

27. **Element 7.7: Faculty Association**
A COM must have a faculty organization that serves as a representative forum for faculty participation for the free exchange of ideas and concerns, of all faculty. The faculty association must include representation of faculty from all campus locations, when applicable. A branch campus may have a faculty association independent from its parent COM.

Provide:
a. Evidence that the faculty association will include representation of faculty from all campus locations.
b. A list of faculty association(s) meeting dates, rosters of attendees, and meeting minutes for the past academic year.

28. **Element 8.1: Research and Scholarly Strategic Plan**
A COM must produce and publish a strategic plan for research and scholarly activities at all campus locations that documents how the COM intends to contribute to the advancement of knowledge through research and scholarly contributions. The plan must include cultural competency and health disparities research/scholarly activities.

Provide:
a. A copy of a strategic plan that includes research and scholarly activity at the additional location.

29. **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.

Provide:
a. A description of the budgetary processes at the additional location that will support research and scholarly activity by its faculty and students.
b. A copy of the research and scholarly activity budget at the additional location through the anticipated graduation of the first class of students.

30. **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).

Provide:
a. A description of how OMM and OPP will be incorporated into the additional location's research and scholarly activity.

31. **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 at all campus locations.

Provide:
a. A copy of all student research and scholarly activity policies at the additional location.

32. **Element 9.1: Admissions Policy**
Admissions policies for the additional location must be the same as the parent COM.

Provide:
a. An explanation of any changes to the admissions policies and technical standards.

33. **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.

Provide:
a. A description of the process for ensuring that academic counseling will be provided to students at the additional location. (Not to exceed 250 words)

Note: COMs that have met the qualifications to request a substantive change are expected to uphold the same level of service provided to students, faculty, and staff to ensure success of the additional location.

34. **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.

Provide:
a. A description of the process for ensuring that career counseling, including GME readiness, will be provided to students at the additional location. (Not to exceed 250 words.)

Note: COMs that have met the qualifications to request a substantive change are expected to uphold the same level of service provided to students, faculty, and staff to ensure success of the additional location.

35. **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.

Provide:

a. A description of all financial aid and debt counseling sessions that will be provided to students at the additional location. (Not to exceed 250 words)

Note: COMs that have met the qualifications to request a substantive change are expected to uphold the same level of service provided to students, faculty, and staff to ensure success of the additional location.

36. **Element 9.8: Mental Health Services**
A COM must have policies and procedures to provide its students at all locations with confidential access to an effective system of counseling and mental healthcare from a mental health care provider. A mental health care provider must be accessible 24 hours a day, 365 days a year, from all locations where students receive education from the COM.

Provide:
a. The policies and procedures for students seeking counseling and mental health services at the additional location. The policies and procedures should include a list of the mental health services available to students 24 hours a day, 365 days a year at all teaching locations with service locations and hours.

37. **Element 9.9: Physical Health Services**
A COM must have policies and procedures to provide its students with access to diagnostic, preventive, and therapeutic health services accessible in all locations where students receive education from the COM.

Provide:
a. The policies and procedures for students seeking diagnostic, preventive, and therapeutic health services at the additional location. The policies and procedures should include a list of the health service locations where students may seek care at all teaching locations.

38. **Element 9.11: Health Insurance**
An additional location must require that all students have health insurance. An additional location, or its parent institution, must offer a health insurance plan option to all students.

Provide:
a. The policies and procedures regarding health insurance for students, including the annual verification process at the additional location.
b. A link to the public webpage where the health insurance policies are/will be published.

39. **Element 10.2: ACGME GME** (Pre-Accreditation Element)
A COM requesting an additional location 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 at the additional location with the UME/GME transition.

A COM requesting an additional location 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, branch campuses, or additional locations.)

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.

Provide:
a. The COM's/additional location's policy and description of its mechanism for assisting new and existing GME in meeting the requirements for accreditation.
b. Pre-Accreditation Table 10.2a for all affiliated ACGME programs for which the COM/additional location has supported development and growth.
c. Evidence of ACGME approval of new PGY-1 positions supported by the COM/additional location.

Note: In states where first-year residency development in GME is required by law, a COM/additional location must demonstrate how it is complying with this requirement.

40. **Element 10.3: Osteopathic Recognition of GME**
A COM must provide a mechanism to assist GME programs in meeting the requirements of osteopathic recognition.

