

SITE VISIT MANUAL:

A guide for institutions and site visitors

| | |
|--|---|
| Document Title: | Site Visit Manual |
| Approved By: | ACAHM Executive Director |
| Document History: | Release Date: 22 January 2018 |
| | Last updated: 24 January 2024 |
| Related ACAHM Policies and Documents: | Accreditation Procedures ; Site Visitor Policy ; On-Site Observer Policy ; Conflict of Interest and Disclosure Policy ; Confidentiality and Non-Disclosure Agreement ; Code of Conduct and Professional Ethics Guide ; Comprehensive Accreditation Standards and Criteria ; Glossary ; Legal and Regulatory Checklist |
| References: | 34 CFR §600.2; 20 U.S.C. 1099b; Federal Student Aid Handbook |
| Responsible Official: | ACAHM Director of Accreditation Services |

Contents

| | |
|---|----|
| Introduction | 3 |
| Purpose of the Site Visit | 3 |
| Prior to the Site Visit | 4 |
| <i>Preparation for the Site Visit</i> | 5 |
| <i>The Site Visit Team</i> | 6 |
| <i>The Team Chair</i> | 9 |
| <i>Conflicts of Interest</i> | 10 |
| <i>Confidentiality</i> | 10 |
| <i>Code of Conduct and Professional Ethics</i> | 10 |
| <i>Site Visitor Conduct Expectations</i> | 11 |
| Site Visit Arrangements..... | 16 |
| <i>Institutional Approval of Team</i> | 16 |
| <i>ACAHM Financial Guidelines for Site Visitors and Institutions</i> | 17 |
| <i>Site Visitor Compensation</i> | 19 |
| <i>Financial Reimbursement and Documentation</i> | 20 |
| Activities Related to the Site Visit..... | 21 |
| <i>Sample Site Visit Agenda</i> | 23 |
| <i>Team Activities Before the Site Visit</i> | 26 |
| Principal Elements of the Site Visit Process | 27 |
| <i>Data Gathering & Evaluation Overview</i> | 29 |
| <i>Interviewing Overview</i> | 30 |
| <i>Observation and Review of Clinical Training</i> | 38 |
| <i>Observation of Classroom Instruction</i> | 39 |
| <i>Team Discussion and Required Consensus Building Sessions</i> | 39 |
| The Exit Summary | 39 |
| WRITING THE SITE VISIT REPORT | 40 |
| <i>Guidelines For Writing Reports</i> | 40 |
| <i>Site Visit Report Format</i> | 45 |
| After the Site Visit..... | 47 |
| Guidelines for Assessing Compliance with Standards & Criteria for Accreditation | 48 |
| Document Review and Interviews Correlated to Standards and Criteria | 63 |
| Manual Revision History | 96 |

Introduction

Pursuing and maintaining ACAHM accreditation is a voluntary process to help ensure that institutions/programs meet acceptable levels of quality.

Functions of the ACAHM accreditation process include:

1. assess the quality of academic programs at institutions of higher education,
2. create a culture of continuous improvement of academic quality at colleges and universities and stimulate a general raising of standards among educational institutions,
3. involve faculty and staff comprehensively in institutional evaluation and planning, and
4. establish criteria for professional certification and licensure and for upgrading courses offering such preparation.

This manual is intended to guide administrators at host institutions and site visit team members in their work. This manual should be used in conjunction with the following foundational resources:

1. the [ACAHM Comprehensive Standards and Criteria](#) which include the Eligibility Requirements;
2. ACAHM Policies and Procedures (<http://acaahm.org/policies/>).

Administrators at the host institution who have been assigned to coordinate a visit are advised to read this manual thoroughly in conjunction with making plans for the visit. This manual contains helpful hints for managing the details of the visit, and describes the types of reports and documents (“evidence”) that must be made available to site visit team members.

Site visitors should read this manual in its entirety to ensure familiarity with visit preparation, visitor expectations, and site visit report composition. In addition, it provides visit teams suggested interview questions and information to consider when reviewing specific Standards.

Any questions that are not answered in these documents should be directed to the Director of Accreditation Services.

NOTE: *In the event of a conflict between any information contained in this Site Visitor Manual and information contained in ACAHM’s standards and policies – the standards and policies shall prevail.*

Purpose of the Site Visit

One of the key components of ACAHM’s accreditation process is the comprehensive site visit. The purpose of the comprehensive site visit is to review evidence, perform interviews, and verify information contained in a program/institution’s self-study submissions, and to obtain in-depth information concerning all administrative and educational aspects of the institution/program. In addition, the site visit permits a team of Commission-appointed peer volunteers to assess a program’s compliance with the ACAHM Standards, and the achievement of its own stated mission, goals, and objectives. The site visit confirms and clarifies the information contained in the comprehensive self-study report document completed by the institution/program, and the site visit team issues a site visit report of its findings to the Commission for staff review. Upon completion of a staff review, the report

is forwarded to the institution, typically within thirty (30) days. Site visits may also be required for interim, focused, compliance, and staff visits as defined under ACAHM's [Commission Actions Policy](#).

Institutional versus Programmatic Visits

ACAHM is the accrediting agency recognized by the U.S. Department of Education ("Department") for the accreditation and pre-accreditation of professional non-degree and graduate degree *programs*, including professional doctoral programs, in the field of acupuncture and related East Asian medicine modalities, as well as freestanding *institutions* and colleges that exclusively offer such programs ("scope of recognition"). ACAHM's scope of recognition allows it to function as an institutional accreditor or as a programmatic accreditor.

Institutional. In instances where ACAHM is the "Institutional" accreditor, site visits are for the purposes of pre-accreditation, accreditation, or continuing accreditation to assess compliance with all relevant ACAHM eligibility requirements, standards, and criteria for accreditation. Institutional accreditation applies to an entire institution, indicating that each of an institution's parts is contributing to the achievement of the institution's objectives. All programs offered by the institution must be within ACAHM's scope of recognition.

Programmatic. If the institution is regionally or nationally accredited by an agency other than ACAHM, then it is not being reviewed for ACAHM institutional accreditation. In such instances ACAHM is a "Programmatic" accreditor. Accordingly, ACAHM's "institution-related" components of the standards and criteria for accreditation are de-emphasized (e.g., no need to evaluate the entire mission of institution, no need to meet with the entire governing board, focus is on the relevant program budget rather than institutional budget, ACAHM is not serving as Title IV federal student aid gatekeeper). However, the institution must ensure that the program(s) at issue operates in an environment that meets ACAHM's Standards and Criteria for Accreditation.

Prior to the Site Visit

Self-Study Report and Staff Review:

It is the burden of each institution/program to demonstrate that it meets all ACAHM eligibility requirements, standards, criteria, policies, and procedures for accreditation. As part of the review process, the institution/program must provide organized, readily accessible evidence (i.e., reports and supporting documents) that demonstrate compliance. It is not the responsibility of the site visit team to request or unearth evidence of compliance not clearly identified and provided by the institution/program. Suggested examples of evidence are listed later in this *Manual*. Questions should be directed to ACAHM's Director of Accreditation Services.

Prior to a site visit, institutions/programs seeking pre-accreditation (previously referred to as candidacy) or accreditation should have undertaken an extensive internal self-review and self-assessment, which is documented in its Self-Study Report (SSR). The SSR is comprised of a narrative addressing all relevant eligibility requirements, standards, and criteria, including an array of supporting evidence. Upon receipt of an SSR, ACAHM staff perform a preliminary review to determine whether the SSR is easily navigable, appropriately organized, and appears to adequately address all necessary

components. If a Self-Study Report appears incomplete, staff may reject the SSR or request that a program provide supplemental reports and/or documentation.

ACAHM staff determine whether an institution/program is ready to host a site visit and be considered for pre-accreditation or accreditation based upon a review of the school's SSR and any supplemental reports or documentation provided. ACAHM staff **do not** approve the SSR's content, but rather determine whether the institution/program is ready for a team of volunteer peer evaluators to validate the contents of the SSR, clarify questions about the institution/program, and assess compliance with ACAHM standards.

Preparation for the Site Visit

Required Preliminary Information

ACAHM will send each institution/program being visited in the relevant site visit cycle (spring cycle or fall cycle) a *Site Visit Date Preference Form* requesting information like:

- Identity of contact person who will serve as a liaison between ACAHM, site visitors and institution/program.
- The type of review: pre-accreditation; initial accreditation; continuing accreditation; or focused site visit.
- Name of degree program(s) for review.
- Dates the relevant academic term begins and ends.
- Several preferred sets of dates for a site visit (i.e., visits are typically three-days in duration) that are within the review timelines taking into consideration each of the following:
 - Classes and clinics must be in session and be observable.
 - No major exams should be scheduled (i.e., avoid mid-term & final exam weeks).
 - The team must meet with each of the following during the visit, preferably onsite:
 - each principal staff person of the program
 - each principal administrator
 - faculty members, both classroom and clinical
 - members of the governing board and advisory board, if applicable, (conference calls are acceptable for non-local members)
 - current students at various levels of training
 - alumni
 - Available dates falling in at least two (2) different months.

The school-appointed liaison is responsible for producing the site visit agenda and presenting it to the site visit team chair and ACAHM Director of Accreditation Services for finalization. See *Drafting Site Visit Agenda* section in this Manual.

An institution/program hosting a **focused site visit** is required to provide the specific information directed by ACAHM and pertinent to the focused site visit.

To allow ample scheduling and preparation time for all parties involved, the requested site visit information must be submitted in accordance with deadlines prescribed by the Director of Accreditation Services, generally no later than:

- **mid-June for fall site visits** to be reviewed at the Commission’s Winter (Feb.) meeting, and
- **mid-December for spring site visits** to be reviewed at the Commission’s Summer (Aug.) meeting.

The Site Visit Team

General Background

When the Commission determines that an institution/program is ready for a site visit, the Commission proposes a well-balanced visiting team from the Commission's pool of site visitors.

The site visit team’s work is critical for the Commission's proper evaluation of the institution/program involved in the accreditation process. The visiting site team is comprised of representatives in the categories of: educator, practitioner, academic, and administrator, who volunteer their time and expertise as peer evaluators to review a program. The site visit team uses evidence, interviews, and observations to validate the content of an institution/program's Self-Study Report. They review the institution/program's effectiveness and prepare a report of their preliminary assessment of compliance with relevant eligibility requirements, standards, and criteria, referred to as the site visit report (SVR). The Commission then reviews the institution/program’s accreditation record, including the self-study report, site visit report, the institution/program’s Formal Institutional Response (FIR) to the SVR, any third-party comment(s), and the institution/program’s response to the third-party comment when determining pre-accreditation or accreditation status.

Preliminary Information from SITE VISITORS

Once the Director of Accreditation Services has received date preferences from all institutions/programs scheduled for site visits, all qualified and active site visitors are sent a *Site Visitor Availability* form asking them to indicate any proposed site visit dates they are available for and have no actual or potential conflicts of interest.

This form also reminds potential site visitors of their continuous duty to disclose conflicts of interest, maintain confidentiality, and abide by [ACAHM’s Code of Conduct and Professional Ethics Guide](#).

SITE VISITORS ARE INSTRUCTED AND EXPECTED TO DECLINE AVAILABILITY TO SERVE AS A VISITOR TO INSTITUTIONS/PROGRAM FOR WHICH THEY HAVE AN ACTUAL OR APPARENT CONFLICT OF INTEREST.

SITE VISIT TEAM COMPOSITION

As outlined in ACAHM’s [Site Visitor Policy](#), site visit teams are generally comprised of one or more individuals from the following categories:

Administrator – someone currently or recently directly engaged in a significant manner in postsecondary program or institutional administration (e.g., a President/CEO, Vice-President, or Dean) at an accredited post-secondary institution, not necessarily associated with an ACAHM-accredited institution/program.

Academic – someone currently or recently directly engaged in a significant manner in postsecondary teaching and/or research (e.g., a full or part-time faculty member, teaching

administrator, or researcher) at an accredited post-secondary institution, not necessarily associated with an ACAHM-accredited institution/program.

Educator – someone currently or recently directly engaged in a significant manner in postsecondary education in an academic capacity (e.g., a full or part-time faculty member, academic administrator, researcher) associated with an ACAHM-accredited program in an accredited post-secondary institution.

Practitioner – someone currently or recently directly engaged in a significant manner in the practice of a profession in an area being evaluated (e.g., an individual working part or full-time using the knowledge and/or skills associated with East Asian medicine). It is preferred that practitioner site visitors be licensed and/or otherwise professionally credentialed in acupuncture.

While a site visit team must have representation from each of the categories above, it is not unusual for members of a team to have qualifications and expertise in one or more categories. If the circumstances of a program being assessed require expertise in addition to those listed above, a qualified individual may be added to the site visit team at the Commission's discretion.

During site visitor training, visitor candidates must complete a form listing, among other things, those visitor categories they qualify for including for each supporting education, relevant background, and experience as listed on their curriculum vitae.

Observers from Other Agencies

As outlined in ACAHM's [On-Site Observer Policy](#), the institution/program and the site visit team chair are notified if observers from the state authorizing agency, state acupuncture licensing board, or another regulatory agency request to be present during the visit. The team chair must ensure that the observer does not participate in the team's deliberations regarding its findings and site visit report composition.

Role of ACAHM staff

On occasion, a Commission staff member or a Commissioner may join the site team as an observer. The staff member provides support to the site visit chair, the team, and the host institution/program, guiding team members in their assigned roles and interfacing with members of the host institution. Commission observers do not directly participate in formulating the site team's findings and site visit report.

ACAHM's Director of Accreditation Services is available to aid institutions/programs and the site visit team before and throughout the visit. During the visit, the team may contact the Director of Accreditation Services to clarify Commission policies, to discuss special circumstances, or to confirm anything about the review process. After the visit, the team chair may call the Director of Accreditation Services to discuss the organization and format of the site visit report, if necessary. The team chair should copy the Director of Accreditation Services on any substantive correspondence related to the institution/program and site visit. Any supplemental information received by the team from the institution/program must be forwarded to ACAHM staff for inclusion in the accreditation record.

Site Team Members: Roles and Responsibilities

Site visitors serve as objective fact-finders for the Commission. Site visitors are responsible for gathering the facts through observations, interviews, and reviewing evidence to determine whether the institution/program meets ACAHM standards.

For optimal program assessment, site visitors must:

- thoroughly review the SSR and other relevant material before the site visit.
- prepare draft narratives for the accreditation standards and criteria they have been assigned prior to the visit. In drafting narratives, team members should reference relevant ACAHM standards, criteria, guidance documents, and policies, as necessary.
- actively participate in the orientation meeting conducted by the team chair the evening before the visit.
- formulate and execute strategies for thorough on-site examination and assessment of all aspects of the institution/program.
- actively engage in team discussion and consensus-building sessions.
- refine the draft site visit report during the visit based on the team's discussion and review.
- prepare a preliminary draft of the team site visit report prior to the exit summary.
- prepare a final draft of the site visit report.

The proposed site visitors are prescreened by ACAHM and determined to have no apparent actual or possible conflict of interest, as outlined in the ACAHM [*Conflict of Interest and Disclosure Policy*](#).

Characteristics of A Successful Site Visitor

BACKGROUND: Volunteer site visitors are presumed to have sufficient education, experience, and training to form a solid foundation for program evaluation. The requisite education, experience and training depends upon the type of program being evaluated and the visitor qualification category of administrator, academic, practitioner or educator.

SITE VISITOR TRAINING: ACAHM periodically conducts site visitor and site visit chair training workshops. Prior to being assigned a site visit, visitor candidates must complete site visitor training. Once trained, visitors are expected to complete all supplemental training offered periodically thereafter. In addition, the evening before a site visit, the assigned chair (or ACAHM staff observer) conducts a brief orientation and refresher training session. These sessions ensure that all site visitors are current and properly oriented to their role and responsibilities. In addition, there are manuals, handbooks, policies, and electronic resources described herein that each site visitor is expected to be familiar with.

ATTITUDE: An effective site visitor demonstrates maturity, objectivity, diplomacy and dedication. They project an image of professionalism both in behavior and in appearance.

A site visitor appreciates the confidential nature of the task and understands the need for self-initiative, a cooperative attitude, an analytical approach, and flexibility.

KNOWLEDGE: An effective site visitor has an appreciation for the status of the acupuncture profession and the accrediting process. They have sufficient general and special background to be able to exercise appropriate judgment. In addition, an effective visitor thoroughly understands the accreditation standards being used and what constitutes deviation from or non-compliance with those standards. It is imperative that a site visitor be familiar with the content and meaning of the Self-Study Report and related material prior to the site visit.

SKILLS: An effective site visitor is skilled in interviewing, interpersonal communications, self-expression, note-taking, and maintaining objectivity. They are skillful in dealing with attitudinal challenges that may be presented by those being interviewed. Through experience and education, a site visitor develops capacities for deductive reasoning and for logical analysis. A site visitor is skilled in writing and accurate in recall.

HEALTH & WELL-BEING: The physical health and mental well-being of the site visitor permits them to do whatever is necessary to conduct the visit in the locale and within the specified period. The site visit should not take a physical or mental toll on the visitor.

The Team Chair

Appointment of a Team Chair

Each site visit team will include an ACAHM-appointed site visit team chair. Once ACAHM receives the preliminary information listed above from each school, staff will review the list of qualified team chairs and propose a chair for each school being reviewed.

If a site visitor is interested in being considered for assignment as a team chair, they should contact the Director of Accreditation Services to discuss their situation and the viability of such assignment. Requirements for chair assignment typically include a solid performance record on past site visits, including positive feedback from institutions and fellow visitors, and completion of specific site visit team chair training.