Provide:
a. Documentation demonstrating the COM's processes and commitment of resources to assist GME programs to achieve osteopathic recognition at the additional location.

41. **Element 11.1: Program Assessment**
A COM must conduct learning outcome assessments that connect to its program mission, goals, and objectives to continuously improve the educational quality of its osteopathic medical education program.

Provide:
a. An explanation of the process of program assessment.
b. Documents governing how the COM conducts program learning outcome assessments at the additional location.

42. **Element 11.4a: COMLEX-USA**
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.

Provide:
a. All COM policies and procedures related to the COMLEX-USA exam.
b. A link to the public webpage where the COM's last four years of COMLEX-USA Level 1, Level 2, and Level 3 first time pass rates are published and where the first-time pass rates for the additional location will be published.

Element 11.4b: GME Placement Rates
A COM must continually publish publicly the placement rates of its students in graduate medical education programs.

Provide:
a. A link to the public webpage where the COM's last four years of GME placement rates are published and where the placement rates for the additional location will be published.

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.

Provide:
a. A link to the public webpage where the COM's data for the last four years of graduation rates by matriculation cohort at years 4, 5, and 6 for students only pursuing the DO degree are published and where the cohort graduation rates for the additional location will be published.

11.4d: Cohort Retention Rates
A COM must continually publish publicly the retention rates (as defined in the glossary) by matriculation cohort.

Provide:
a. A link to the public webpage where the COM's data for the last four years of retention rates (as defined in the glossary) by matriculation cohort are published and where the cohort retention rates for the additional location will be published.

Note: Elements 12.1-12.10 are for additional locations that the COCA will serve as institutional accreditor. These elements can be found at the following web page: https://osteopathic.org/index.php?aam-media=/wp-content/uploads/2023-COM-New-and-Developing-Accreditation-Standards.pdf

As of March 1, 2024, the COCA will no longer accept applications to serve as an institutional accreditor.

Any Standards/Elements not specifically addressed above are expected to be the same as those on the parent campus.

Upon successful completion of the Step I application materials, the COCA may approve the COM to advance to Step II of the application process or request additional information.

The COCA may require periodic written reports from the COM to demonstrate progress in developing the additional location.

Step II: Additional Location Self-Study and Site Visit

Not less than 18 months prior to the planned matriculation of students at the additional location, the COM must submit a self-study demonstrating 100% compliance on each of the Candidate, Pre-Accreditation, and Continuing accreditation elements listed in Step I of the application. The report must be submitted no later than 90 days prior to the meeting at which it will be reviewed. When the self-study is approved, a Step II site visit will be scheduled.

The additional location self-study and the Step II site visit report will be reviewed by the COCA not less than 12 months prior to the matriculation of students at the additional location. Upon approval, and funding of the required escrow accounts, the COM may begin advertising and recruiting students at the additional location.

Note: Facilities must be in a state of substantial completion as demonstrated by submission of a government-issued Certificate of Occupancy by December 31st the year prior to matriculation of students at the additional location and the COM must be on-time with the approved construction and hiring timelines.

Step III: Additional Location Pre-Operational Site Visit

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

Progress reports may be required by the COCA. These may require information about the parent campus and the additional location, as specified by the COCA.

Step IV: Year 1 Focused Site Visit

Step IV commences the monitoring phase of the additional location substantive change request.

Within six months after matriculation of students at the additional location, a Year 1 Focused Site Visit will be conducted to assess the facilities, faculty, student services, finances, and administrative capacity to operate the additional location. Ninety (90) days prior to the site visit, a self-study must be submitted demonstrating compliance with the following **Pre- accreditation and Continuing accreditation elements**. (All elements are Continuing accreditation elements unless otherwise noted.)

1. **Element 1.3: Licensing and Regional/ Institutional Accreditation**
   Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
   a. The charter, license, or letter of approval from all states and agencies issuing such approvals.
   b. The public webpage that describes the additional location's relationship with a partner institution (if applicable).

2. **Element 2.3: Academic and Administrative Leadership**
   Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
   a. An organizational chart that shows the COM's leadership positions (including titles and names) and reporting relationships.
   b. The current job description for each member of the administrative leadership team (Associate Deans, Assistant Deans, and senior level administrators; do not include department chairs).
   c. A current curriculum vitae for each member of the administrative leadership team (Associate Deans, Assistant Deans, and senior level administrators; do not include department chairs).
   d. A copy of the employee's medical license (if a DO or MD) if required based on the position description.
   e. A copy of the employee's AOA or ABMS board certification documents (if a DO or MD) that includes the certification expiration date if required based on the position description.

3. **Element 3.1: Financial Resources**[3]
   Provide:
   a. An operational budget showing income, revenue sources, and expenses including budget for faculty and staff for the additional location up through the anticipated graduation of the first class of students. Indicate (highlight) any changes or updates since the initial submission.
   b. Documentation of any changes in status in Title IV HEA program participation.

[3] Historical financial reports from the existing campus, plus operating budget, and capital budget, and hiring pro forma for the additional location.

4. **Element 3.4: Financial Audit**
   Provide:
   a. The annual audited financial statement and audit report for the COM or its parent institution for the latest complete fiscal year.

5. **Element 4.1: Facilities (Details on the additional location only)**
   Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
   a. A completed Continuing Table 4.1 to describe the on-campus facilities of the additional location dedicated to DO students.

   Note: COMs that met the qualifications to request a substantive change are expected to expand facility resources or demonstrate current facility resources can accommodate the requested change and ensure the same level of student success that was achieved prior to the request. Special attention must be paid to student study space.

   b. Floor plans of the additional location facilities with designations of how the space will be utilized (full architectural drawings are not required).
   c. A description of, and indicate on the floor plans provided, the facilities used for simulation, study space, and standardized patient encounters provided to students.
   d. If there will be any changes in the core and required rotation facilities, describe how the COM will assess the adequacy of the core and required clinical rotation facilities, including how students will be involved in the assessment.

6. **Element 4.2: Security and Public Safety**
   Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
   a. The security and safety related policies and procedures.
   b. The link to the public webpage where security and public safety information is published.
   c. The most recent report required under the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, 20 U.S.C. § 1092(f), as amended.
   d. The link to the public webpage where the COM's Clery Report is published.

7. **Element 4.3: Information Technology**
   Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
   a. The COM's information technology strategic plan.
   b. How students, faculty, and staff are involved in the assessment of information technology services.
   c. The most recent technology assessment report, including input from students, faculty, and staff at all locations/campuses and Wi-Fi availability at core and required clinical rotation sites.

8. **Element 4.4: Learning Resources**
   Provide:
   a. A completed Continuing Table 4.4 to describe the COM's learning resources including resources needed to accomplish the learning objectives of the curriculum at the additional location.

9. **Element 6.1: Curriculum Design and Management**
   Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
   a. How the approved body (e.g., curriculum committee) will operate at the additional location.
   b. A list of meeting dates and meeting minutes for the past academic year.

10. **Element 6.2: Programmatic Level Educational Objectives**
    Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
    a. The programmatic level educational objectives for the osteopathic medical education program.
    b. The link to the public webpage where the information is published.

11. **Element 6.4: Osteopathic Core Competencies**
    Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
    a. The COM's delivery of its curriculum including teaching and educating its students to ensure the development of the seven osteopathic core competencies.
    b. The curriculum map demonstrating where the osteopathic core competencies are/will be delivered.

    Note: A single curriculum map can be provided for elements 6.4-6.8 and 6.12.

12. **Element 6.5: Scientific Method**
    Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
    a. The COM's inclusion of scientific method in the curriculum.
    b. The curriculum map demonstrating where scientific method content is/will be delivered.

13. **Element 6.6: Principals of Osteopathic Medicine**
    Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
    a. The COM's delivery of Osteopathic Principles and Practice (OPP), including both observation and hands-on application of Osteopathic Manipulative Medicine (OMM) in all four years of the curriculum.
    b. The curriculum map demonstrating where OPP and OMM content is/will be delivered.

14. **Element 6.7: Self-Directed Learning**
    Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
    a. The COM's inclusion of self-directed learning in the curriculum.
    b. The curriculum map demonstrating where self-directed learning experiences and time for independent study are/will be delivered.

15. **Element 6.8: Interprofessional Education for Collaborative Practice**
    Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
    a. The COM's inclusion of interprofessional education for collaborative practice in the curriculum.
    b. The curriculum map demonstrating where interprofessional education is/will be delivered.