Role of the Site Visit Team Chair

The Team Chair is expected to:

- provide leadership relative to all aspects of site visit review process,
- assist team with interpretation of accreditation standards,
- be familiar with all aspects of the *Site Visit Manual*,
- draft and finalize the visit agenda in cooperation with the school appointed liaison,
- build into the site visit agenda frequent sessions during which they will be responsible for providing leadership in building consensus among team members,
- conduct the visit,
- delegate work responsibilities amongst site visit team members to ensure that institutions and programs are reviewed relative to the degree of compliance with all ACAHM standards and the achievement of institution/program mission, goals and objectives,

- understand “group dynamics,”
- ensure professional conduct among team members/reinforce during pre-visit meetings and during the visit,
- guide team in the preparation and submission of the site visit report,
- lead the site visit Introduction and Exit Summary meetings with the host institution/program,
- be available to ACAHM staff to discuss report clarifications or Commission inquiries. Note that chairs may be contacted about a visit when the Commission performs its review, which could be several months after the visit is concluded.

Conflicts of Interest

The Commission will not knowingly appoint an individual as a site visitor who has, or appears to have, a conflict of interest with a program or institution being reviewed or other Commission activity. All site visitors are subject to the Commission’s [Conflict of Interest and Disclosure Policy](#), and each must complete and submit to the Commission a [Conflict of Interest Disclosure Form](#) prior to performing each activity (i.e., site visit) on behalf of the Commission.

SITE VISITORS ARE UNDER A CONTINUOUS DUTY TO PROMPTLY DISCLOSE TO THE COMMISSION ACTUAL OR POSSIBLE CONFLICTS OF INTEREST.

Confidentiality

All site visitors must execute the Commission’s [Confidentiality and Non-Disclosure Agreement](#) prior to performing activities on behalf of the Commission.

Site visitors serve as ACAHM representatives and will be provided access to confidential information, including but not limited to any non-public documents, records, information, and data such as self-study reports, financial audits, marketing plans, etc. Site visitors shall maintain in strict confidence and not disclose any Confidential Information received from the Commission, or use the Confidential Information for his or her own or any other party’s benefit, except in furtherance of his or her obligations to the Commission pursuant to his or her assigned activities.

Upon the Commission’s written request all visitors will promptly return or destroy Confidential Information in their possession whether in written form, electronically stored or otherwise provided by the Commission. The Commission request for return or destruction of information will typically occur after the results of the site visit are reviewed at the correspondingly relevant Commission meeting. Site visitors should maintain all information relevant to a visit until notified, as Commission deliberation may warrant clarification from the team months after the visit is concluded.

Code of Conduct and Professional Ethics

All site visitors must complete a training to review the Commission’s [Code of Conduct and Professional Ethics Guide](#) and professionalism expectations for site visitors prior to performing activities on behalf of the Commission, and periodically thereafter.

Site Visitor Conduct Expectations

Visited institutions and programs have the right to expect professionalism and ethical behavior on the part of each visiting team member including, but not limited to:

- respect for time and effort put into a self-study,
- respect for the institution's expertise about itself,
- collegiality with appropriate professional distance,
- objectivity, fairness and integrity,
- "compassionate rigor,"
- expertise in applying standards and interpreting institutional conditions,
- thorough preparation and earnest interest in the story of the institution, and
- consistency with role expectations and conduct of the visit.

Site Visitors are expected to conduct themselves in a professional, objective and organized manner and to meet the following conduct expectations:

1. Comply with ACAHM's [Confidentiality and Non-Disclosure Agreement](#), and to timely disclose to ACAHM any actual or possible conflicts of interest that may arise. All materials, discussions, deliberations, and reports of the site visit are confidential. Do not discuss the "state or condition of a college" with anyone other than fellow site team members and appropriate ACAHM staff. To minimize the likelihood of overheard conversations, visitors must ensure that all team discussions, especially while dining or other off-campus activities, occur in appropriate venues only.
2. Comply with conduct and ethics policies and expectations outlined in ACAHM's Site Visit Manual and ACAHM's [Code of Conduct and Professional Ethics Guide](#).
3. Serve in one's professional and individual capacities and not create an actual or perceived impression that one is acting on behalf of an institution or organization they are employed by or associated with.
4. Consistent with ACAHM's [Conflict of Interest and Disclosure Policy](#), make known immediately to Commission staff, any potential conflict of interest regarding your or another team member's review of the program. This is especially important in a small profession where there are many close friends; those who have previously worked with, consulted for or sought employment from a school; and for those who were rejected for employment by a school.
5. Be familiar with the eligibility requirements, standards, criteria, and policies and procedures of accreditation and the site visit process.
6. Fully review the institution/program's Self-Study Report and be prepared prior to the site visit, making every effort to understand the institution/program's mission, goals and strategies, particularly compliance with the standards and criteria to which one has been assigned by the team chair.
7. The site team is a guest and is there to assist an institution/program in meeting its mission and goals consistent with ACAHM's accreditation process. Site visitors must respect an institution/program's expertise and its time and effort preparing a Self-Study Report.
8. Review the institution/program in relation to the relevant ACAHM standards and criteria for accreditation and assess the institution/program's efforts to achieve its mission/purpose,

goals, objectives, and student learning outcomes.

9. Be prepared for days of intense physical and mental work.
10. Refrain from the use of intoxicating substances throughout the assigned site visit activities.
11. Dress in corporate/professional attire and wear ACAHM identification badges for all site visit activities.
12. Approach all activities as “colleagues” and “peers,” rather than “inspectors.” Collegiality and cooperation (with school representatives and fellow team members) must be the basis for all site visit activities. Adversarial, confrontational, or hostile interactions are unacceptable. Keep your sense of humor apparent, but mild.
13. Remain open-minded and unbiased throughout the evaluation process. Do not allow strong personal views and opinions on what should constitute quality education or training to unduly influence your review of a visited institution/program.
14. Avoid focusing on only flaws or weaknesses. Identify program strengths and things done well.
15. Respect schedules and timelines for interviews and other scheduled activities.
16. Actively participate in discussions with school personnel and in the team deliberations.
17. Be a friendly critic and seek dialogue. Do not cross-examine.
18. Accept that individuals may be unable to answer some questions. If an attempt to clarify the question yields same uncertainty, note the lack of knowledge/information and move on.
19. Avoid offering judgments or solutions to problems identified during a site visit. The team must make clear to the faculty, administration, Board, students and alumni of the program that the team members, as representatives of the Commission, do not prescribe specific practices regarding such issues as academic freedom, teaching loads, class size, budgets, policy development, and due process.
20. Do not personalize criticism or comments toward or about particular staff or faculty members in the Exit Summary or Site Visit Report. Do not identify internal critics to the administration. Criticizing staff or faculty members by name or attributing critical comments to individual employees is not appropriate.
21. Do not allow an institution/program’s reputation or resources to inhibit identification of obvious problems.
22. Do not compound an institutional/programmatic weakness with sentimental generosity in the hope that problems will go away if ignored or treated with unwarranted optimism. Site visitors must honestly document findings (both positive and negative) in the site visit report.
23. Do not use a site visit to solicit future employment/consulting opportunities or to recruit good faculty/staff from visited institutions.
24. Make sure that the team site visit report and the exit summary are factual and not inflammatory, and that evaluative comments are rooted in the standards.
25. Do not compare institutions or programs, since each Institution and its program(s) are unique, and the Commission is not attempting to diminish diversity among programs or to hinder innovation.

26. Finally, contact ACAHM's Director of Accreditation Services if the team has questions about the program and/or the site visit process and procedures.

Site Visitor Conduct Violations

Behaviors counter to the conduct expectations listed above, and the violation examples described below, have the potential to negatively impact the site visit, the institution, and the Commission's responsibilities. Such behaviors may be subject to review and intervention by the team chair, ACAHM staff, and the Commission.

1. *Breaching Confidentiality.*

Site visitors have access to, and are entrusted with, many confidential documents and data. Do not release confidential information about the program and the team's findings to members of the public. Refrain from discussing any details of the team's deliberations with any party or in public common areas. Confidentiality is crucial to the success of the entire peer review process.

2. *Engaging in Harassment or Intimidation.*

The Commission will not tolerate any instance of unprofessional or unethical conduct, including instances of sexual or other forms of harassment. The accreditation process is developmental, not punitive. Visitors must not use the site visit to deal in a heavy-handed manner with programs that may feel that they are completely at the mercy of the site visitor.

3. *Sharing Impressions Outside of the Team.*

Personal impressions gathered during the visit must not be expressed to anyone outside of the team. Do not give personal impressions of findings to anyone at the institution prior to the Exit Summary. It is particularly unacceptable and unprofessional for a site visitor to disparage the program with interviewed students, staff, faculty or other institutional constituencies, or to openly compare the visited institution with a visitor's home campus or any other educational institution or program.

4. *Acting as a Prosecutor.*

The site visit should be a collegial, peer review process where the team seeks sufficient information to assess compliance with ACAHM standards. Do not be hostile or adversarial in conducting interviews during the visit. Site visitors are required, throughout the visit, to act professionally and in a collegial manner.

5. *Overly Penalizing the Program for Self-Identified Areas Needing Improvement.*

The institution will often describe areas of weakness in its self-study report and incorporate recommendations for improvement. Although teams must cite programs for failing to meet the requirements of standards/criteria, do not overly penalize a program for honestly expressing its weaknesses, particularly when it has acknowledged such issues and formulated appropriate plans for improvement.

6. *Taking Advantage of the Position.*

Site visitors are often introduced to promising personnel. Do not take advantage of the opportunity afforded by your position on the team to recruit faculty or staff from the visited institution. Similarly, site visitors might see an opportunity to suggest themselves for a consultancy, temporary job, or a permanent position with the institution. Do not imply or suggest your availability. Engaging with a school as a consultant after serving on a site visit team

would likely violate section 2 of ACAHM's [Confidentiality and Non-Disclosure Agreement](#).

7. *Accepting Favors or Gifts.*

Site visitors may be invited to accept favors, services, or gifts from the institution. Do not accept, or even suggest that you would like to have, a sample of the wares of an institution—a book it publishes, a product it produces, or a service it performs. On-site refreshments and working lunches are appropriate for institutions to provide.

8. *Promoting Personal Perspectives.*

Site visitors may have strong personal views on what should constitute quality education and training in the field. Visitors should not allow such personal views to unduly influence their review of the visited institution/program. Site visitors may only apply the accreditation standards/criteria adopted by the Commission. In reviewing a program, visitors may not apply and enforce personal views that are not reflected in ACAHM's published standards. Site visitors often see an opportunity to recommend their personal theories, philosophies, or techniques as the solution to a program's problems. Visitors must not suggest that an institution adopt specific measures that may be altered or reversed by the Commission, or by subsequent site visit teams. Visitors should only address compliance with the standards. Visitors must not specify or direct programs on how compliance must be achieved.

9. *Informing on Sectors of the Community.*

A visitor may be tempted to "tip off" the host school administration to suspected treachery or to warn one faction on a campus of hidden enemies. Visitors must remain impartial and uninvolved with any institutional unrest.

Appropriate Action by Institution in Response to Perceived Site Visitor Conduct Violations

Preserving the integrity and validity of both the site visit and the Site Visit Report is the paramount responsibility of the team chair. As such, under no circumstances is an individual team member permitted to jeopardize the integrity of the site visit process.

The team chair, on behalf of the Commission, is charged with ensuring the professional conduct of team members during pre-visit meetings and during the visit. During a visit, the site team chair may be required to assess and to resolve potential conflicts and conduct violations, including the removal of a team member from the visit as deemed necessary to preserve the integrity of the site visit.

Host institution/program administrators are urged to contact the team chair immediately to report possible violations of site visitor conduct expectations. The team chair will investigate and attempt to resolve immediately the issue of conduct violation to the satisfaction of all parties involved. If the team chair determines that a resolution cannot be reached at that time, the team chair will consult with the ACAHM Director of Accreditation Services on the appropriate course of action, including the possible dismissal of a site visitor.

In the event the host institution perceives conduct violations on the part of the team chair, the institution/program administrator should consult with the ACAHM Director of Accreditation Services on the appropriate course of action.

Authorized Actions of Team Chair in Response to Conduct Violations

The team chair has been authorized by the Commission to take the following steps, as applicable, to ameliorate, contain, or resolve any issues of alleged inappropriate conduct on the part of a site team member(s):

1. If the team chair perceives or is alerted, by another team member or by a member of the host community, to a potential or actual conduct violation by a site team member(s), the chair will interview and, if warranted by the facts, counsel the individual(s), immediately and privately, on the expected behavior of a site visitor;
2. If the team chair is uncertain of the potential impact of the violation on the integrity of the site visit, they will immediately contact the ACAHM Director of Accreditation Services for consultation and guidance;
3. If the team chair finds the team member's conduct jeopardizes the integrity of the site visit, or that the team member has not responded appropriately to counseling, the chair will immediately contact the ACAHM Director of Accreditation Services for consultation and guidance, which may include immediate dismissal of the site visitor from the team.

If the team chair finds the team member's conduct warrants dismissal, all rationale and related actions to dismiss a team member should be documented in writing, in consultation with the ACAHM Director of Accreditation Services.

Commission Action in Response to Conduct Violations

The Commission monitors the conduct of its site visitors (i.e., representatives of the Commission, who are key to the successful achievement of its mission). Any violations of conduct and professional standards are seriously reviewed by the Commission and appropriate action taken, which may include but is not limited to the following:

1. Failure on the part of a site visitor to adhere to any conduct expectations set forth in the *ACAHM Site Visit Manual*, is grounds for the permanent removal from the Commission's roster of site visitors.
2. If the Commission receives evidence that a site visitor may have violated any conduct expectations, the Director of Accreditation Services will investigate the situation and take appropriate action which may include, but is not limited to:
 - a. determining the allegations of misconduct were unfounded;
 - b. providing formative feedback or remediation to the site visitor;
 - c. removing the site visitor from the Commission's official site visitor roster. Site visitors removed from the roster for cause will be excluded from participation on future site visits.

Site Visit Arrangements

First, preferred dates for the site visit are submitted by the institution to ACAHM. A typical on-site visit is three (3) days in length. ACAHM staff will make every effort to accommodate the preferred site visit dates. However, the availability of qualified site visitors may affect the determination of the final site visit dates.

Once all institutions hosting visits in each fall or spring cycle have submitted their date preferences, ACAHM staff compile all possible dates and solicit availability from the pool of active site visitors.

Based on site visitor responses, ACAHM staff will select appropriately qualified team chair and team members. Once proposed teams have been composed, the institution's President is sent a *Site Visit Approval Form* and curricula vitae for all proposed visitors for approval consideration.

After receipt, the institution/program is responsible for completing the *Site Visit Approval Form* and returning it to ACAHM. Site visitors are considered approved unless an institution/program can provide written and supported justification satisfactory to ACAHM why a proposed site visitor should be excluded (see preceding section "Institutional Approval of Team").

Once the dates and team composition are approved, the institution/program will forward its class and clinic schedules to the team chair. The school appointed liaison prepares a tentative site visit agenda and presents it to the team chair and ACAHM Director of Accreditation Services for input and finalization. The team chair and the designated program liaison coordinate and resolve any other site visit logistics.

Institutional Approval of Team

In general, ACAHM's Director of Accreditation Services composes a tentative site visit team based on volunteer qualifications, availability, absence of conflicts of interest, understanding and willingness to accept site visitor roles and responsibilities, and willingness to abide by ACAHM's [*Code of Conduct and Professional Ethics Guide*](#), which addresses the Commission's commitment to diversity, non-discrimination, and fair and ethical dealings with others, among other things. The Director then formally presents the tentative site visit team, and their respective curricula vitae, to an institution's President (via a "*Site Visit Approval Form*") for review and action.

The institution/program has an affirmative obligation to notify the Commission of any proposed site visit team members who they in good faith believe have conflicts of interest. The institution/program is free (and encouraged) to ask questions and express any concerns about proposed site visitors, and ACAHM will do its best to answer questions and resolve concerns. However, ACAHM will not proceed with a pending site visit unless or until there is unequivocal, unconditional mutual written agreement regarding the site visit team's composition, site visitors' qualifications, and site visit dates. The institution/program must timely advise the Commission in writing of any objection(s) to the proposed site visitor(s), documenting the reason(s) for objection. If the objection is based on reasonable cause, as determined solely by the Commission, the Commission will replace the proposed site visitor(s).

In the event a tentative site visit team is not approved, the Director works timely and in good faith with authorized institutional/programmatic representatives to resolve conflicts and help the institution's site visit remain on its accreditation cycle, if possible. Failure to timely resolve site team composition conflicts may result in the postponement and rescheduling of a required site visit, sometimes during a later accreditation cycle, thereby delaying Commission review and action on the institution's accreditation-related matter.

ACAHM Financial Guidelines for Site Visitors and Institutions

INSTITUTION/PROGRAM RESPONSIBILITIES - Transportation and Hotel Arrangements

The institution/program to be visited, in consultation with each site visitor, is responsible for arranging and paying for related transportation and lodging expenses directly. All travel and hotel expenses should be arranged and paid directly by the institution/program according to the site visit team members' schedules. **UNDER NO CIRCUMSTANCES SHOULD A SITE VISITOR PAY FOR TRAVEL, LODGING, OR OTHER EXPENSES AND BE REIMBURSED DIRECTLY BY THE HOST INSTITUTION.**

When direct payment by the institution/program is not possible for visitor expenses such as ground transportation to/from the visitor's home and the airport, ground transportation to/from the airport to the institution/program, airline baggage fees, and home airport parking fees, ACAHM will reimburse visitors for the expense and invoice the host institution/program accordingly.

The institution/program is also responsible for making hotel reservations and payment of the hotel rooms for each of the site visitors. Although hotel room and taxes will be arranged and paid by the institution, **the visitor is responsible for purchasing his/her own food and any other incidental costs acceptable for reimbursement by the Commission.** The institution/program will provide site visitors with the hotel name, address, phone number and information regarding ground transportation.