16. **Element 6.9: Clinical Education**
    Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
    a. In the demonstration of adequate faculty, for 100% of the COM's students eligible to enter core and required clinical rotations for the first time, students repeating core or required rotations, and off-cycle students for 3 academic years following the approval of the requested change.
    b. In the list of all contracted clinical sites for core and required clinical rotations. At the time of the site visit, a COM must produce all documents that evidence the acceptance of the COM's students to participate at the affiliate sites, including all executed affiliation agreements.
    c. In the contingency plan for all core and required clinical rotations indicating how students will be placed in clinical education in the event that opportunities are no longer available due to the requested change in location.

17. **Element 6.10: Clinical Education Experience**
    Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
    a. The process the COM will use to ensure students will receive:
        i. 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;
        ii. At least one rotation under the supervision of an osteopathic physician; and
        iii. More than one rotation in an inpatient setting prior to their fourth-year clinical clerkships.

18. **Element 6.11: Comparability Across Clinical Education Sites**
    Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
    a. The policies and procedures that outline how student outcomes at clinical

educational sites will be reviewed and utilized in the determination of the comparability of outcome of the clinical experiences. The policies and procedures should describe the mechanism for performing a statistical analysis and a plan to address any issues found.

19. **Element 7.1: Faculty and Staff Resources and Qualifications**
An additional location 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.

Note: COMs that have met the qualifications to request a substantive change are expected to uphold the same level of faculty and staff resources to ensure success of the additional location.

Provide:
a. An organizational chart (including titles and names) demonstrating how the faculty at the additional location are organized.
b. Continuing Tables 7.1a and 7.1b.
c. A description of the mechanism to review and approve credentials of physician faculty that have never been board certified or are not currently board eligible by the AOA or ABMS at non-core rotations sites.

20. **Element 7.2: Faculty Approvals at All Teaching Sites**
Provide:
a. A copy of the policies and procedures for credentialing and appointment, or approval of all COM faculty.
b. A completed Continuing Table 7.2 listing credentials for all clinical faculty.

21. **Element 7.3: Department Chair Qualifications**
Provide:
a. A copy of job description for each department chair, or equivalent.
b. A complete and current curriculum vitae for each department chair, or equivalent.
c. For each clinical department chair, or equivalent, provide a copy of the medical license. (If a DO or MD)
d. For each clinical department chair, or equivalent, provide a copy of the AOA or ABMS board certification documents. (If a DO or MD)

22. **Element 7.4: Primary Care Leadership**
Provide:
a. A copy of the job description for the chair of primary care, or equivalent.
b. A complete and current curriculum vitae for the chair of primary care, or equivalent.
c. A copy of the chair's, or equivalent, medical license.
d. A copy of the chair's, or equivalent, AOA or ABMS board certification documents.

23. **Element 7.5: OMM/OPP Leadership**
    Provide:
    a. A copy of the job description for the chair of OMM/OPP*.
    b. A complete and current curriculum vitae for the chair of OMM/OPP*.
    c. A copy of the chair's* medical license.
    d. A copy of the chair's* board certification documents.

    * or person responsible for developing the OMM/OPP curriculum.

24. **Element 7.6: Faculty Development**
    Provide:
    a. A report of the most recent annual faculty development needs assessment.
    b. A roster of all faculty development activities for the past academic year, including documentation of the faculty participation at each activity.

25. **Element 7.7: Faculty Association**
    Provide:
    a. Evidence that the faculty association includes representation of faculty from all campus locations.
    b. A list of faculty association(s) meeting dates, rosters of attendees, and meeting minutes for the past academic year.

26. **Element 8.1: Research and Scholarly Strategic Plan**
    Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
    a. The strategic plan that includes research and scholarly activity at the additional location.

27. **Element 8.2: Research and Scholarly Activity Budget**
    Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
    a. The budgetary processes at the additional location that will support research and scholarly activity by its faculty and students.
    b. The research and scholarly activity budget at the additional location through the anticipated graduation of the first class of students.

28. **Element 8.3: OMM/OPP Research and Scholarly Activity**
    Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
    a. How OMM and OPP is incorporated into the additional location's research and scholarly activity.

29. **Element 8.4: Student Participation in Research and Scholarly Activity**
    Provide:
    a. Any changes to the student research and scholarly activity policies that encompasses the additional location.

b. Continuing Table 8 to document student research and scholarly activity.

30. **Element 9.1: Admissions Policy**
Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
a. In the admissions policies and technical standards.

31. **Element 9.5 Academic Counseling**
Provide:
a. A description of the process for ensuring that academic counseling will be provided to students at the additional location. (Not to exceed 250 words)
b. A completed Continuing Table 9.5.

Note: COMs that have met the qualifications to request a substantive change are expected to uphold the same level of service provided to students, faculty, and staff to ensure success of the additional location.

32. **Element 9.6: Career Counseling**
Provide:
a. A description of the process for ensuring that career counseling, including GME readiness, will be provided to students at the additional location. (Not to exceed 250 words.)

Note: COMs that have met the qualifications to request a substantive change are expected to uphold the same level of service provided to students, faculty, and staff to ensure success of the additional location.

33. **Element 9.7: Financial Aid and Debt Management Counseling**
Provide:
a. A description of all financial aid and debt counseling sessions that will be provided to students at the additional location. (Not to exceed 250 words)

Note: COMs that have met the qualifications to request a substantive change are expected to uphold the same level of service provided to students, faculty, and staff to ensure success of the additional location.

34. **Element 9.8: Mental Health Services**
Provide:
a. The policies and procedures for students seeking counseling and mental health services at the additional location. The policies and procedures should include a list of the mental health services available to students 24 hours a day, 365 days a year at all teaching locations with service locations and hours.

35. **Element 9.9: Physical Health Services**
Provide:
a. The policies and procedures for students seeking diagnostic, preventive, and

therapeutic health services at the additional location. The policies and procedures should include a list of the health service locations where students may seek care at all teaching locations.

36. **Element 9.11: Health Insurance**
Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
a. The policies and procedures regarding health insurance for students, including the annual verification process at the additional location.
b. The link to the public webpage where the health insurance policies are/will be published.

37. **Element 10.2: Accredited GME** (Pre-Accreditation Element)
A COM requesting an additional location 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 at the additional location with the UME/GME transition.

A COM requesting an additional location 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, branch campuses, or additional locations.)

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.

Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
a. The COM's/additional location's policy and description of its mechanism for assisting new and existing GME in meeting the requirements for accreditation.
b. Pre-Accreditation Table 10.2a for all affiliated ACGME programs for which the COM/additional location has supported development and growth.
c. Evidence of ACGME approval of new PGY-1 positions supported by the COM/additional location.

38. **Element 10.3: Osteopathic Recognition of GME**
Provide documentation of any changes to the following that may have occurred since Step II of the additional location request:
a. The COM's processes and commitment of resources to assist GME programs to achieve osteopathic recognition at the additional location.

39. **Element 11.1: Program Assessment**
Provide documentation of any changes to the following that may have occurred

since Step II of the additional location request:
a. In the process of program assessment.
b. How the COM conducts program learning outcome assessments at the additional location.

40. **Element 11.4a: COMLEX-USA**
Provide:
a. All COM policies and procedures related to the COMLEX-USA exam.
b. A link to the public webpage where the COM's last four years of COMLEX-USA Level 1, Level 2, and Level 3 first time pass rates are published and where the first-time pass rates for the additional location will be published.

Element 11.4b: GME Placement Rates
Provide:
a. A link to the public webpage where the COM's last four years of GME placement rates are published and where the placement rates for the additional location will be published.

11.4c: Cohort Graduation Rates
Provide:
a. A link to the public webpage where the COM's data for the last four years of graduation rates by matriculation cohort at years 4, 5, and 6 for students only pursuing the DO degree are published and where the cohort graduation rates for the additional location will be published.

11.4d: Cohort Retention Rates
Provide:
a. A link to the public webpage where the COM's data for the last four years of retention rates (as defined in the glossary) by matriculation cohort are published and where the cohort retention rates for the additional location will be published.

Note: Elements 12.1-12.10 are for additional locations that the COCA will serve as institutional accreditor. These elements can be found at the following web page: https://osteopathic.org/index.php?aam-media=/wp-content/uploads/2023-COM-New-and-Developing-Accreditation-Standards.pdf

As of March 1, 2024, the COCA will no longer accept applications to serve as an institutional accreditor.

Step V: Year 2 Progress Report

During the second year of operation of the additional location, a Year 2 Progress Report will be required to assess the readiness for clinical education. Materials must be submitted at least 90 days prior to the COCA meeting where the substantive change monitoring will be reviewed. The following

Pre-accreditation and Continuing accreditation elements will be reviewed. (All elements are Continuing accreditation elements unless otherwise noted.)