Travel To & From the Site Visitor's Home and the Host Institution's Area

The institution/program is responsible for contacting each site visitor to arrange travel and payment of a round trip economy class airline ticket or ground transportation. The institution is not responsible for any additional fees that may result due to delays by the visitor in responding to the institution's request for travel information. It is important that the team arrive in time for a team meeting at **6:00 pm on the evening prior** to the visit and schedule **departure flights no earlier than 3:00 pm on the final visit day.**

If an acceptable return flight itinerary is not available for the final day of the visit (e.g., only red-eye options available), the institution/program is required to arrange and pay for an additional night at the hotel for the visitor.

Questions or concerns from either party regarding travel arrangements or expenses should be directed to ACAHM Director of Accreditation Services for resolution.

Travel by Air or Rail

Air Travel

All visitors are expected to travel at coach rate fares. Upgrade expenses are the responsibility of the site visitor. Travel itineraries should be mutually agreed upon by the institution/program and the visitor. While the use of the least expensive reasonable transportation is encouraged, visitors are not obligated to accept red-eye flights or itineraries with excessive/extensive layovers based on cost-savings. If non-refundable tickets cannot be used by the traveler, they must be surrendered to the institution/program. The visited institution/program makes the ultimate decision, in consultation with the site visitor, on the selection of an air carrier and for paying the costs of air travel.

Rail Travel

All travelers are expected to travel at coach rate fares. Although travel on Amtrak's Acela Express is permissible, travelers should not use First Class unless they pay the difference themselves. The visited institution/program makes the ultimate decision in consultation with the site visitor on the selection of a rail carrier and for paying the costs of rail travel.

Personal Automobiles

Travel to and from the institution/program by personal automobile is generally limited to round-trip distances of no more than 500 direct miles reimbursable at the standard flat mileage rate consistent with [current IRS rates](#). Visitors should submit documentation of direct mileage traveled, and its related expense, to ACAHM for reimbursement. ACAHM will bill the institution/program for the direct mileage costs. The flat rate is intended to cover all operating expenses including gas, depreciation and insurance. For travel by personal automobile in excess of 500 miles, for which specific exemption has been obtained, reimbursement will be based on either the flat mileage rate or the round-trip coach air fare rate, whichever is less.

ACAHM **does not** permit site visitors to rent vehicles.

Travel Between Airport & Hotel and Hotel & Host Institution

The host institution/program is responsible for arranging transportation for each visitor from and to the airport, and to and from the host institution. If cost or convenience require that visitors arrange and pay for their own transportation, ACAHM will reimburse visitors for the expense and invoice the host institution/program accordingly.

Hotel and Lodging

All hotel arrangements and costs are the direct responsibility of the visited institution. The institution/program should make hotel reservations and pay for hotel rooms for each of the site visitors in king, non-smoking rooms, for arrival the day before the first scheduled visit day. Hotel confirmation should be sent directly to site visitors, including the name, address, and phone number of the hotel. Unless otherwise approved by the visited institution and ACAHM, only room and tax charges will be paid by the institution/program. Site visitors must be prepared to cover all other expenses. The Commission will invoice the host institution for any appropriate hotel reimbursement requests submitted to ACAHM.

If an acceptable return flight itinerary is not available for the final day of the visit (e.g., only red-eye options available), the institution/program will be required to arrange and pay for an additional night at the hotel for the visitor.

If an ACAHM staff member attends a site visit as an “observer,” the institution/program may be asked to assist with securing accommodations in the same hotel with the team. However, travel and lodging expenses for ACAHM staff observers are borne by ACAHM and are not the responsibility of the institution/program.

Appropriate Business Gifts and Entertainment

As described in ACAHM’s *Code of Conduct and Professional Ethics Guide*, the acceptance of certain modest business gifts and entertainment (e.g., refreshments or working lunches provided by a host institution during a site visit; seasonal and/or thank you cards or similar tokens of gratitude) may be appropriate if not intended to influence the recipient’s intentions.

However, because no clear guidelines exist to define the point at which common social courtesies may be regarded as improper or unethical inducements, extreme caution must be taken in this regard.

Modest business entertainment may only be accepted in certain limited scenarios and must not create an expectation or inference of an obligation by the beneficiary to the giver. ACAHM employees and Commission representatives (e.g., Commissioners, staff, site visitors) should consult with the Commission’s Executive Director if they are unsure whether a particular gift or activity is appropriate.

The following direct and indirect forms of compensation or inducements are strictly prohibited:

- Gifts of more than nominal values from current or prospective ACAHM-accredited institutions or programs, suppliers or vendors;
- Personal loans or services (e.g., medical treatments, medicinal herbs);
- Excessive entertainment and/or travel;
- Separate individual payment for ACAHM-related activities by an entity other than the Commission.

Should any of these gifts or inducements be offered by a third party, it must be respectfully declined, unless prior written approval is received from ACAHM’s Executive Director. If receipt of a gift is unavoidable, visitors must timely report the gift to ACAHM’s Executive Director for a determination of whether the gift can be retained or whether it must be disposed of properly.

Site Visitor Compensation

Honorarium

The honorarium is for each actual day of the site visit plus one (1) travel/preparation day. The Site Visit Team Chair is paid \$300 for each day of the actual visit plus an additional \$300 for one travel day. Non-chair site visitors will be paid \$200 for each day of the actual visit plus an

additional \$200 for one travel day. For example, if the site visit team conducts a 3-day visit, the honorarium reimbursement amount is \$1200 for the Site Visit Team Chair and \$800 for each of the other site visit team members.

Meals and Incidental Expense Reimbursement

The Commission provides a daily amount (for all travel and visit days) for "Meals and Incidental Expenses (M&IE)" in accordance with rates established by the General Services Administration. Please visit www.gsa.gov/perdiem to find current M&IE daily totals by location. For meals and incidentals, it is up to each visitor to use the funds allotted in whatever manner they deem fit. Expenses beyond the published daily rate will be the responsibility of the individual site visitor. For example, expenses for travel to and from a restaurant are borne by site visitors and are not eligible for reimbursement.

Travel Expenses to/from Home

ACAHM will reimburse visitors for the expense and invoice the host institution/program accordingly for:

- ground transportation to/from the visitor's home and the airport,
- ground transportation to/from the airport to the institution/program,
- airline baggage fees, and
- home airport parking fees.

Receipts for local travel expenses must be submitted to ACAHM along with any other receipts attached to the ACAHM site visit reimbursement form.

Expenses for Other Persons

Neither the Commission nor the institution/program hosting a site visit team is responsible for paying for persons not directly involved in the conduct of official Commission business.

For special circumstances beyond the typical reimbursement, prior written approval from ACAHM must be obtained. **ONLY THE AMOUNTS DESCRIBED ABOVE WILL BE PAID BY THE COMMISSION.**

Financial Reimbursement and Documentation

To help create predictability on the part of the visited institution/program and the Commission for the expenses of each site visit, the following rules must be followed by all site visitors traveling on official ACAHM business. All financial arrangements for site visits are the responsibility of the institution/program and the Commission. With the exception of personal mileage expenses to/from airport/train station, baggage fees, and related parking expenses, site visitors are not expected to incur expenses requiring reimbursement. Only in rare circumstances, and then only when prior written approval is obtained from ACAHM, will the Commission reimburse site visitor expenses. **TEAM MEMBERS MAY NOT ACCEPT ANY FORM OF DIRECT PAYMENT FROM THE INSTITUTION/PROGRAM.**

Site Visitor Responsibilities:

To ensure timely reimbursement for site visit expenses, please adhere to the following guidelines:

1. Each site visitor is required to complete and submit a Site Visitor Reimbursement form.
 - a. By selecting “member” or “chair,” as well as the number of days for the visit, most fields in the “Remuneration Amounts” section will populate automatically.
 - b. Claim any incurred transportation expenses.
 - c. **Submit receipts for all items claimed**, making sure amounts clearly match the totals submitted. For personal mileage, please include a map to illustrate mileage, along with calculation of reimbursement amount.
 - d. **Scan expense form and receipts into a single PDF file**, and email to: acaom8941@bill.com and copy info@acahm.org. Any follow-up questions should be directed to info@acahm.org
2. All submissions must be accompanied by receipts or invoices for any pre-approved expenses not paid directly by the institution or the Commission.
3. **FAILURE TO SUBMIT REIMBURSEMENT FORMS WITHIN 30 DAYS FOLLOWING A SITE VISIT COULD RESULT IN THE FORFEITURE OF REMUNERATION.**
4. A signed reimbursement form must be submitted even if no relevant expenses are incurred.

Institution/Program Responsibilities:

To ensure that the Commission has financial documentation for audit and recordkeeping purposes, the institution/program undergoing a peer review site visit must submit to the Commission true copies of all financial documents related to site visit costs for travel and lodging.

Activities Related to the Site Visit

Drafting Site Visit Agenda

The institution/program will submit a proposed schedule to the team chair and ACAHM’s Director of Accreditation Services for consideration. The draft schedule shall include all classroom and clinical activities in operation during the visit dates to afford the team the opportunity and flexibility to select which classes/clinics to observe.

EXAMPLE:

- 1:00-2:00 LUNCH
 2:00-4:00 Individual assignments: Additional review of records

Classes:

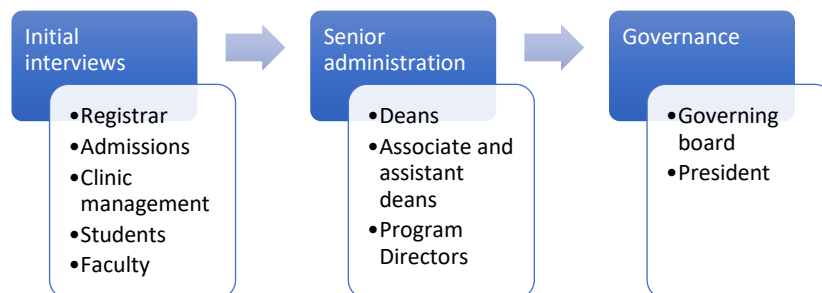
| Class | Location | Instructor | Time |
|-----------------------------------|----------|------------|----------------|
| Introduction to Chinese Herbology | Room 100 | Jones | 1:30 – 4:30 pm |
| Advanced Clinical Diagnosis | Room 120 | Lee | 1:30 – 4:30 pm |
| Needle Technique | Room 130 | Wang | 1:30 – 4:30 pm |

Clinic:

| Name of Clinic | Location | Supervisor | Time |
|-----------------|-------------------------|------------|----------------|
| Herb Clinic | Main clinic | Smith | 1:30 – 5:00 pm |
| Intern Clinic | Main clinic | Tseng | 1:30 – 5:00 pm |
| Off-site Clinic | Highpoint Family Clinic | McMillan | 1:30 – 5:00 pm |

Within reason, interviews can be scheduled simultaneously.

Order of interviews for site visit agenda



All faculty, staff, executive administration, and members of the governing board are expected to be available to the team, as required by the agenda. An exception to this may be for key administrators who are also instructors and for whom no reasonable substitute is available. Once the school has completed class and clinic schedules, they are forwarded to the team chair and ACAHM's Director of Accreditation Services.

To facilitate agenda development and random file selection, the institution will need to provide the following to the team chair:

1. schedule of classroom and clinical activities that will be in session during the visit (online and in-person)
2. current institutional organizational chart
3. lists of all current staff and faculty from the program(s) being reviewed with:
 - a. date of hire,
 - b. current position title,
 - c. employment status (i.e., part-time, full-time)
4. list of all current students in the program(s) being reviewed with:
 - a. date of matriculation,
 - b. program of study,
 - c. expected graduation date,
 - d. international student status
5. list of program graduates over last 3 years with:
 - a. date of matriculation,
 - b. program of study,
 - c. graduation date,
 - d. international student status

The team chair in consultation with the Director of Accreditation Services will finalize the initial draft agenda.

It is important to consider team members' assignments to avoid interview scheduling conflicts. Chairs should consider assigning two or more team members for interviews that are expected to have many attendees (i.e., students, faculty) or which may be more complex (i.e., management positions and governing board).

The team chair shares the draft agenda with the site visit team for review and input. After receiving input from the site visit team, the chair returns the draft agenda to the institution/program and ACAHM staff for review and finalization.

Sample Site Visit Agenda

| SITE VISIT AGENDA | |
|---|--|
| Institution's Name | |
| Address | |
| Site Visit Dates | |
| Day 1 (Pre-visit): | <p>Afternoon/Evening</p> <p>Site Visit Team arrives in afternoon – institution should arrange or advise transportation from airport to hotel. Team members, with ACAHM staff member as applicable, meet at hotel or restaurant (typically 6pm dinner meeting) to:</p> <ul style="list-style-type: none"> • prepare for the visit, • review site visit process, • discuss preliminary questions/concerns, and • confirm review responsibilities with team members. <p>Chair arranges for team dinner.</p> |
| Day 2 (first day of visit): | |
| 8:30 AM | Team is picked up at hotel, transported to school, shown their secure, private meeting room and set up. |
| 9:00 – 9:30 AM | Introductory meeting with President /Director/CEO and any other persons s/he wishes to have present. Schedule is reviewed. Exit summary process is described. |
| 9:30 –10:00 AM | Team is given a tour of campus. |
| 10:00 –12:30 PM | Document review |
| Team members review records relevant to individual assignments: | |
| <ul style="list-style-type: none"> • student records - admissions, academics, evaluations • faculty records - meeting minutes, evaluations, contracts • academic records - course syllabi, exams, grading policies, portfolios of actual student work, student course evaluations, alumni surveys • school policies, complaint record, catalog • publications (catalog, student handbook, faculty handbook, clinic manual) • governance records (board and advisory meeting minutes) • financial records (audits, budgets, student accounts) | |
| 12:30 –1:30 PM | Lunch (school may provide working lunch onsite or team may dine offsite at their expense) |
| 1:30 – 4:00 PM | Individual assignments: <ul style="list-style-type: none"> • Team member(s) continue review of records. • Team member(s) observes on-site/off-site clinic to review or observe: |

| | |
|--|--|
| | <ul style="list-style-type: none"> ○ student and clinician clinical practice, including acupuncture and herbal medicine, where appropriate ○ clinic records, including files that document student treatments and clinical evaluation; ○ herb dispensary, operational practices, documentation ○ sanitation and aseptic practices, ○ performance of best practices for acupuncture needle safety and related procedures, ○ OSHA/HIPAA standards, and ○ clinical policies and clinical training procedures. |
| 3:00 – 4:00 PM | <p>Individual assignments:</p> <ul style="list-style-type: none"> ● Team member(s) interview: <ul style="list-style-type: none"> ○ Registrar/Finance Officer ○ Bookkeeper/Accountant ○ Admissions ○ Director of International Student Office |
| 4:00 – 4:30 PM | Team meets privately to discuss findings. |
| 4:30 – 5: 30 PM | <p>Team members interview (small groups at ~30 minutes per group):</p> <ul style="list-style-type: none"> ● students (scheduled by year in program), ● faculty, ● alumni |
| 5:30– 6:30 PM | <p>Individual assignments:</p> <ul style="list-style-type: none"> ● Team members observe classes: <ul style="list-style-type: none"> ○ First Year Students ○ Second Year Students ○ Third Year Students: |
| 6:30 PM | Team departs for hotel; Team may engage in evening deliberations. |
| <u>Day 3 (second day of visit):</u> | |
| 8:30 AM | Team is picked up and transported to school |
| 9:00 AM – 12:30 PM | <p>Individual assignments:</p> <ul style="list-style-type: none"> ● Team member(s) continue to review academic records. ● Team member(s) observes on-site/off-site clinic to review or observe: <ul style="list-style-type: none"> ○ student and clinician clinical practice, including acupuncture and herbal medicine, where appropriate ○ clinic records, including files that document student treatments and clinical evaluation; ○ herb dispensary, operational practices, documentation ○ sanitation and aseptic practices, ○ performance of best practices for acupuncture needle safety and related procedures, |

| | |
|--|---|
| | <ul style="list-style-type: none"> ○ OSHA/HIPAA standards, and ○ clinical policies and clinical training procedures. |
| 12:30 –2:00 PM | Lunch |
| 2:00 – 3:00 PM | Individual assignments: <ul style="list-style-type: none"> ● Team member(s) interviews: <ul style="list-style-type: none"> ○ Clinic Director ○ Clinic Supervisors ● Team member(s) observe library and interview librarian |
| 3:00 – 4:30 PM | Individual assignments: <ul style="list-style-type: none"> ● Team member(s) interview: <ul style="list-style-type: none"> ○ Academic Dean ○ Faculty Dean |
| 4:30 – 5:00 PM | Team members meet privately to review findings & build consensus. |
| 5:00 – 6:00 PM | Individual assignments: <ul style="list-style-type: none"> ● Team members interview (small groups at ~30 minutes per group): <ul style="list-style-type: none"> ○ students (scheduled by year in program), ○ faculty, ○ alumni |
| 6:00 PM | Team departs for hotel to prepare preliminary report; Team may engage in evening deliberations. |
| <u>Day 4 (third/final day of visit):</u> | |
| 8:30 AM | Team is picked up and transported to school. |
| 9:00 – 10:00 AM | Individual assignments: <ul style="list-style-type: none"> ● Team member(s) reviews governance records. |
| 10:00 – 11:00 AM | Team meets with Board of Directors and, if applicable, the Advisory Board. |
| 11:00 – 11:30 AM | Team meets privately to discuss & draft findings. |
| 11:30 AM – 12:30 PM | Team meets with CEO. |
| 12:30 – 1:30 PM | Working Lunch - Team prepares site visit report. |
| 1:30 – 2:00 PM | Exit Summary with President/Director/CEO and their invitees. |
| 2:00 PM | Team is transported to airport*/hotel. |
| [*Airline departures should be booked <u>no earlier than 3:00 PM</u> . If there are challenges with return travel logistics, consult Director of Accreditation Services before booking flights.] | |

Team Activities Before the Site Visit

The Team Chair Responsibilities

Pre-Site Visit Communications with the Team: The team chair should communicate with site visit team members well in advance of the visit to confirm team members' areas of expertise and to allocate areas of responsibility. Relative to preparing sections of the report, both primary and secondary, are assigned by the team chair and must be clearly communicated to each team member well in advance of the site visit.

The team chair must ensure that these critical pre-site visit communications among team members result in a rough first draft of the site visit report based on the Self-Study Report prior to the team's arrival at the school.

Sequence of Site Visit Activities

The Team Responsibilities

Approximately **one month** prior to the site visit, each team member will receive access to:

- A copy of the institution/program's *Self-Study Report* with all supporting documents;
- A copy of any relevant supplemental reports or documentation which ACAHM required the program to submit previously;
- A site visit report template and summary table template to guide the team in preparing the report.

These documents must be thoroughly reviewed by each team member before the site visit begins.

The program's Self-Study Report, any supplemental reports, and the site visit team review schedule are the basis upon which the site visit is conducted and upon which the team's assessment of the program, against the ACAHM standards and criteria, is made. Visiting team members examine program records; observe classes and clinic; interview faculty, students, alumni, Board members and administrative personnel; and assess whether the program does, in practice, meet ACAHM standards and criteria. The team will assess the program's areas of strength and weakness and will evaluate the program to determine whether it is fulfilling its stated goals, purposes, and educational objectives.

Site Visit Team Training & Preparation Conference Call

Approximately 2-4 weeks prior to the site visit, the team will meet via conference call with ACAHM staff. This call is an opportunity for ACAHM staff to provide updates and visitor training, and for the team to have a preliminary discussion about the SSR. Generally, teams begin to identify areas of concern and additional documents they would like to receive prior to the visit and/or have available onsite. ACAHM staff capture minutes of these training calls which are provided to all team members.

Any supplemental information requests for delivery pre-visit should copy ACAHM's Director of Accreditation Services on the request and the receipt of the documents to ensure that all supplemental information is added to the accreditation record. Files produced onsite for team review do not need to be added to the accreditation record files.

Organizational Team Meeting on the Eve of the Visit: The agenda must include this as the first activity of the team on the eve of the visit. Generally, the team meets privately in a two to four-hour training/briefing session.

In preparation for the visit, team members are expected to have thoroughly reviewed the self-study report and prepared draft narratives for the accreditation standards and criteria they have been assigned. In drafting narratives, team members should reference relevant ACAHM standards, criteria, guidance documents, and policies, as necessary.

Members should be prepared to explain their draft analyses of the institution/program's compliance with the accreditation criteria. Teams collaborate to identify gaps or inconsistencies in the SSR and potential sources of validating information (e.g., interviews, documents, records, etc. that may validate compliance). Through this discussion, the team may determine areas of conflicting opinion and should formulate plans for reconciliation. This preliminary discussion should establish working hypotheses to guide team consensus building, not draw final conclusions.

Principal Elements of the Site Visit Process

Institutional Notification to Campus Community

Schools are responsible for informing administrators, alumni, board members, faculty, and students of the upcoming site visit. To minimize disruption of clinical services, schools are also strongly encouraged to notify clinic patients receiving care during the site visit dates.

Once the site visit dates and team are confirmed, schools must widely publish and/or post the notice of Upcoming Site Visit ***provided to the school by ACAHM*** to inform members of their faculty, administration, and student body of the date of the visit and of the opportunity to meet privately and confidentially with the site visitors, if desired. The names of the site visitors, private contact information for the team chair, and the hotel where the team is staying, must be included in the notice.

The notice will instruct that, to make an appointment for a private meeting with the team or a member of the team, an individual may contact:

- (a) the chair of the visiting team via the contact information provided or through the hotel, or
- (b) info@acahm.org ; (952) 212-2434

The notice will emphasize that both the request for a private meeting and the meeting itself will be held confidential.

The institution/program should begin encouraging students, alumni, governing board members, faculty, and staff to participate in the relevant interviews anticipated for the site visit.

Team Meeting Room

The institution must provide a dedicated on-campus meeting room for the visiting team's use during their entire visit. The room must be a secure location where site visitors can meet privately to review records, discuss findings, and prepare the site visit report. The team chair should be provided the means

to lock/unlock the room. High-speed, wireless internet access must be available in the meeting room. The room must be equipped with sufficient power outlets/extension cords to serve all team members. The team should have access to a printer.

The team must be provided access to any electronic databases or systems used for program management. Such access may be supervised by institutional staff.

The school is responsible for providing supporting evidence to the team prior to or during the site visit (refer to "GUIDELINES FOR ASSESSING COMPLIANCE WITH STANDARDS & CRITERIA FOR ACCREDITATION" in this document).

The Opening Conference with the Chief Executive Officer/President

The team's opening (initial) conference at the beginning of the visit is with the Chief Executive Officer/President, and other relevant representatives of the institution. The CEO welcomes the team, makes opening remarks about the institution, and introduces key members of the administrative staff. The Team Chair introduces the members of the team. This conference sets the tone for the visit. The Team Chair confirms the purpose of the visit and briefly outlines how the team will conduct its review. The CEO should be prepared to answer any questions the team may pose during this conference.

The team may also use this initial conference to review the site visit agenda and make any required adjustments of appointments with various members of the administration, faculty, students, alumni, and governing Board, if necessary. Much of the team's agenda is predetermined by the program's class and clinic schedule, and when individuals are available for interviews. The sample "Site Visit Agenda Template" included in this manual gives the basic outline of the site visit.

Throughout the site visit, the team chair must maintain contact with the CEO to ensure the site visit review is proceeding without any major difficulty.

The CEO must assign an administrative staff person to be available to:

- address any team questions or concerns regarding equipment or supplies;
- supply additional records and information, as needed;
- offer suggestions for team dining options;
- provide details of daily transportation arrangements to and from hotel, school, and airport;
- address any team concerns about class/clinic schedules, interview rosters, or necessary adjustments to the visit agenda.

The Tour of the Facilities

The CEO of the institution arranges a tour of the facilities. Being familiar with the layout of the facilities provides context for the team's detailed examination of the various components of the program/institution.

Data Gathering & Evaluation Overview

Review of Program Records: A careful review of institutional/program records is particularly important during the first day of the visit, as this review provides a foundation for subsequent team review activities like interviews.

A solid base of accurate data is needed to make sound recommendations and determinations about whether a program meets Commission standards. This section provides an overview of the data collection and evaluation processes. For detailed information on the issues and questions the team should explore when examining specific program information on site, refer to "GUIDELINES FOR ASSESSING COMPLIANCE WITH STANDARDS & CRITERIA FOR ACCREDITATION."

In the case of a freestanding, unaccredited institution, focus must be on evaluating the entire institution by gathering information about the entire institution. The most commonly overlooked features of an institution review are its off-campus programs, study-abroad offerings, special programs offered only at certain times of the year, and the institution's relationship to affiliated, but separate, organizations.

Data Gathering Methods

The team should determine the level of detail and the kinds of information required to thoroughly evaluate the program. For example:

- Examine the program's procedures for accomplishing particular tasks (e.g., screening applicants, determining that graduation requirements have been satisfied) and seek evidence that the program's procedures and policies are being followed. Apply the program's procedures and policies to a few randomly selected samples (e.g., documents, records, files). Such "sampling" can be an efficient means of obtaining representative information about faculty vitae and credentials, student and admission records, library holdings, follow-up records on graduates, student papers, course syllabi, course and final examinations, clinic supervisor reports on students, and faculty assessments of students, among others. The sample should be large enough to provide a reliable assessment of the adequacy of the records reviewed and whether the program complies with relevant ACAHM standards.
- Verify the contents of the Self-Study Report by sampling some of the relevant documents available on-site and comparing them with information that appears in the SSR and related documents.
- Systematically seek evidence that the program is assessing achievement of its mission, goals, objectives and institution, program and student learning outcomes. Specifically examine, the program's documentation of student achievement and learning outcomes, e.g., comprehensive exams, certification and licensing exam results, alumni surveys. Determine whether the program continuously uses its outcomes to assess the quality of its education (e.g., whether it applies outcome data to improve the program). Verify that it has documented student achievement data accurately in the Self-Study Report.

RECORDS:

The team will need access to an adequate sample size of random personnel, student & alumni (admissions, academic) and clinical files. The institution should be prepared to provide access to a selection of files randomly selected by the team.

Whenever possible, review of clinical, academic and personnel records should be performed by arranging observer/auditor access to electronic record keeping systems for the visit team members. The team may require a staff person to assist navigation through the systems.

As a reminder, all ACAHM representatives are continuously bound by ACAHM's [Confidentiality and Non-Disclosure Agreement](#).

Interviewing Overview

Interviews: The agenda must include interviews with: 1) all key program administrators; 2) faculty in small groups; 3) students, ideally conducted in cohorts by admission date or expected graduation dates; 3) members of the governing Board as a group (some members may participate via conference call); and 4) other personnel as appropriate (refer to SAMPLE SITE VISIT AGENDA).

Institutions must remember that since the site visit team only has a short period of time to gather data and write the Site Visit Report, those who are scheduled to meet with the team should be encouraged to be on time for their scheduled appointments. Note that the team may need to adjust the Site Visit Agenda during the visit. Accordingly, individuals scheduled to meet with the team should be reminded to be flexible with their schedules.

Interviewing students and alumni in small groups is often a comfortable arrangement and efficient way to talk to as many similarly situated people as possible. It also tends to generate more discussion. The team chair may wish to split up site visit responsibilities so that, for example, two members of the team are interviewing groups of students while the other members are interviewing other individuals or inspecting records.

When interviewing a program representative, the team member should introduce himself/herself and explain the purpose of the site visit and his/her role.

The site visitor should learn from the interviews who the individuals are and what they think about the position and the roles they serve in the program. The site visitor should seek their appraisals, without interrogating them, of the central issues for the program relevant to ACAHM standards. Strong or singular views expressed by program representatives (i.e., Board, administration, faculty, students, and alumni) regarding the impact of practices or policies on the program's effectiveness should be cross-checked and verified by talking to other representatives in similar capacities. More time should be spent listening than talking. Interviewers should accept that individuals may be unable to answer some questions. If an attempt to clarify the question yields the same uncertainty, note the lack of knowledge/information and move on (refer to suggested Interview Questions below).

Factors in Scheduling Interviews: In preparing the site visit agenda, please keep the following issues in mind regarding interviews and sequencing:

- Interview Admissions Director and Registrar after review of admissions policies and records;
- Interview the Clinical Director after examination of clinic records; review of intern performance assessments; observation of clinical training; and interviews with interns and clinical supervisors;
- Interview the Academic Dean after review of the program curriculum, including syllabi and relevant course materials; observation of classroom and clinical instruction; review of student assessment instruments, including documentation of student competencies; and faculty interviews.
- Interview the CPA/Treasurer/Director of Finance after review of financial records, including CPA-prepared audited financial statements, budgets, year-to-date financial reports and the like.
- Interview the Governing Board after review of governance records, such as bylaws and meeting minutes. Typically, the interview of the Board should occur near the end of the site visit and prior to a final interview with the College President/Program Director.
- Typically, the College President, or the program director in the case of a large multi-purpose institution, is the last person interviewed before the team goes into closed executive session to finalize its findings and prepare a near final draft of the site visit report.

Suggested Questions for Faculty Interviews

Process: Organize and schedule faculty interviews into smaller groups by department: Acupuncture, Herbs, Western Science, Clinical Supervisors, etc.

Introduce the Site Team and provide a brief background that emphasizes:

- Purpose of accreditation and this site visit
- Importance of faculty input
- Assure participants of confidentiality; no names will be attributed to input

Questioning:

Note: The sequence and language of the questions are modified to align to faculty experience and flow from small, easy, warm-up topics to larger, deeper inquiries. Rephrase in a conversational tone. Following this set of questions are questions based on ACAHM's Faculty Standard, according to the essential requirements, with questions to further help address the standard in the site visit report.

Admissions

- Do you feel students that are admitted into the program are qualified and are able to perform at a graduate level?
- Do you feel that course prerequisites are sufficient prior to your course?

- Do you or have you had to accommodate students with disabilities, if so, what have you done within your course(s) to meet their needs?

Facilities

- Do classrooms and equipment meet the needs of the faculty and student body?
- Is the faculty lounge / office sufficient to the faculty needs?

Program of Study

- What input have you had into the development and growth of the program?
- What is your process to improve your specific course curriculum & lectures?
- What are the processes to align your specific course into the overall curriculum?
- Do you feel the courses are sequenced correctly and that appropriate prerequisites are in place?

Student Services

- Do you provide student mentoring or tutoring?
- Do you provide any academic counseling to students?
- Do you know who in the institution to refer students to for specific questions outside of class?
- To what degree are faculty serving as appropriate role models for students consistent with the program's mission, goals, and objectives?
- To what degree are faculty providing sufficient guidance to assist students in the timely completion of course and program requirements?

Library

- Does the library have sufficient resources to support classroom activities?

Assessment

- What evaluation tools do you use to evaluate students?
- Have you developed or worked with others to develop rubrics?
- What evaluation tools are used to evaluate faculty?
- Are you given feedback on the surveys used to evaluate you as faculty? If so, who meets with you to discuss this?
- To what extent were you involved in the Self-Study process and/or the preparation of the Self-Study Report?

Purpose

- Are you familiar with:
 - the institutional mission?
 - the program's goals, objectives and outcomes?
- To what extent do you have in the input for mission, goals, objectives and student learning outcomes?
- How well does the school's mission provide direction for the school, its programs, resources, services and activities?
- To what degree is the institution/program achieving its stated mission, goals, objectives and outcomes?

Governance

- How does faculty provide input into institutional planning?
- What role does faculty play in the Governance structure?
- How does faculty communicate with the Governing board?

ACAHM FACULTY STANDARD

Size and Qualifications

- How does the institution determine faculty are qualified and numerically sufficient to deliver the curriculum?

Background and Experience

- How does the institution ensure that faculty possess the teaching experience and the practical professional experience appropriate for the subject area taught?

Professional Development

- To what degree do program faculty provide continuing evidence of keeping abreast of developments in the fields in which they teach?
- What type of professional development is offered through the school?
- How effective are professional development opportunities for faculty in ensuring currency and rigor in the program curriculum and its delivery?

DOCUMENT REVIEW:

How effectively documented are the formal deliberations of faculty decision making?

- To what degree do program faculty function as an integral part of the program, including curriculum development and assessment?
- To what degree do the conditions of faculty services—including salary, benefits, academic freedom, and opportunities for professional growth—promote or hinder the program goals for the recruitment and retention of qualified faculty?
- How effective are the policies and procedures governing faculty in relevant areas (e.g., recruitment, appointment, promotion, retention, non-discrimination, academic freedom, evaluation, and discipline)?

Communication

- How do faculty communicate with each other when teaching courses that continue over multiple semesters?
- How effective are program provisions for regular, systematic communication among faculty, and between the faculty and administrative officers of the institution?

Suggested Questions for Student Interviews

Try to ascertain whether students believe that they have/had appropriate access to and support from the administration, and whether the courses and faculty are/were effective. Seek their opinions regarding their satisfaction with various aspects of the program (e.g., student services and activities, policies and procedures, the program as a whole, methods of student assessment, program resources, etc.). Assess student familiarity with where to find particular policies or who

to contact in certain situations (i.e., grievance policy, grade disputes, complaints against faculty or fellow students, harassment, exposure to bloodborne pathogens, etc.).

Process: Organize and schedule into smaller groups by level:

- 1st year and pre-clinical
- Interns and 3rd/4th year

Introduce site team with brief background:

- Purpose of accreditation and this site visit
- Importance of student input
- No reference to specific student names - assure confidentiality

The sequence and language of the questions are modified to align with student experience and from small, easy, warm-up topics to larger, deeper inquiries. Rephrase in a conversational tone.

Admissions

- Do you feel you were accurately informed about the program requirements and rigors during the admissions process?
- Do you feel your classmates in general are well qualified and suited for the program?
- If you had any transfer credits, were they fairly awarded?

Publications

- Do you feel that the catalog, manuals, handbooks, advertising and other publications accurately describe the program and all requirements?

Facilities and Equipment

- Are you satisfied with the class rooms: size, maintenance, learning supplies?
- Are you satisfied with the student lounge area?
- Are you satisfied with the clinical facilities: rooms, size, maintenance, medical supplies?
 - Are you satisfied with the herb dispensary: size, supplies, equipment, staffing?
(Follow-up detailed procedures and operations in Program of Study below)

Legal Organization

- How confident are you that you are adequately learning HIPAA, OSHA, CNT?
- Other federal, state and local laws and regulations applicable to professional practice?

Records

- Have your academic records been accurate, up-to-date, and reasonably accessible?

Library and Learning Resources

- How useful are the library and other information technology resources?
- Is there enough access?
- Is informational research support available?

Student Services and Activities

- How active is student council?

- How satisfied are you with:
 - orientation?
 - academic counseling?
 - school support for student activities?
 - student input into institutional decision making?
 - disciplinary proceedings for grievances? Are they known, fair, and consistent?

Advanced students

- How satisfied are you with job placement and career development? Practice building?

Administration

- Is the administration effective in supporting your needs?
- Have any recent changes in the administration impacted you for better or worse?
- How effective is the academic leadership in:
 - curriculum development?
 - clinical training?
 - program evaluation and assessment of student learning?

Faculty

- Do you feel that faculty are well qualified and knowledgeable?
- Is their knowledge up to date?
- Is there enough diversity of faculty?
- Do they have effective teaching skills?
- Are faculty available outside of class?