1. **Element 4.1: Facilities**
   Note: COMs that have met the qualifications to request a substantive change are expected to expand facility resources or demonstrate current facility resources can accommodate the requested change and ensure the same level of student success that was achieved prior to the request. Special attention must be paid to student study space.

   Provide documentation of any changes to the following that may have occurred since Step IV of the additional location request:
   a. If there will be any changes in the core and required rotation facilities, describe how the COM will assess the adequacy of the core and required clinical rotation facilities, including how students will be involved in the assessment.

2. **Element 4.3: Information Technology**
   Provide documentation of any changes to the following that may have occurred since Step IV of the additional location request:
   a. The COM's information technology strategic plan that describes the technological resources of the proposed new location. The strategic plan should include goals, objectives, timelines, and parties responsible for attaining the goals.
   b. The description of how students, faculty, and staff will be involved in the assessment of information technology services at the additional location.

3. **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.

   Provide:
   a. The policies addressing student supervision during the provision of patient care, including policies on the use of telemedicine, if applicable.
   b. A link to the public webpage where the documents are published.
   c. Demonstrate how this information is provided to students, faculty, and staff.

4. **Element 6.1: Curriculum Design and Management**
   Provide documentation of any changes to the following that may have occurred since Step IV of the additional location request:
   a. How the approved body (e.g. curriculum committee) will operate at the additional location.
   b. A list of meeting dates and meeting minutes for the past academic year.

5. **Element 6.9: Clinical Education**
   Provide documentation of any changes to the following that may have occurred since Step IV of the additional location request:
   a. In the demonstration of adequate faculty, for 100% of the COM's students eligible to enter core and required clinical rotations for the first time, students repeating core or required rotations, and off-cycle students for 3 academic years following the approval of the requested change.
   b. In the A list of all contracted clinical sites for core and required clinical rotations. At the time of the site visit, a COM must produce all documents that evidence the acceptance of the COM's students to participate at the affiliate sites, including all executed affiliation agreements.
   c. In the contingency plan for all core and required clinical rotations indicating how students will be placed in clinical education in the event that opportunities are no longer available due to the requested change in location.

6. **Element 6.10: Clinical Experience**
   Provide documentation of any changes to the following that may have occurred since Step IV of the additional location request:
   a. The process the COM will use to ensure students will receive:
      i. 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;
      ii. At least one rotation under the supervision of an osteopathic physician; and
      iii. More than one rotation in an inpatient setting prior to their fourth-year clinical clerkships.

7. **Element 6.11: Comparability Across Clinical Education Sites**
   Provide documentation of any changes to the following that may have occurred since Step IV of the additional location request:
   a. The policies and procedures that outline how student outcomes at clinical educational sites will be reviewed and utilized in the determination of the comparability of outcome of the clinical experiences. The policies and procedures should describe the mechanism for performing a statistical analysis and a plan to address any issues found.

8. **Element 7.1: Faculty and Staff Resources and Qualifications**
   Note: COMs that have met the qualifications to request a substantive change are expected to uphold the same level of faculty and staff resources to ensure success of the additional location.

   Provide:
   a. An organizational chart (including titles and names) demonstrating how the faculty at the additional location are organized.
   b. Continuing Tables 7.1a and 7.1b.
   c. A description of the mechanism to review and approve credentials of physician

faculty that have never been board certified or are not currently board eligible by the AOA or ABMS at non-core rotations sites.

9. **Element 7.2: Faculty Approvals at All Teaching Sites**
   Provide:
   a. A copy of the policies and procedures for credentialing and appointment, or approval of all COM faculty.
   b. A completed Continuing Table 7.2 listing credentials for all clinical faculty.

10. **Element 7.3: Department Chair Qualifications**
    Provide documentation of any changes to the following that may have occurred since Step IV of the additional location request:
    a. The job description for each department chair, or equivalent.
    b. The complete and current curriculum vitae for each department chair, or equivalent.
    c. For each clinical department chair, or equivalent, a medical license. (If a DO or MD)
    d. For each clinical department chair, or equivalent, the AOA or ABMS board certification documents. (If a DO or MD)

11. **Element 7.4: Primary Care Leadership**
    Provide documentation of any changes to the following that may have occurred since Step IV of the additional location request:
    a. The job description for the chair of primary care, or equivalent.
    b. The complete and current curriculum vitae for the chair of primary care, or equivalent.
    c. The medical license.
    d. The AOA or ABMS board certification documents.