Program of Study

- Do you feel the program's courses are effectively sequenced to ensure that students are academically prepared to take more advanced program courses?
- Are the syllabi useful? Are they accurate to the course?
- Do you understand what learning outcomes are expected in each course?

Assessment

- Are your course tests and assessments fair measures of what you are learning?
- How valuable are the end of course surveys/evaluations?
- What ways have you been able to provide input into improving courses, clinic and the program in general?
- What changes or improvements to the program have you seen during your time here?
- What areas of the program are the strongest?
- In what areas of the program would you like to see improvements?
- Is your comprehensive or graduate exam fair and adequate preparation for licensing/certification exams?

Clinical Training (students in clinical internship)

- At each phase of clinical training, how clear are the expected student learning outcomes?
- Do you feel that the patient population is sufficient in number, diversity of patient conditions?
- How effectively are clinical services provided at off-site locations?

- How well prepared do you feel you are to be safe and effective practitioners?

Governance

- Do you have access to the board or governance structure to address major issues or input into long term planning?

Mission, Goals and Objectives

- Are you familiar with:
 - the institutional mission?
 - the program's goals, objectives and outcomes?
- How well does the school's mission provide direction for the school, its programs, resources, services, and activities?
- To what degree is the institution/program achieving its stated mission, goals, objectives and outcomes?

Suggested Questions for Alumni Interviews

Alumni who are now practicing can give the team their perspectives on whether the program adequately prepared them for professional practice and areas where there is room for improvement. Ask how the program solicits alumni views when assessing its effectiveness. The sequence and language of the questions are modified to align with student/alumni experience and from small, easy, warm-up topics to larger, deeper inquiries. Rephrase in a conversational tone.

Admissions

- Do you feel you were accurately informed about the program requirements and rigors during the admissions process?
- Would you recommend this school to potential students?

Legal Organization

- Did you adequately learn HIPAA, OSHA, CNT and other all federal, state and local laws and regulations applicable to current professional practice?

Administration

- Was the administration effective in supporting your needs?
- How effective was the academic leadership in
 - curriculum development?
 - clinical training?
 - program assessment?
- What contact have you had with the school since graduation?

Faculty

- Were the faculty well qualified and knowledgeable?
- Was their knowledge up to date?
- Did they have effective teaching skills?
- Do you feel faculty were good role models for current practice?

Program of Study

- What areas of the program are the strongest?
- In what areas of the program would you like to see improvements?
- Do you feel that courses were logically sequential with appropriate prerequisites assigned?

Clinical Internship

- Do you feel that the patient population was sufficient in number, patient conditions to prepare you for your professional practice?
- How valuable were any off-site clinical locations, if applicable?
- How well prepared were you to be a safe and effective practitioner?
- Were you prepared to establish a successful practice?
- Were you prepared to work in a group setting?
- Were you prepared to work in a hospital setting?
- Were you prepared to communicate and collaborate with conventional medical providers?

Assessment

- At each phase of clinical training, how clear were the expected student learning outcomes?
- Was the comprehensive or graduate exam fair and good preparation for licensing/certification exams?

Governance

- As an alumnus what access do you have to contribute to long-term institutional direction?

Mission, Goals and Objectives

- To what degree is the institution/program achieving its stated mission, goals, objectives, and outcomes?

Records

- Were your final academic records accurate, up to date and reasonably accessible?
- Were records and materials prepared for licensing/certification exam requirements?

Library and Learning Resources

- Did you learn how to use library and online resources to perform informational research?

Student Services and Activities

- Is there an active alumni group?
- Are there support services for alumni?
- Is continuing education offered?

Observation and Review of Clinical Training

The team will need to review all aspects of clinical instruction. This review must include interviews of interns and their supervisors, observing the operations of the clinic, ascertaining whether sufficient supervision is provided to interns, and whether interns treat an adequate number and variety of patients.

- Assess whether practical experience is gained in practice management.
- Determine whether interns follow ethical guidelines and whether they know when and how to refer patients.
- When interviewing, ask interns to evaluate their:
 - clinical training, including:
 - variety of supervisors,
 - volume and variety of patients,
 - variety of conditions treated,
 - practice management experience,
 - patient counseling training, and
 - adequacy of supervision and clinical assessment.
- Assess whether observation students are required to complete at least 60 observation hours with experienced practitioners, rather than senior interns.
- Evaluate clinical resources, equipment, cleaning procedures, and storage. Are treatment rooms meeting the patient, intern, and supervisor needs? Do the treatment rooms provide:
 - enough clean and well-maintained space, including space for appropriate “clean field,”
 - biohazard disposal units,
 - appropriate hand-cleaning equipment.
- Do interns and supervisors understand HIPAA, OSHA, and blood borne pathogen exposure policies?
 - Are relevant manuals current and readily available? Do supervisors and students know where the manuals are located?
- Do interns and supervisors know what to do in case of a needle stick or other blood borne pathogen exposure?
 - Are relevant manuals current and readily available? Do supervisors and students know where the manuals are located?
- Does the clinical training aspect of the program consistently follow best practices concerning acupuncture needle safety and related procedures as outlined in the most recent edition of the CCAHM Clean Needle Technique Manual?
- Institutions should make every effort possible to afford visitors the opportunity to observe off-site clinic rotations and facilities.
- If applicable, determine what percentage of clinical time is spent in the herb dispensary and the adequacy of supervision and clinical instruction, especially the appropriate selection and preparation of herbal remedies.

Observation of Classroom Instruction

As prescribed in ACAHM site visit protocols, the team observes a sufficient sample of classes in various subject areas to validate program content as reflected in course syllabi. The team should determine whether faculty have satisfactory interaction with students; whether students are aware of what is expected of them in each class; whether the faculty appropriately provide instruction that supports student comprehension; and whether faculty meet Commission standards and support achievement of the program objectives and outcomes.

Team Discussion and Required Consensus Building Sessions

Regular, on-going consensus building sessions conducted daily among team members throughout the entire site visit are mandatory. Such sessions are essential as the team reviews the institution/program and refines the draft site visit report. Each session must include brief reports from team members on the general areas and Essential Requirements they have been assigned to review and discussion of those areas by the entire team. At each meeting, the team should review its progress and the chair should adjust the remainder of the schedule to focus on issues that may need further clarification. Team members must remain attentive to the points of discussion, use this time wisely and efficiently, and end at a reasonable time.

A major strength of every site visit assessment can be found in the exchange among team members who stimulate and question one another and who reason and debate until points are clear and consensus in their assessment of the program has been achieved. Team members are expected to apply ACAHM standards to the institution in an objective manner, and not based just on what experiences they bring from their own institutions.

At the final team meeting and prior to the Exit Summary, the team must reach consensus on its findings relative to the areas of compliance, non-compliance, and areas requiring further development. Be sure to allow sufficient time for this meeting. Once consensus has been reached, the Team Chair will be responsible for writing the draft final report, based on input from team members and points of consensus by the full team.

The Exit Summary

Before concluding the visit, the entire team meets with the CEO/President, and any others the CEO invites, to summarize its findings. This Exit Summary will provide the program with a brief, general, oral preview of the major strengths and areas of potential deficiency that the team identified during the visit. It is imperative that both the content and the tone of this oral report be consistent with the written report the institution/program will later receive.

The meeting is only to present a very general summary of the team's findings and is not open for debate. Teams will not communicate their detailed findings to the visited institution, nor their preliminary assessments of compliance, compliance with further development, and non-compliance for various standards and criteria. The Commission will make the final decision regarding compliance with each criterion and the status of the institution/program.

The program representatives must be informed that they will be provided an opportunity to provide suggestions for the correction of errors of fact in the draft site visit report. The program's Formal Institutional Response (FIR) to the final report sent by the ACAHM office is the proper place to challenge the team's interpretations and findings. **The Team Chair should reiterate to the program's CEO/President that evidence to be considered by the Commission relative to the program's compliance or non-compliance with Commission standards is expressly limited to the written record, based solely on the observations and conditions of the institution/program at the time of the site visit.** The Commission will not consider any steps taken to remediate the citations listed in the site visit report after the site visit has concluded.

For additional details, consult ACAHM's [Accreditation Procedures Policy](#).

WRITING THE SITE VISIT REPORT

Chair Responsibilities

The Team Chair is responsible for compiling team members' narratives into a clear, concise, well-organized, and coherent report that documents the facts gathered at the visit and will stand up under scrutiny of a wide variety of readers. The Team Chair must accurately reflect the views of the team. All the major points made in the team's oral report at the Exit Summary should be included in the written report. The chair must carefully proof and edit the report for typographical, grammatical, and syntactical accuracy.

In preparing the site visit report, the Team Chair should integrate the findings cited by other team members and obtain consensus on the content of the report. The team chair submits a copy of the site visit report (SVR) to the Director of Accreditation Services typically within 7 calendar days following completion of the visit. ACAHM staff conducts an editorial review of the SVR and reports any inconsistencies noted to the team chair. Any editorial changes to the report are made and/or approved by the team chair before returning SVR to ACAHM. ACAHM staff will distribute the final Site Visit Report and Formal Institutional Response Instruction Letter to the institution.

Guidelines For Writing Reports

Purpose and Use

These guidelines are to help site visitors, institutions, and staff members write reports following the Accreditation Commission for Acupuncture and Herbal Medicine's (ACAHM) editorial style and usage conventions. Following a single writing style allows ACAHM to have a relatively uniform presentation of information in its documents and materials as well as ensuring all content is grammatically consistent.

Site Visit Reports

In writing the site visit report the team must:

- follow the ACAHM SVR template.
- consider multiple audiences:

- the Commission (Commissioners & staff) and site visitors.
 - the institution.
 - other regulatory boards (i.e., state agencies).
- write clearly and concretely with a tone that is formal, tactful, professional, constructive, and objective.
- make the site visit report evaluative rather than descriptive.
- ensure that each team member's section has its own coherence and that all sections share same voice.
- evaluate the institution/program in light of its own mission/purpose and of *Accreditation Standards*.
- refer to the institution's self-study report, its response, its findings, and other evidence, linking what the team learned to what the institution presented.
- refer to employees by position titles rather than personal names of individuals (e.g., "Academic Dean", not "Dean Smith").
- for criteria with subcomponents, cite the specific component resulting in a Compliance with Further Development or Noncompliance finding (e.g., "*based on review of X, Y, and Z, the team finds criteria 7.02.E noncompliant due to ...*")
- note quantifiable data in narrative (e.g., number of files reviewed, number of students interviewed, etc.); avoid use of terms such as *some, many, most*, etc.
- make commendations and/or recommendations based on evidence from the institution that has been substantiated by the visit.
- limit major recommendations to the problems and opportunities facing the institution. Recommendations should be formulated as suggestions rather than definitive solutions, as it is the institution's responsibility to work out solutions.
- highlight the strengths of the institution and what it is doing well.

Things to Avoid:

- avoid the use of first-person pronouns (*I, we*) and second-person pronouns (*you, yours*). Third-person pronouns (*he, she, they*) should be used in a way that avoids gender bias. Example: Use "*the team*" rather than "*we*," and use "*the institution*" or "*the program*" rather than "*you*."
- avoid definitively stating that the institution is in compliance with a criterion. Compliance is a judgment for the Commission to make. It is preferable for the team to use phrases such as "*the institution/program appears to be in compliance*" followed by the relevant evidence such as "*the team reviewed the institution/program under a criterion and found that they had responded to previous concerns, had made progress, etc.*" or that "*the team did not discover any issues or concerns*".
- avoid educational jargon or code words that only people within the institution or possessing specific expertise will understand.
- avoid copying and pasting extensive sections of program publications (e.g., copying all of the program goals); refer to location (i.e., page number in catalog) of supporting information
- avoid unduly harsh, critical and/or extraneous language. (e.g., It is fine to say, "*...the Board needs to strengthen its engagement in long-range planning*," but inappropriate to say, "*There is no excuse for the Board's continuing failure to engage in long-range planning*.").
- avoid personal, embarrassing information, or comments concerning personalities within

the program (e.g., “The CEO’s management style is too authoritarian and demeaning...He has demoralized other members of the administration, including the Academic Dean and Clinical Director...”). Grossly judgmental statements have no place in the site visit team report.

- avoid imposing expectations based on experience at other institutions.
- avoid imposing the standards or requirements of other accrediting associations or of governmental agencies.
- avoid prescribing how particular standards must be met (e.g., “*The institution is financially unstable with insufficient resources to support the ACAHM-accreditable program*” is permissible, but not “*The institution must raise tuition and cut administrative salaries to improve financial stability.*”).
- avoid making comments and suggestions related to specific individuals within the institution, even if they incorporate praise.

ACADEMIC TERMS AND USAGE

Degrees, Programs, and Affiliations

When academic degrees/programs are referred to in general terms, such as doctorate, doctoral, bachelor’s, or master’s, they are not capitalized.

Example: *The institution offers two master’s degrees.*

When academic degrees/programs are referred to by specific name, they are capitalized.

Examples: *Doctor of Acupuncture, but doctorate or doctoral degree. Master of Acupuncture degree, but master’s degree.*

Initials for degrees should not include spaces or periods within.

Examples: *BS, MAc, MAcCHM, MS, MSA, MSAOM, MOM, MTCM, MPH, MLA, DAc, DAcCHM, DAOM, DACM, PhD, MD*

Licenses and associations should not include spaces or periods within.

Examples: *LAc, DOM, DAc, AP, DC, MD, CPA*

Titles

Do not capitalize position titles unless they are in front of specific names (i.e., president, provost, chancellor, vice chancellor, dean, chair, director, coordinator, professor).

Refer to employees by position titles rather than personal names as much as possible.

Example: *The president scheduled a strategic planning meeting.; President Clarkson recently retired.*

Courses

Capitalize course titles but do not italicize or enclose in quotes.

Example: *All students must take Research Methods as part of their degree requirements.*

GENERAL WRITING STYLE

Abbreviations and Acronyms

Introduce every acronym/abbreviation before using it in the text. The first time you use the term (i.e., institution, office, title, etc.), put the abbreviation in parentheses after the full term. Thereafter, use the abbreviation. The same abbreviation should be used consistently throughout the document. In general, do not use abbreviations or acronyms that the reader would not quickly or easily recognize. Generally, use all caps and omit periods/spaces in acronyms unless the result would spell an unrelated word.

Example: *The California Acupuncture Board (CAB) approved the institution's curriculum in 1996. CAB performed a site visit in 2014 and reaffirmed approval in 2015.*

The Master of Acupuncture (MAc) program emphasizes classical theory of East Asian medicine (EAM).

Write out all months and dates. Example: *May 5, 2013*; not *5-5-13*

Words that often are shortened in less formal usage should be spelled out.

Examples: *laboratory, traditional Chinese medicine, street, avenue, building, Tuesday, September, California.*

Bulleted and Numbered Lists

Use bulleted lists for information that has no apparent order.

Use numbered lists to communicate hierarchal or chronological order.

Capitalization

Capitalize nouns that constitute the unique identification for a specific person, place, or thing.

Example: *Located in the Bay Area, the institution draws its faculty from Silicon Valley.*

Capitalizing titles:

Capitalize the first and last words of the title and all nouns, pronouns, adjectives, verbs, and adverbs. Articles (a, an, the), coordinating conjunctions (and, but, or, for, nor), and prepositions, regardless of length, are lower case unless they are the first or last word of the title.

Example: *Rules for Capitalizing the Words in a Title*

In titles and headings, capitalize all major words in hyphenated compounds unless they are preceded by a prefix.

Examples: *Long-Range Development Plan, Pre-collegiate Academy.*

Plurals of generic terms associated with proper names are capitalized

Examples: *San Francisco and Alameda Counties, University and Shattuck Avenues, Departments of Acupuncture and Herbal Medicine (but acupuncture and herbal medicine departments).*

Committee names are capitalized.

Example: *Library Steering Committee, Curriculum Committee.*

Words that should and should not be capitalized:

Do not capitalize the following terms in running text:

- appendix/appendices. Example: *See appendix C for further information.*
- criterion/criteria. Example: *The topic is discussed under criterion 3.03.*
- figure(s). Example: *See figure 4.1.*
- section(s). Example: *The topic is discussed in section 3.*
- table(s). Example: *See table 8.2.*

Do not capitalize “college” or “university” unless it is in the full name of the institution.

Examples: *California College of Acupuncture offers a MS in Acupuncture. The college also offers a MS in Acupuncture with a Chinese herbal medicine specialization. University of Chinese Medicine recently revised its acupuncture program. Students at the university were eager to learn about new courses that would be offered.*

Hyphenation

decision-making (hyphenated as an adjective, and not hyphenated as a noun)

Example: *The institution’s decision-making process versus the process of the institution’s decision making...*

long-range planning (hyphenated as an adjective, and not hyphenated as a noun)

Example: *The institution is undergoing long-range planning versus the institution is planning for the long range.*

nonprofit (no hyphen)/for-profit (hyphenated)

online (no hyphen)

onsite/offsite (no hyphen)

pre-accreditation (hyphenated)

self-study (hyphenated)

Dates and Times

Academic year: 2018-2019 or 2018-19

Fiscal year: capitalize Fiscal Year when writing about a specific fiscal year

Example: *Fiscal Year 2018, or FY 2018-2019*

Semester and year: fall semester 2022 or fall semester (no caps)

Quarter and year: winter quarter 2022

Month and year: September 2022 (no comma)

Month, day, year: September 10, 2022

Seasons are not capitalized: the spring of 2016, spring 2016.

Use a.m. and p.m. or A.M. and P.M., not AM, am, PM, pm, or other variations. Keep formats consistent.

Gender

Do not use *he, she, his, or her* unless gender is essential to meaning. A plural construction often prevents problems.

Example: *Professors can teach five courses a semester if they so choose.*
(Note: Be careful not to mix singular and plural.)

Use *chair* rather than *chairman*, *chairwoman*, or *chairperson*.

Numbers

Course numbers, grade-point averages, unit and monetary values, scores, percentages, compound numbers, and decimal fractions may be indicated with numerals.

Examples: *Of graduating seniors, 45% of those with GPAs of 3.8 and above were planning to attend graduate school.*

Spell out zero through nine in ordinary text. Spell out any number that begins a sentence.

Example: *seven, 17, 700, 7,000.; Nineteen freshmen were involved in the study.*

Use commas with all numbers above 999: 1,000; \$13,500; 500,000.

For amounts of a million or more, use figures when referring to monetary amounts, but follow the regular rule for other quantities.

Examples: *\$8 million but eight million people; \$16 million, 16 million people. (But: \$40-million campaign)*

In a series, treat all numbers the same.

Example: *The faculty includes 4 Pulitzer Prize winners, 136 members of the National Academy of Sciences, and 85 members of the National Academy of Engineering.*

Spell out ordinals through ninth: ninth grade, 21st century, 25th anniversary.

Use numbers to represent ages.

Example: *The majority of freshmen entered the university at the age of 18.*

Site Visit Report Format

The report must follow the format of the “Site Visit Report Template” provided by ACAHM staff.

Important Note Regarding Electronic Collaboration:

Composition of the draft SVR is a collaborative process that all site visitors must contribute to. The team will collaborate on the SVR via ACAHM’s Microsoft TEAMS platform. TEAMS allows for real-time collaboration between members to co-edit the SVR narrative, with their changes being synced and merged as they work. TEAMS disables macros (check box function). Members are encouraged to precede their narrative drafts with the relevant finding abbreviation (C, CFD, NC). Team chair can then download the final draft and check the appropriate boxes.

The team should avoid using Google Drive to collaborate on a shared electronic document. The Google tool for *.docx export can badly disrupt table formatting, and it can take significant effort to reconstruct a document. Therefore, teams **should not convert documents from native format** (*.docx in the case of the SVR template) **to a Google Doc**.

Please be sure that your team is working and saving in *.docx format throughout the drafting process.

Teams are encouraged to contact ACAHM staff for any technical assistance relating to SVR or SSR documents.

The Site Visit Team Report must include the following elements:

Site Visit Report Title Page

The title page is the front of the report. The title page is completed by the ACAHM staff and includes the Name of Institution/Program, City and State where program is located, the current ACAHM status, the organizational structure of the institution, and the dates of the site visit. The bottom of the title page lists the names of the site visitors, their category, any observer, and who served as the Team Chair. The title page must also contain the following disclaimer statement:

This report represents the views of the evaluation team as interpreted by the Chair; it is submitted directly to the institution before being considered by the Commission. It is a confidential document prepared as an educational service for the benefit of the institution. All comments in the report are made in good faith, in an effort to assist the institution. This report is based solely on the team's educational evaluation of the institution, and of the manner in which it appears to be carrying out its educational objectives.

Background, Introduction and Description

A summary of the visit is included to provide the reader with a context for the narrative that follows. The introduction should give a brief description of the site visit activities from the team's arrival in the area through the final day of the visit.

The names, credentials and titles of everyone that the team meets with, except students and alumni (list quantities and level in program only). This section includes check boxes to indicate individuals who attended the Exit Summary.

Assessment of the Program in Relation to ACAHM Eligibility Requirements, Standards and Related Criteria for Accreditation

The report must address **each** of the ACAHM standards and related Criteria for Accreditation, citing factual information pertaining to each. In documenting that a program does or does not satisfy ACAHM standards, the Team Report must examine the institution/program's mission, goals, objectives, resources, programs, and outcomes, as well as evidence of accomplishments

and plans for the future. Since program performance with respect to student achievement is the hallmark of quality education and training, the team must specifically analyze student learning outcomes in the report. The report must clearly and thoroughly summarize the evidence and rationale supporting team findings regarding compliance with ACAHM eligibility requirements and standards. Each standard, and the criteria thereunder, must be addressed in a separate section of the report. Each section must include a description and analysis addressing the degree to which the institution/program complies with the standard and related criteria.

Following the factual narrative for an eligibility requirement or standard, the report must then check off on of the following findings:

- **Compliance:** The institution/program meets or exceeds the requirements set forth in the cited eligibility requirement, standard and related criteria;
- **Non-Compliance:** The program does not meet the cited eligibility requirement, standard or criterion;
- **Compliance Requiring Further Development:** The program is in general compliance with the cited eligibility requirement or standard/criterion, but there are areas that appear to have questionable ability to remain that way. This category is a form of compliance.

All team findings should be significant and must be related to the relevant ACAHM criterion. For criteria with subcomponents, the narrative should cite the specific component resulting in a Compliance with Further Development or Noncompliance finding (e.g., *“based on review of X, Y, and Z, the team finds criteria 7.02.E noncompliant due to ...”*).

Profile Summary of Findings

The “Standards/Criteria Profile Summary Table” section of the report is a separate spreadsheet. It is a tabular summary listing of all the areas of **Compliance, Non-Compliance, or Compliance Requiring Further Development** identified by the team. The team chair typically manages the Summary Table.

After the Site Visit

Approval and Handling of the Final Site Visit Report

If the team is unable to complete the draft report onsite, the team members collaborate to complete sections remotely and send to the chair for consideration. The chair should provide the team an opportunity to review the entire draft report before submitting to the ACAHM office. The team chair submits a draft of the site visit report (SVR) to the ACAHM office typically within 7 calendar days following completion of the visit. ACAHM staff conducts an editorial review of the SVR and reports any inconsistencies noted to the team chair. Any editorial changes to the report are made and/or approved by the team chair before returning SVR to ACAHM office. ACAHM staff will distribute the final Site Visit

Report and Formal Institutional Response Instruction Letter to the institution. This is the program's opportunity to provide a written response to the report for consideration by the Commission at its school review meeting.

Following the relevant Commission meeting (typically February or August), team members are encouraged to consult [ACAHM News](#) on ACAHM's website to inform themselves of the Commission's action in relation to the site visit review. Details about the nature of actions are provided in ACAHM's [Commission Actions Policy](#).

Evaluations of the Site Visit Experience

Institution: Following the site visit, the institution/program is asked to complete an evaluation survey to provide feedback on the site visit process they experienced. Schools are encouraged to offer this evaluation opportunity to any individuals that participated in the site visit review.

Site visitors: Team members will be asked to complete an evaluation to provide their observations about the visit along with any recommendations to the Commission for improvements to the site visit process. Teams are afforded the opportunity to evaluate the performance of their fellow team members.

Guidelines for Assessing Compliance with Standards & Criteria for Accreditation

This section provides an orientation to the kinds of questions that institutions/programs should address in their self-study and that team members should seek to answer as they conduct the site visit process. Resources are suggested that the team should review to validate compliance with ACAHM's accreditation standards and criteria.

The intent of this section is to help standardize the way compliance with ACAHM standards are assessed by the site visit team. Efforts to consistently answer these questions across site visit experiences will help to ensure the reliability and validity of the on-site review.

PURPOSE (Mission, Statement of Purpose, Goals, Learning Outcomes, etc.)

- How effectively are the various elements of the mission statement reflected in the institution's goals? For example, if the mission statement requires students to acquire certain values, what resources and activities exist that demonstrate this?
- How well does the mission provide direction for the institution, its programs, resources, services, and activities?
- To what degree is the institution/program achieving its stated mission, goals, objectives, and outcomes?
- How effective is the institution/program in achieving its student learning outcomes, vis-à-vis its mission and educational objectives?
- Does the institution/program have appropriate methods for determining whether it is achieving

its mission, goals, and objectives?

- How effective are the institution/program's current systems for ensuring that its mission, goals, objectives, and outcomes are reviewed by its relevant communities of interest and revised, when necessary, to ensure their continued relevance and accuracy?
- How has the institution been able to continue to effectively achieve its mission, goals, objectives, and outcomes when it has undergone some form of substantive change?
- For institutions with doctoral programs, how does the institution distinguish the goals and objectives of the doctoral program from its other ACAHM-accreditable programs?

Resources to Review:

- Catalog or other comparable document that includes a statement of the institution/program's mission, goals, and educational objectives.
- Meeting minutes that document review by relevant communities of interest the statement of mission, goals, and objectives.
- Minutes of Board of Governance meetings in which the statement of purpose and educational objectives were adopted, periodically reviewed and/or amended.
- Minutes of Faculty, Advisory Board (if applicable) meetings where statement of purpose and educational objectives have been reviewed.
- Documentation demonstrating input by students and school administrators to review the statement of purpose and educational objectives.
- Public documents issued to students and prospective students regarding institutional and program purposes and educational objectives (e.g., Catalog, Student Handbook). Evidence supporting the degree to which the program is achieving its statement of purpose and educational objectives as well as evidence that the educational objectives can be verified and measured (e.g., sample outcome data on student/graduate achievement).
- Strategic plans.

LEGAL AND REGULATORY REQUIREMENTS (see also [Legal & Regulatory Compliance Checklist](#))

- Is the institution's present legal organization structured in a manner that supports the achievement of its mission, goals, objectives, and outcomes?
- Does the legal structure of the institution limit its autonomy to operate effectively as an institution of higher education? How effectively is the institution addressing these limitations?
- How effective are the institution's policies, procedures, and practices for ensuring compliance with all federal, state, and local laws and regulations applicable to its operations? Does the program comply with laws and regulations applicable to its operations?
- How effectively has the institution and its program addressed compliance with new state laws and regulations that impact the institution and/or its programs?

Resources to Review:

- Articles of Incorporation, charter, or partnership agreement.
- Documentation of state authorization to operate, including the authority to grant the relevant degrees or diplomas.
- Relevant state's regulations regarding the practice of acupuncture along with current approval of the program by the state's acupuncture licensing authorities, if applicable.
- Documentation of all current insurance coverage.

- Current approval of the program by another state's acupuncture licensing body (i.e., California Acupuncture Board), if applicable.
- If applicable, the most recent affirmation of accreditation or pre-accreditation by another accrediting agency, including the most recent decision letter and site visit report, or if accreditation was not conferred, the reason(s).
- OSHA compliance reports, relevant building code, elevator and other permits.
- HIPAA compliance manual.
- If applicable, the most recent state agency reports on the institution/program.
- Legal compliance audits.
- If applicable, the most recent Form 990.
- If the institution administers Title IV financial aid, the current Program Participation Agreement (PPA) issued by the USDE.
- If the institution administers Title IV financial aid, the current Eligibility and Certification Approval Report (E-CAR) issued by the USDE.
- If applicable, documentation of the institution's Student Exchange Visitor Program (SEVP)-certification.

GOVERNANCE AND ADMINISTRATION

Governance:

- How effective is the public representation in the governance structure of the institution both numerically and substantively?
- To what extent is the governance structure providing effective leadership for the institution and its programs relative to compliance with relevant ACAHM standards?
- How effective is the governance structure with respect to the following functions: establishing policy, engaging in effective planning, appointing and evaluating the performance of the CEO, ensuring financial stability, overseeing the budgetary process, approving major program changes, among others?
- How effectively does the institution ensure that all of its relevant communities of interest have appropriate input into institutional/programmatic decision-making?
- Do the institution's governing documents (e.g., Bylaws) meet the requirements of relevant ACAHM standards? Are they in alignment with sound institutional decision making?
- How effective are the institution's processes for the oversight of training conducted at off-campus locations, or in collaboration with other institutions and agencies?

Resources to Review:

- Bylaws of the governance structure (including Advisory Board, if applicable) that clearly explain the duties, policies, meeting, and membership requirements, terms of office, and responsibilities to the program.
- List of members of the governing Board(s) and/or Advisory Board and their affiliations and backgrounds, with an indication of their representation of either the institution/program or the public.
- Studies and evaluations of governance effectiveness.
- Sample Board of Directors, proprietor or partnership meeting agendas and minutes demonstrating areas in which control is exercised over the institution and its programs.

- Sample meeting minutes of any Advisory Boards and related evidence that their advice is being considered.
- Schedule of proposed future meetings of the governance structure.
- Sample meeting minutes (governance structure, faculty, staff) demonstrating responsibility and deliberations on outside educational activities, if applicable.
- Affiliation agreements with outside individuals, consultants, or entities responsible for implementing outside educational activities, if applicable.
- Strategic plans.

Administration:

- Is the institution's overall administrative structure effective in providing adequate support for key program administrative functions? Does it provide for effective management and supervision of the program?
- How effective is the CEO (e.g., President, Program Director) in providing leadership for the institution/program?
- Are administrative staff sufficient in number and hours to effectively manage the program?
- How effective are various administrative functions as reflected in the current administrative structure? How and in what areas is administrative effectiveness adequate or inadequate?
- To what extent have recent changes in the administrative structure impacted (favorably or unfavorably) administrative functioning?
- In what ways, and for what reasons, have staffing patterns and reporting lines been changed over the past few years? How have these changes impacted the effectiveness of administrative functioning for the institution and its program?
- How effective is the institutional and program management in supervising and administering the program?
- How effectively do the qualifications of administrative staff assist the institution in achieving its institutional/program effectiveness and student learning outcomes?
- How effectively do members of the academic leadership of the program fulfill their roles and responsibilities as they relate to academic oversight, curriculum development and program assessment, assessing student performance, faculty development, and improving student learning outcomes?
- Are staff members able to summarize their responsibilities? Does the summary align with their job description?
- Are administrative staff performance evaluations completed? By whom? How often? Are results reviewed by recipient? Are changes made in response?
- How effective are professional staff development and training programs for better achieving mission, goals, objectives and student learning outcomes?

Resources to Review:

- Organizational chart which details by position, title and incumbent's name, the institution's ownership, management, and administrative organization for educational services. The Chart must include the position and name of all administrative/academic leadership staff who support the program, and their reporting lines within the administrative structure.
- Job descriptions for each administrative staff position (including the Chief Administrative Officer) in which their roles and responsibilities are clearly defined, including administrative reporting lines and required job qualifications.

- Resumes, curriculum vitae, or biographies for the Chief Administrator/CEO and all key administrative and academic staff, which include educational backgrounds and prior work history, professional activities and scholarly activity (if applicable).
- Staff files, including performance evaluations.
- Staff meeting minutes and meeting minutes of the academic leadership team.
- Administrative manuals and handbooks.
- Studies and evaluations of administrative effectiveness.
- Letter from the CEO authorizing the application for pre-accreditation and its review and evaluation by ACAHM.
- Program plans for assessment of program effectiveness, including appropriate evaluation forms, academic committees, policies and procedures.

RECORDS

- How effective are the policies, procedures and practices to ensure the accuracy, completeness, access, and security of relevant categories of institutional/program records?
- How effectively does the institution/program determine the usefulness, currency, and security of various categories of records?
- How effectively does the institution/program manage and safeguard clinical records consistent with generally accepted health care practices and national standards?
- How effective are the program's policies, procedures and practices for ensuring that record keeping practices meet relevant legal requirements; e.g., FERPA, HIPAA, state laws and regulations? (This issue should be addressed under LEGAL compliance.)
- How effective are the systems for maintaining data and statistics for institutional and program assessment processes? How effective are institution/program systems for using these data to assess and improve institutional/program effectiveness and student learning outcomes?

Resources to Review:

- Enrollment agreement for each program and each language track.
- Sample of student transcript and/or permanent record card.
- For each program, including each language track, and for each location or campus, a table indicating:
 - the number of students enrolled in each level of the program in each academic year of the preceding three years (or since the inception of the program, if that is less than three years),
 - the number of those students who continued into each succeeding academic year and, where applicable,
 - the number who graduated from the program in each academic year.
- Demographic statistics of the student body of the preceding three years, including ages, educational and professional backgrounds, and racial/ethnic composition for the past three years.
- Control inventory record used to monitor students' satisfactory academic progress toward graduation requirements.
- Student, faculty, staff, curriculum and other records.

- Handbooks that include the policies and procedures for the maintenance and security of academic and clinical records (e.g., FERPA and HIPAA policies).
- Studies and evaluations of the institution's record keeping systems.
- Policies/procedures for the maintenance of student records addressing accuracy, completeness, security, and confidentiality.
- Policies/procedures for the maintenance of faculty records and ensuring current documentation, licensures, continuing education, etc.
- Policies/procedures for the maintenance of personnel files and ensuring current documentation and personnel information.
- Policies/procedures for the maintenance of clinical records for patients being seen by students, addressing accuracy, completeness, security and confidentiality, as well as copies of sample clinical record forms.
- Copy of diploma, degree or certificate awarded upon program completion.

ADMISSIONS AND STUDENT SERVICES

Admissions:

- How effective are the admissions policies, procedures, and practices in ensuring that matriculated students (including international students) are capable of meeting the rigors expected of the program?
- How might the admissions policies, procedures, and practices be improved to ensure that only qualified applicants who are capable of achieving the program's objectives are admitted to the program?
- If the program is not meeting its admissions goals, are the goals sufficiently clear, realistic and consistent with the mission? To what extent are recruiting materials and processes coordinated and further recruitment goals?
- What do data analysis of student acceptance rates, retention rates, completion rates, and other relevant statistics, reveal regarding areas that could be strengthened with respect to admissions policies and procedures? What do these data reveal relative to whether the program is achieving its goals and objectives? Relative to possible improvements in student support services?
- How might the program's transfer credit and prior learning assessment policies, procedures and practices be improved to ensure that students have achieved the competencies expected from the program?
- How might the program's admissions policies be stated and described more clearly in institutional publications?
- How effective are the program's policies, procedures, and practices for ensuring that students matriculated in the program have sufficient English language proficiency to communicate effectively with patients and other health care personnel, and to successfully complete program requirements? How effectively are the program's courses sequenced to ensure that students are academically prepared to take more advanced program courses? To what extent do foundational courses provide adequate preparation for more advanced didactic and clinical program components? How might educational components be better integrated and sequenced to achieve these objectives?
- How effective are the program's policies, procedures and practices with respect to non-matriculated students auditing courses to ensuring that their participation does not adversely

impact the quality of instruction?