12. **Element 7.5: OMM/OPP Leadership**
    Provide documentation of any changes to the following that may have occurred since Step IV of the additional location request:
    a. The job description for the chair of OMM/OPP*.
    b. The complete and current curriculum vitae for the chair of OMM/OPP*.
    c. A medical license.
    d. The board certification documents.

    * or person responsible for developing the OMM/OPP curriculum.

13. **Element 9.5: Academic Counseling**
    Provide:
    a. Any changes in the process for ensuring that academic counseling is provided to students at the additional location. (Not to exceed 250 words)
    b. A completed Continuing Table 9.5.

    Note: COMs that have met the qualifications to request a substantive change are

expected to uphold the same level of service provided to students, faculty, and staff to ensure success of the additional location.

14. **Element 9.6: Career Counseling**
    Provide:
    a. Any changes in the process for ensuring that academic counseling is provided to students at the additional location. (Not to exceed 250 words)
    b. A completed Continuing Table 9.6.

    Note: COMs that have met the qualifications to request a substantive change are expected to uphold the same level of service provided to students, faculty, and staff to ensure success of the additional location.

15. **Element 9.7: Financial Aid and Debt Management Counseling**
    Provide:
    a. When 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

    Note: COMs that have met the qualifications to request a substantive change are expected to uphold the same level of service provided to students, faculty, and staff to ensure success of the additional location.

16. **Element 9.8: Mental Health Services**
    Provide documentation of any changes to the following that may have occurred since Step IV of the additional location request:
    a. The policies and procedures for students seeking counseling and mental health services.
    b. The link to the public webpage where students can/will be able to access mental health care information.
    c. The list of the mental health services available to students at all teaching locations with service locations and hours

17. **Element 9.9: Physical Health Services**
    Provide documentation of any changes to the following that may have occurred since Step IV of the additional location request:
    a. The policies and procedures for students seeking diagnostic, preventive, and therapeutic health services.
    b. The link to the public webpage where students can/will be able to access physical health services information.
    c. The list of the health service locations where students may seek care at all teaching locations.

18. **Element 9.11: Health Insurance**
    Provide documentation of any changes to the following that may have occurred

since Step IV of the additional location request:
a. The policies and procedures regarding health insurance for students, including the annual verification process at the additional location.
b. The link to the public webpage where the health insurance policies are published.

19. **Element 10.2: ACGME GME** (Pre-Accreditation Element)
Provide:
a. Any changes in the number of ACGME approved PGY-1 residency positions supported by the COM/additional location.
b. A completed Pre-Accreditation Table 10.2a for all affiliated ACGME programs for which the COM/additional location has supported development and growth.
c. Evidence of ACGME approval of new PGY-1 positions supported by the COM/additional location.

20. **Element 11.1: Program Assessment**
Provide:
a. The guiding documents which govern how the COM conducts learning outcomes 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.
b. A list of the learning outcome assessments performed over the past three academic years.
c. Examples of changes in curriculum, pedagogy, counseling, or other aspects of the student experience that have been made as a result of recent program reviews in order to more fully support student learning, including the core competencies.

21. **Element 11.4a: COMLEX-USA**
Provide documentation of any changes to the following that may have occurred since Step IV of the additional location request:
a. The COM policies and procedures related to the COMLEX-USA exam.
b. The link to the public webpage where the COM's last four years of COMLEX-USA Level 1, Level 2, and Level 3 first time pass rates are published and where the first time pass rates for the additional location will be published.

Note: An additional location must report COMLEX-USA pass rates for the additional location separate and independent from the main COM.

Element 11.4b: GME Placement Rates
Provide documentation of any changes to the following that may have occurred since Step IV of the additional location request:
a. The link to the public webpage where the COM's last four years of GME placement rates are published and where the placement rates for the additional location will be published.

Note: An additional location must report GME placement rates for the additional

location separate and independent from the main COM.

22. **Element 11.5: Student Survey (COCA will conduct a survey of students)**
A COM must cooperate with the administration of the COCA student survey as part of the comprehensive accreditation process.