Resources to Review:

- Current catalog, which includes published policies, procedures and protocols for admission, transfer credit, prior learning assessment, challenge exams, student recruitment, prerequisites, and the review/verification of credits earned at an educational institution outside the United States.
- Documents made available to the public, students, and prospective students that include the program's admission requirements and policies.
- Admissions data showing the number of applications received and the number of applications accepted in each of the past three years, or since the inception of the program if less than three years.
- Data showing the number of students who transferred into or out of the program in the past three years, or since inception of the program, if less than three years.
- Data showing the students who were accepted into the program and the credit they were given for prior learning, if applicable, in the past three years, or since inception of the program, if less than three years.
- Program completion rates based on student backgrounds.
- Student admissions records.
- Studies and evaluations of the effectiveness of the program's admissions policies, procedures and practices.
- Policies for non-matriculated student participation in courses.

Student Services:

- How effective is the institution in providing a range of student services that reflect program objectives, create good student morale, and assist students in the achievement of professional growth?
- How effective are program student services relative to: orientation, counseling, academic advisement, placement, and career development?
- If the program has recently implemented changes in its student support services, what evidence is there that the changes were based on appropriate assessment results? To what degree do such changes support the achievement of program goals, objectives and student learning outcomes?
- How does the program provide support to students who are having academic difficulty? How effective are these support services?
- How effective are student policies related to: rights and responsibilities, academic progress and grading; disciplinary proceedings; grievances; fair and equitable refunds; as well as access to student support services and clarity of expectations for students?
- How effective are program provisions for ensuring student input into institutional decision making?
- How effective are program policies, procedures and practices for responding to student complaints and grievances? To what extent do they provide fundamental due process to students? To what extent is the record and disposition of student complaints documented by the program?
- How effective are program policies procedures and practices governing students in the areas of: 1) student rights and privileges; 2) disciplinary procedures; 3) satisfactory academic

progress, and 4) grading? Could these policies and procedures be more clearly stated in institutional publications?

Resources to Review:

- Handbook for students and other published documents that describe student services, activities, rights, privileges, and responsibilities, as well as policies and procedures governing disciplinary procedures, grievances, and policies for obtaining student views and input into institutional decision making.
- Documents regarding student services provided to enrollees and how they are administered.
- Assessments and credentials of student services personnel.
- Studies and assessments of the adequacy of student support services (orientation, counseling, advising, discipline, placement, etc.).
- Other student personnel policies.
- Student complaint/grievance files.
- Description of student activities that meet program objectives and public and community service needs.

ASSESSMENT AND EVALUATION

- How effective are the program's processes for curriculum development and program assessment based on analyses of student learning outcomes?
- How effectively are outcome data analyzed by the program to assess and document institutional/program effectiveness and whether the program is achieving positive student learning outcomes consistent with mission, goals and objectives?
- How do the curriculum development and program assessment processes foster regular and systematic consideration of academic content and rigor consistent with mission, goals, objectives, and expected student learning outcomes?
- Do the institution and its program use an appropriate assessment feedback loop to improve existing programs and to develop new program components and offerings?
- How effectively do academic and support systems document that students are achieving the professional competencies (didactic and clinical) and learning outcomes expected by the program?
- How effective are the assessment methods and tools for documenting student achievement in the program? To what degree do they provide clear and tangible evidence that documents the achievement of institutional/program and student learning outcomes?
- How effectively has the institution/program selected and utilized relevant assessment instruments in the documentation of outcomes?
- How effective are program assessment methods for documenting the achievement of the student learning outcomes expected at each phase of clinical training? To what degree do these methods effectively document that students are prepared adequately for gradually increasing levels of responsibility for independent patient care as clinical training progresses?
- How effective are the program policies, procedures, and practices for academic progress and grading? Could they be more clearly stated in institutional publications?
- How effective is institutional/program follow-up with graduates to determine the relationship

- between program and student learning outcomes and graduate success?
- How effective is the program in ensuring that student performance is assessed consistently at all training locations, including externships?

Resources to Review:

- Policies and procedures, including those made available to students and prospective students, regarding academic progress, grading, the assessment of student academic performance (didactic and clinical) and portfolio assessment, if applicable.
- If applicable, the policies and procedures for assessing student research projects and student-completed research projects.
- Documentation of the professional competencies to be achieved by graduates, as well as the methods and instruments by which attainment is systematically assessed and verified,
- Policies and procedures governing curriculum development and program assessment, including program assessments and plans.
- Samples of instruments used to measure the outcomes of students throughout of the program, at the completion of the program, and after graduation (e.g., year-end competency exams, pre-clinic exams, graduation exams, intern evaluation forms, graduate survey instruments).
- Clinical competencies assessment forms.
- The pass rates of graduates on licensing exams by states and on the NCCAOM exam modules, if applicable. (If the program is taught in multiple languages, specify the results for each language program.)
- Assessments of instruments for documenting student achievement (didactic and clinical)
- Student evaluations of classroom & clinical instruction.
- Grade distribution reports for courses.
- Reports summarizing results of alumni surveys.
- Completed student assessments (i.e., year-end, pre-clinic, graduation exams; course exams; papers, clinic evaluations and other tools that are used to document success with respect to student achievement).
- Sample minutes documenting the curriculum development and program assessment process.
- Studies and evaluations of the effectiveness of the program's assessment policies, procedures, and practices.
- Any recent changes made to the program to enhance student learning as a result of reviews of program outcome data.

PROGRAM OF STUDY

- To what extent does the program meet the accreditation standards with respect to program length, residency requirements, minimum and maximum time for program completion, core curriculum, and competency requirements?
- How effectively does the program demonstrate and document that program content and rigor are appropriate to the degree or credential offered upon program completion in all relevant program areas (e.g., theory, diagnosis, treatment planning and techniques, equipment and safety, communication skills, ethics and practice management, biomedical science, herbal studies, other East Asian medical modalities, clinical training)? What does that documentation

reveal in terms of program strengths and areas that require further development?

- For post-graduate doctoral programs, how effectively does the program demonstrate and document that students are achieving the competencies and student learning outcomes in the program's clinical specialty areas? What does that documentation reveal in terms of program strengths and areas that require further development? To what extent are various program components consistent with and meet mission, goals, objectives and student learning outcomes for the doctoral program?
- How effectively does the program demonstrate and document that students are achieving the professional competencies expected of safe and effective practitioners? What does that documentation reveal in terms of program strengths and areas that require further development?
- How effectively does the institution demonstrate and document that the program of study is consistent with mission, goals, objectives, and expected student learning outcomes?
- How well do students understand the goals and interrelationships among program training components?
- How appropriate is the degree, diploma or certificate awarded upon successful program completion?
- If the program is taught in more than one language, how effectively does the program ensure that each language program is achieving mission, goals, and expected student learning outcomes and that the quality, content, and clinical training experiences of the programs are consistent?
- To what extent are class size, instructional load, the nature and purpose of didactic and clinical program components, the adequacy of facilities, learning resources (e.g., faculty), and student learning outcomes taken into consideration in planning for effective instruction?
- To what extent are course syllabi adequate or inadequate? Do they adequately articulate course purpose, objectives, prerequisites, content, lab instruction, methods of instruction, course requirements, grading system, and reading requirements?
- How effective are relevant Continuing Education (CE) offerings? How has the institution determined that it has sufficient resources to offer CE courses without affecting the quality of its other ACAHM-accreditable programs?
- How well are program graduates performing on licensure and national certification exams? How effectively has the program used these data to assess areas of program strength and areas requiring further development?

CLINICAL EDUCATION

- How appropriate are the objectives for each phase of clinical training (including the clinical observation experience) to the knowledge, skills and abilities expected of a safe and effective practitioner?
 - How well and often are these objectives assessed?
 - How well are the assessments documented?
 - How well are the assessment results communicated to the students?
 - How well are students achieving these objectives?
- To what extent is the level of clinical supervision, variety of clinical supervisors, patient populations, and variety of medical conditions among patients adequate or inadequate to support quality clinical training consistent with mission, goals, objectives and student learning outcomes?
- How effective are program systems for tracking student progress with respect to clinical

- observation requirements, clinical contact hours and patient treatments?
- How effective are program assessment methods for documenting the achievement of the student learning outcomes expected at each phase of clinical training?
 - To what degree do these methods effectively document that students are prepared adequately for gradually increasing levels of responsibility for independent patient care as clinical training progresses?
 - For programs that conduct training at off-site locations, how effectively does the program ensure that all educational components and services are sufficient in quality?

Resources to Review:

- Catalog that lists the full curriculum outline, including course sequencing, prerequisites and course descriptions.
- Full current program curriculum outline, including specific courses taught each term, the number of credits/hours for each course, and a list of courses offered on an elective basis;
- Class and clinic schedules for the current term.
- Documents that describe the content of each program course.
- Documents that articulate each phase of the clinical training experience, their educational objectives and standards for satisfactory performance.
- Notation of which courses in the program provide the curriculum content of the minimum core curriculum and professional competencies expected of an independent practitioner (i.e., list courses that correspond to the core curriculum and competency requirements in part 2 of the Self-Study Report Cover Sheet, when applicable).
- Sample course syllabi in each major subject area of the program (e.g., biomedical clinical sciences, East Asian medical theory, diagnosis and treatment techniques, herbal therapy, clinical training, counseling, communication, ethics, and practice management).
- Clinical manuals, handbooks, or relevant documents (including CNT, OSHA and HIPAA) that include the policies, procedures, objectives, requirements, evaluations, and tracking forms for meeting the clinical training requirements for each phase of clinical training.
- Studies and assessments of student achievement of clinical and didactic competencies.;
- Studies and assessments of the curriculum, curriculum breadth and depth, quality of instruction, instructional methods, and other materials documenting program quality and achievement of competencies by students.
- Description of each program offered at the institution with an indication of the number of students enrolled in each program.
- Statistics on volume and type of patient conditions seen at the clinic.
- Program policies governing program length, and maximum/minimum time for program completion.
- Addresses, descriptions, and affiliation agreements/contracts for all off-site locations and training being offered.

FACULTY AND GUEST LECTURERS

- On what basis has the institution determined that program faculty are qualified and numerically sufficient to deliver the curriculum?
- How effectively do the qualifications of faculty assist the program in achieving its program and student learning outcomes? For doctoral programs, how effectively has the program

documented faculty competence to teach at the doctoral level?

- To what degree are faculty serving as appropriate role models for students consistent with the program's mission, goals and objectives?
- To what degree do program faculty: 1) function as an integral part of the program, including curriculum development, and assessment; 2) possess the qualifications appropriate to the program's mission, goals, and objectives; 3) provide continuing evidence of keeping abreast of developments in the fields in which they teach; and, 4) provide sufficient guidance to assist students in the timely completion of course and program requirements?
- How effective are program professional development opportunities for faculty in ensuring currency and rigor in the curriculum and its delivery? To what extent is institutional support for faculty development consistent with mission, goals, objectives and student learning outcomes?
- To what degree do the conditions of faculty services—including salary, benefits, academic freedom, and opportunities for professional growth—promote or hinder the program goals for the recruitment and retention of qualified faculty to deliver the curriculum?
- How effective are the policies and procedures governing faculty in relevant areas (e.g., recruitment, appointment, promotion, retention, non-discrimination, academic freedom, evaluation, and discipline)?
- How effective are program provisions for regular, systematic communication among faculty, and between the faculty and administrative officers of the institution? How effectively does the program document the formal deliberations of its faculty in terms of faculty decision making?

Resources to Review:

- Catalog or other document that lists full- and part-time faculty for the current academic year, with vitae or biographies that fully describe their academic qualifications and background, professional and educational experiences, and designation of rank.
- List of courses taught by each faculty member.
- Samples of actual faculty contracts.
- Faculty manual or handbook that includes the policies and procedures for the evaluation of faculty performance, recruitment, appointment and promotion of faculty, and the conditions of employment and academic freedom.
- Faculty files, including evaluations, CVs, I-9's, documentation of professional development, etc.
- Faculty governance documents, if applicable (e.g., bylaws describing the organization and policies of faculty).
- Samples of faculty governance meeting minutes, if applicable.
- Faculty committee assignments.
- Samples of faculty meeting minutes.
- Studies and assessments of faculty qualifications, competence and effectiveness.

INSTITUTIONAL AND PROGRAM RESOURCES (Financial, Facilities, Library)

Library and Learning Resources:

- How effective is the program in maintaining the adequacy and currency of library and other information resources, including technological applications to document outcomes?
- To what extent do library and learning resources support adequately mission, goals, objectives, and student learning outcomes of the institution/program?

- To what degree do program plans for continued library development strengthen the achievement of program goals, objectives, and student learning outcomes?
- To what degree does the program provide student and faculty access to library and learning resources sufficient to support adequately objectives and student learning outcomes?
- To what degree do technological learning resources (e.g., computers, on-line access, databases) support program goals, objectives, and student learning outcomes?
- For doctoral programs, how effective is the program in providing training to students, faculty and staff in the appropriate utilization of information resources, with a particular emphasis on information literacy? How might such training be improved?

Resources to Review:

- Approximate total number of volumes and journals, by language, that support the professional program, including the number of texts by professional subject matter (e.g., biomedicine, acupuncture, East Asian medicine theory, Chinese herbal medicine).
- List of library holdings, including textbooks and professional journals that support the program, broken out by subject area and language.
- Assessment plans for continued library and learning resources development.
- Contracts with other entities providing student and faculty access to learning resources.
- Description of information literacy programs.
- Assessments of library holdings, organization, and management relative to the achievement of mission, goals, objectives, and outcomes.
- Description of other learning resources and equipment.

Facilities and Equipment:

- To what extent do institutional facilities and equipment resources support program goals, objectives and student learning outcomes?
- To what extent are institutional facilities and equipment aligned with the nature, size, complexity, student populations and program mix of the institution/program?
- To what extent are institutional facilities and equipment sufficient or insufficient to support program and student learning outcomes, including in the areas of: classroom space and learning resources; space and equipment for staff, faculty and students; clinical facilities; herbal pharmacy; conference space among others?
- How effective are institutional policies, procedures, and practices for ensuring compliance with applicable laws and regulations, including federal, state, and local; fire, safety, and health standards? Do facilities meet applicable laws and regulations?
- How effective has the institution been in developing and implementing policies, procedures, and practices for deferred maintenance and equipment replacement to assure that institutional/program operations and programs are fully supported?

Resources to Review:

- Documents of compliance with health, fire and safety standards.
- Assessments of facilities and equipment relative to whether they are sufficient to support the program.
- Floor plan of facility(ies), including clinic, administrative offices, and space where didactic training takes place.

- If facilities are leased, a copy of the lease.
- Inventory of classroom and clinical equipment.
- Copies of insurance coverage for the institution and its programs.
- Plans for deferred maintenance.
- State and local government inspection certificates (e.g., building permits, fire, elevator, OSHA).
- Hazardous waste disposal contract.

Financial Resources:

- Does the institution/program maintain sufficient financial resources to carry out its objectives, complete the instruction of all enrollees, and to support adequately its programs and activities now and in the foreseeable future?
- If the institution is experiencing financial difficulty, how effective are institutional plans for ensuring the uninterrupted delivery of the program, consistent with ACAHM standards, and ultimately improving financial stability? To what degree are these plans supported by reliable data?
- How effectively has the institution been in addressing debt service requirements without adversely impacting program quality?
- How effective are the institutional and program financial management and budgeting systems? How effective are the procedures and practices for addressing a significant, unexpected drop in revenue or unexpected increases in expenditures? To what degree are institution and program budget projections consistent with year-end financial reports?
- How effectively is the institution allocating the financial resources necessary to support program goals, objectives and student learning outcomes? How realistic is the program budget relative to supporting adequately program goals, objectives and student learning outcomes?
- How effectively has the institution addressed any findings in the CPA management letter that accompanied the most recent audit, including recommendations for internal controls, financial management and “reportable conditions” (if any)?
- How effectively does the institution manage its student financial aid programs consistent with funding source requirements (e.g., USDE regulations)? How effectively has the program addressed any adverse findings from the USDE financial aid office issued since the Commission’s last comprehensive review of the institution?
- How effective are institutional policies, procedures, and practices for reducing cohort default rates? Do cohort default rates exceed legal requirements for Title IV?
- To what extent are program refund policies consistent with legal requirements?

Resources to Review:

- Full audit for the most recent year, conducted by an independent certified public accountant, that includes certified balance sheet at the end of the fiscal year, statement of revenue and expenses, profit and loss, and changes in fund balance and/or financial position. (The audit must provide a letter to management that includes a report on the internal controls, with any qualifications or reportable conditions explained.)
- Balance sheets with accompanying statements of income and expenses, profit and loss, and assets and liabilities for the last three years (or since program inception if less than three years), and for the current year. (Only the statements from the most recent fiscal year need be certified audited statements; the others may be reviewed by an outside auditor.)

- Institutional **and** program budget for the past fiscal year, the current year, and the next two fiscal years, with notes containing the assumption(s) upon which key line items in the budgets are based, that show relation to actual income and expenses for past and current year to date.
- Documentation showing the percentages of expenditures for different items in the current fiscal year budget.
- Financial trend data.
- Fiscal plans, particularly if the institution/program is experiencing financial difficulty.
- The institution/program's financial management, planning and budgeting policies and procedures.
- Tuition and fee schedule for the program.
- The program's refund policy.
- If the program is authorized to disburse financial aid, the default rate and any reports from the funding agency on the program's compliance with the funding source's management and resource requirements.