Provide:
a. A description of the methods the COM will use to support the completion of the COCA student survey.
b. Provide a report of the COM's review of the findings from the COCA student survey highlighting any actions planned to address noted concerns. (Not to exceed 500 words)

Step VI: Year 3 Progress Report

During the third year of operation, a Year 3 Progress Report demonstrating readiness for graduate medical education will be required. Materials must be submitted at least 90 days prior to the COCA meeting where the substantive change monitoring will be addressed demonstrating compliance with the following Pre-accreditation and Continuing accreditation elements. (All elements are Continuing accreditation elements unless otherwise noted.)

1. **Element 4.1: Facilities**
Provide documentation of any changes to the following that may have occurred since Step V of the additional location request:
a. Any changes in the core and required rotation facilities, describe how the COM will assess the adequacy of the core and required clinical rotation facilities, including how students will be involved in the assessment.

2. **Element 9.5: Academic Counseling**
Provide:
a. Any changes in the process for ensuring that academic counseling is provided to students at the additional location. (Not to exceed 250 words)
b. A completed Continuing Table 9.5.

3. **Element 9.6: Career Counseling**
Provide:
a. The description of the process for ensuring that career counseling, including GME readiness, is/will be provided to students (Not to exceed 250 words).
b. A completed Continuing Table 9.6.

4. **Element 9.7: Financial Aid and Debt Management Counseling**
Provide:
a. When 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.

5. **Element 9.8: Mental Health Services**
   Provide documentation of any changes to the following that may have occurred since Step V of the additional location request:
   a. The policies and procedures for students seeking counseling and mental health services.
   b. The link to the public webpage where students can/will be able to access mental health care information.
   c. The list of the mental health services available to students at all teaching locations with service locations and hours

6. **Element 9.9: Physical Health Services**
   Provide documentation of any changes to the following that may have occurred since Step V of the additional location request:
   a. The policies and procedures for students seeking diagnostic, preventive, and therapeutic health services.
   b. The link to the public webpage where students can/will be able to access physical health services information.
   c. The list of the health service locations where students may seek care at all teaching locations.

7. **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.

   Provide:
   a. The COM's policies and describe the COM's procedures, personnel, and budgetary resources that support the continuum of osteopathic medical education.

8. **Element 10.2: ACGME Accredited GME** (Pre-Accreditation Element)
   Provide:
   a. Any changes in the number of ACGME approved PGY-1 residency positions supported by the COM/additional location.
   b. A completed Pre-Accreditation Table 10.2a for all affiliated ACGME programs for which the COM/additional location has supported development and growth.
   c. Evidence of ACGME approval of new PGY-1 positions supported by the COM/additional location.

9. **Element 10.3: Osteopathic Recognized GME**
   Provide documentation of any changes to the following that may have occurred since Step V of the additional location request:
   a. The COM's processes and commitment of resources to assist GME programs to achieve osteopathic recognition at the additional location.

10. **Element 11.1: Program Assessment**
    Provide documentation of any changes to the following that may have occurred since Step V of the additional location request:
    a. In the process of program assessment.
    b. How the COM conducts program learning outcome assessments at the additional location.

11. **Element 11.4a: COMLEX-USA**
    Provide documentation of any changes to the following that may have occurred since Step V of the additional location request:
    a. The COM policies and procedures related to the COMLEX-USA exam.
    b. The link to the public webpage where the COM's last four years of COMLEX-USA Level 1, Level 2, and Level 3 first time pass rates are published and where the first time pass rates for the additional location are published.

    Note: Class size increase at an additional location must report COMLEX-USA pass rates for the additional location separate and independent from the main COM.

    Element 11.4b: GME Placement Rates
    Provide documentation of any changes to the following that may have occurred since Step V of the additional location request:
    a. The link to the public webpage where the COM's last four years of GME placement rates are published and where the placement rates for the additional location will be published.

    Note: Class size increase at an additional location must report GME placement rates for the additional location separate and independent from the main COM.

Step VII: Student Survey and Comprehensive Site Visit

During the 4th year of operation at the additional location and prior to the graduation of its first class, a student survey will be conducted by the COCA and a comprehensive site visit will be conducted at all campus locations. The self-study demonstrating compliance with all the Continuing accreditation elements will be due 90 days prior to the site visit.

In addition, a review of the COM's COMLEX-USA pass rates will be conducted as part of the annual survey.

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