PUBLICATIONS AND ADVERTISING

- To what extent do program catalogs, manuals, handbooks, advertising, and other publications accurately portray program goals and objectives, student services, academic policies, admissions requirements, refund policies, program offerings, faculty and staff, state licensure requirements, and the like?
- To what extent do institutional and program publications, including advertising, accurately report employment, career, and licensure opportunities to prospective students and members of the public?
- To what extent do institutional and program publications report accurately to the public its status with ACAHM?
- In what areas do school publications need to be strengthened to improve their accuracy, clarity, and completeness?

Resources to Review:

- All current catalogs, brochures, bulletins, student handbooks, faculty manuals, clinic manuals, administrative policies, newsletters, advertisements, and any other documents setting forth the program, curriculum, faculty, clinic, policies, services and activities of the program.
- Catalog for the current year.
- Samples of recruiting materials and other published materials aimed at attracting students to the program(s).
- Minutes reflecting review of institutional publications.
- Publications in languages other than English and their translations, if applicable.

Document Review and Interviews Correlated to Standards and Criteria

This section is intended to provide guidance regarding questions that may be asked during an ACAHM site visit. This document is organized and presented according to the types and sources of information reviewed during a typical site visit. For each source, the document lists common questions and confirming activities used by the site visit team to validate compliance with the relevant accreditation standard(s).

1. Evaluations of Records:

A. General Institutional Records/Miscellaneous

Refer to [Legal & Regulatory Compliance Checklist](#):

1. **Articles of Incorporation/Certificate of Good Corporate Standing (from Self-Study);**
2. **Compliance with Federal Requirements (e.g., HIPAA & OSHA Manuals and practices);**
3. **State Approvals (State Department of Education);**
4. **Compliance federal, state and local laws;**
5. **Reports by Regulatory Agencies;**
6. **State Acupuncture Licensure Requirements;**
7. **Accreditation Status with other Accrediting Agencies;**
8. **Leases and other Contractual Agreements:**

FACILITIES:

- Do lease agreements for school facilities (e.g., classrooms, clinic, administrative, etc.), provide for adequate space to meet the training needs of students?
- Confirm adequacy of the facilities through a general inspection of the facilities.

FACILITY UPKEEP:

- Do the lease agreement(s) provide for the cleaning, repair and maintenance of buildings and grounds or assign specific responsibility for care of grounds, security, fire protection, utilities and plant upkeep.
- If the lease agreement does not adequately cover these areas, confirm responsibilities and arrangements for these areas through interviews with responsible administrative staff.

B. Governing Board Records

1. Bylaws:

GOVERNANCE ROLE: Do the Bylaws adequately describe the powers, duties, policies, meeting and membership requirements, terms of office and responsibilities to the program?

GOVERNANCE MEMBERSHIP: Do the Bylaws articulate the public member representation requirements? Confirm the adequacy of public representation in the governance through the list of Board members and their affiliations contained in the Self-Study Report. If the

governing Board does not have adequate public representation, check to see whether the school has an Advisory Board with adequate public representation. (See “Advisory Board,” below.)

GOVERNANCE STRUCTURE: Do the Bylaws grant the governing board ultimate and general authority/control over the affairs of the institution? Confirm the adequacy of Board control through reviewing governing Board meeting minutes. (See “Meeting Minutes and Agendas” under this section.) Also examine whether the Board Bylaws, in fact, grant the Board the ultimate and general control over the affairs of the school, or whether they grant another organization, entity, or individual(s) control over the school’s affairs (e.g., bylaw provisions that grant other entities, individuals, or the shareholders of the corporation authority to exercise effective control over the institution, or that allow them to effectively veto Board decisions).

2. Meeting Minutes & Agendas:

GOVERNANCE STRUCTURE:

- Are governing Board meetings held at regularly stated times and as specified in the Bylaws?
- Are accurate meeting agendas and minutes kept and retained which accurately reflect the actions of the Board?
- Verify the frequency of Board meetings held each year by examining the dates of meetings in the meeting minutes?
- Review whether agendas are prepared for meetings which adequately reflect the business addressed by the governing Board (compare these to the Board minutes).
- Review the accuracy and completeness of meeting minutes and confirm their accuracy in the interview with the Board.
- Are minutes sufficiently comprehensive and complete to fully assess the Board’s actions?

GOVERNANCE ROLE:

- Does the governing Board exercise ultimate and general control over the institution’s affairs?
- Examine the content of the governing Board meeting minutes to assess whether the governing Board is actively involved in critical school governance functions such as:
 - reviewing and approving financial statements and budgets;
 - approving major school policies and procedures; reviewing and approving major programmatic changes;
 - reviewing the performance of the CEO/President;
 - reviewing and approving major changes within the institution such as moving to a new facility, opening an additional classroom facility or clinic, or a change in the legal organization of the school (e.g., from a for profit to a non-profit institution);
 - reviewing and approving the school’s statement of purpose and educational objectives;
 - reviewing whether the school is meeting its statement of purpose and educational objectives;

- reviewing and approving major school purchases, including entering into significant contractual obligations (e.g., leases, facility alterations, etc.), engaging in institutional planning; etc.
- Is there a sufficient track record reflected in the minutes to assess the Board’s functioning? (If the Board has only held a few meetings, there may be an insufficient track record to be able to demonstrate sufficient Board control.)
- Assess from a review of minutes and agendas whether the Board receives sufficient information to effectively perform its functions. (e.g., If the Board is not receiving sufficiently detailed financial reports, or is not being informed of major decisions or proposals by the administration, the Board may not be exercising sufficient control. Confirm through interviews with the Board.)

PURPOSE REVIEW: Is the school’s statement of purpose and educational objectives reviewed and revised periodically when necessary? Assess whether the Board has actively been involved in reviewing, revising and approving the school’s statement of purpose and educational objectives.

OFF-CAMPUS CONTROL & TRAINING: Is the program and its academic leadership directly responsible for all of its off-campus educational activities? Assess whether the Board has reviewed and approved contracts or other arrangements for off campus educational activities, if any, such as leasing off-campus clinics for training interns or offering “study abroad” programs. This assessment should include an examination of whether the Board has taken into account quality control mechanisms by the school’s administration for off-site educational activities.

C. Advisory Board Records – [if relevant]

1. Bylaws:

GOVERNANCE STRUCTURE: Do the Bylaws adequately describe the powers, duties, policies, meeting and membership requirements, terms of office and responsibilities to the program?

GOVERNANCE MEMBERSHIP: Do the Bylaws articulate the public member representation requirements? Confirm the adequacy of public representation in the governance through the list of Advisory Board members with their affiliations which is supposed to be contained in the Self-Study. Note: if the governing Board has sufficient public representation, it is not necessary to have significant public representation on the Advisory Board.

GOVERNANCE ROLE: Do the Bylaws adequately describe the role of the Advisory Board in advising the governing Board on all matters concerning the institution? Confirm Advisory Board’s role in this area by reviewing meeting minutes (see Meeting Minutes and Agendas).

2. Meeting Minutes & Agendas:

GOVERNANCE STRUCTURE:

- Are Advisory Board meetings held at regularly stated times?

- Are accurate meeting agendas and minutes kept and maintained which accurately reflect the actions and recommendations of the Advisory Board?
- Check the frequency of Advisory Board meetings held each year by examining the dates of meetings on the meeting minutes.
- Review whether agendas are prepared for meetings which adequately reflect the business addressed by the Advisory Board (Compare with minutes).
- Review the accuracy and completeness of meeting minutes and agendas and confirm their accuracy in the interview with the Advisory Board.
- Are minutes sufficiently comprehensive and complete to assess the Advisory Board's actions?

GOVERNANCE ROLE: Does the Advisory Board advise the governing Board on all governance matters concerning the institution?

- A. Examine the contents of the Advisory Board meeting minutes to assess whether it is advising the governing Board on all critical school functions, such as reviewing and making recommendations to the governing Board regarding:
- approval of financial statements and budgets;
 - approval of major school policies and procedures;
 - approval of major programmatic changes;
 - approval of major changes within the institution such as moving to a new facility, opening an additional classroom or clinic facility, or a change in the legal organization of the school (e.g., from a for profit to a non-profit institution);
 - approval of the school's statement of purpose and educational objectives;
 - whether the school is meeting its statement of purpose and educational objectives;
 - approval of major school purchases, including entering into significant contractual obligations (e.g., leases, facility alterations, etc.);
 - whether the Advisory Board's recommendations are being considered by the Board of Directors through comparing governing Board and Advisory Board meeting minutes. (e.g., If major governing board decisions are reflected in the governing board meeting minutes, but not addressed in the Advisory Board meeting minutes, the Advisory Board may not be sufficiently involved in advising the governing Board on those issues.)
- B. Is there a sufficient track record reflected in the minutes to assess the Advisory Board's functioning? (e.g., If the Advisory Board has only held a few meetings, there may be an insufficient track record to be able to demonstrate the Advisory Board is functioning at an appropriate level.)
- C. Assess from a review of minutes and agendas whether the Advisory Board receives sufficient information to effectively perform its functions. (e.g., If the Advisory Board is not receiving sufficiently detailed financial reports, or is not being informed of major decisions or proposals by the administration or the governing Board, the Advisory Board may not be able to provide a sufficient advisory role.) Confirm through interviews with the Advisory Board.

PURPOSE REVIEW: Is the school's statement of purpose and educational objectives reviewed and revised periodically when necessary? Assess whether the Advisory Board has been actively involved in reviewing and making appropriate recommendations regarding the school's statement of purpose and educational objectives.

D. Advisory and Governing Board Member's Vitae or Lists:

GOVERNANCE STRUCTURE: Assess whether there are sufficient numbers of public members on the governing and/or Advisory Board.

GOVERNANCE ROLE:

- Assess whether the governing Board has sufficient knowledge in legal, non-profit, and higher education issues to effectively exercise control over the institution. (e.g., If the school has violated its non-profit tax status, or if the Board membership includes insufficient expertise in corporate and/or higher education issues, the Board may not be exercising adequate control.)
- Assess whether the Advisory Board has sufficient knowledge and expertise to effectively advise the governing Board on all matters impacting the school. Confirm governing and Advisory Board expertise through reviews with Board members.

E. Student Records

1. Student Admissions Files

ADMISSIONS:

- Have all students successfully completed the minimum prerequisite education, as defined in the relevant program accreditation standards, for program admission?
 - Assess whether the required credits are documented by official transcripts received directly from the educational institution. The Commission considers student copies of transcripts inadequate for this purpose.
 - Assess whether credits used for admission are also being used for transfer credit purposes (ADMISSIONS-TRANSFER CREDITS). Credits may not be double counted for meeting the admission requirements and also used towards the program.
- Does the school grant credit towards the prerequisite admission requirement through "Prior Learning Assessment"?
- Does the school appropriately limit the grant of credit awarded through this method?
- Do admission files provide adequate documentation of this assessment?

RECORDS - PERMANENT RECORDS: Assess whether student admission files are complete and contain all documentation required by the school for admission (e.g., application, official transcripts, professional licenses, proof of citizenship or visa status, essays of interest in the school, health certificates, enrollment agreement, English language competency documentation, transfer credit documentation, appropriate prerequisite documentation, etc.). If admission files do not include a checklist to track completeness

of student admission files, assess in interviews with appropriate school administrators how the school ensures the completeness of student admission records prior to student matriculation.

ADMISSIONS - ENGLISH LANGUAGE PROFICIENCY: English language proficiency must be required of all students seeking admission to the program. Refer to accreditation standards for required language proficiency benchmarks. Does the school adequately document in student admission files the English language proficiency of international students admitted to the program? Are students admitted without appropriate documentation of English language proficiency?

ADMISSIONS – TRANSFER CREDIT:

- Does the school have an adequate process for documenting in admission files the awarding of transfer credit?
- Does the school analyze the content of prior coursework through a review of course syllabi or course descriptions in course catalogs, as well as transcripts for prior course work to assess whether the content of prior course work is equivalent to the content of courses for which transfer credit is sought?
- If the school does not require students to produce course descriptions in catalogs or prior course syllabi, assess the adequacy of the school’s procedures and practices for ensuring that the content of prior courses is equivalent to the program courses prior to awarding transfer credit.
- If prior course work was taken some time ago or if there are questions regarding whether prior course work is equivalent to the program’s courses, does the school have an adequate process (such as taking challenge exams) for ensuring that students have actually been exposed to, and retained, information from the prior course work prior to awarding transfer credit?
- If challenge exams are given, are the challenge exams sufficiently rigorous to provide a reliable assessment of retained knowledge and competencies to justify awarding transfer credit?

ADMISSIONS – NON-MATRICULATED STUDENTS:

- Does the school maintain adequate records for non-matriculated students taking courses?
- Do these records fully document that non-matriculated students have met all program admission requirements and all course prerequisites prior to taking individual courses in the program other than physical exercise courses (e.g., Qi Gong, Tai Chi).
- Compare admission records to any school policies governing the admission of non-matriculated students to assess whether the school’s policy meets this criterion and is being implemented in practice.

Questions raised from review of the above records may need to be addressed with appropriate school administrators (e.g., Admissions Director) during interviews.

2. Student Academic Files and Records

RECORDS/ASSESSMENT/PROGRAM OF STUDY:

- Are student academic files accurate, complete, secure?
- Do they reasonably document satisfaction of program requirements?
- Do student academic records document that students are demonstrating high levels of academic achievement consistent with the program's educational objectives and do the records demonstrate adequate educational outcomes appropriate to an institution of higher education offering a professional graduate level program?
 - Are student academic files accurate and complete and reasonably document satisfaction of program requirements including documentation of the program's performance with respect to student achievement?
 - Do they adequately document for each student completion of required didactic course work (e.g., completion of the required hours in the core curriculum and the core competencies) and clinical training requirements (e.g., the required number of hours of clinical observation, supervised clinical practice in an internship setting, and the required number of student-performed patient treatments)?
 - Does the school have an adequate process for tracking completion of program requirements (e.g., updated transcripts or program completion checklists, patient clinic log sheets which tracks hours and patients, etc.) and is this process consistently and capably implemented for each student?
 - Are student academic files confidentially maintained?
 - Are they in a secure location that is only accessible by appropriate school administrators?

PRE-REQUISITES:

- Do student academic files indicate that each student is meeting course prerequisites prior to taking courses?
- Check whether students are taking courses in proper sequence.
- Compare sequencing with prerequisites published in the catalog, curriculum outline and in course syllabi.

CONTINUING EDUCATION: Does the program refrain from applying CE courses towards meeting program requirements?

3. Student Attendance Records

RECORDS - PUBLICATIONS: Do student attendance records indicate that the school is properly and consistently implementing appropriate attendance policies? Compare records with the school's published policies on attendance (e.g., Student Handbook, Catalog).

4. Student Data and Statistics

RECORDS - DATA: Does the school maintain accurate data that will facilitate the compilation of the following statistics:

- student profiles showing number of students enrolled, graduated and readmitted;
- admissions data showing the number of applications received and accepted; and

- ages, sex, educational backgrounds, and racial origins (optional student reporting) of the student body?

F. Student Complaint Records

STUDENT SERVICES - GRIEVANCES:

- Are the school's student complaint records complete and do they adequately document in writing the school's handling of the students' grievances in a fair and equitable manner?
- Are student grievance files maintained by the school for at least a three-year period demonstrating that grievances and complaints were handled in a fair and equitable manner?
- Assess whether grievances were actually handled in a manner consistent with the school's published procedures for addressing student grievances (e.g. Catalog and/or Student Handbook).

G. Financial Records

1. CPA Prepared Audit:

FINANCIAL RESOURCES: Has the school provided for the most recent year a full audit prepared by a CPA that provides a detailed and accurate picture of the school's financial status, including a statement of revenue and expenses, change in fund balance, balance sheet and a report of the auditor setting forth any reportable conditions? Is school accounting done on an accrual basis?

A. Do the financial statements indicate that the school is financially stable with sufficient resources to carry out the school's objectives, to complete the instruction of all enrollees, and to support adequately all the school's programs and activities? Do they indicate that the program possesses the financial capacity to respond to financial emergencies and unforeseen occurrences? If an accumulated deficit has been recorded, has the program developed a realistic financial plan to eliminate the deficit?

B. Do the financial statements indicate that the school has control over its financial resources free from undue influence or pressure from external funding sources (e.g., a loan from a bank, entity, or individual that requires certain expenditures or other financial restrictions; another funding source upon which the school is significantly dependent)? Review, in particular, notes on the audit ("CONTROL").

C. Does the school have sufficient income from its operations to support expenditures needed for instruction, learning resources, student services and activities, equipment maintenance, supplies, or other needed school operations? ("EXPENDITURE")

D. Has the auditor identified any reportable conditions in the school's financial management and control systems that need correcting? ("AUDIT") Confirm that the school has adequate financial management and control systems through interviews with the administrator at the school responsible for financial management and/or the school's CPA.

E. Do the financial statements indicate that the program has adequate resources to meet debt service requirements?

PURPOSE – RESOURCE ALLOCATION: Does the school’s audit suggest that the allocation of financial resources is consistent with and sufficient to meet the school’s statement of purpose and educational objectives.

EXPENDITURES: Does the audit indicate that the income from the program is expended to provide adequately for instruction, administration, learning resources, student services and activities, maintenance, equipment, supplies, and other specific functions that are consistent with the goals of the program?

2. Biannual, Quarterly, Monthly Financial Reports and Day-to-Day Accounting Records:

FINANCIAL RESOURCES – CONTROL, MANAGEMENT: Does the school prepare periodic financial reports that are complete and are consistently reviewed by the school’s Administration, Advisory and Governing Boards to monitor and control the financial status of the school? Do these reports provide sufficient information to enable school decision makers to fully assess the financial status of the school throughout the school year and take remedial action should that become necessary?

FINANCIAL RESOURCES – CONTROL, MANAGEMENT: Do the school’s day-to-day accounting records reflect an adequate financial management system that accurately reflects the school’s day-to-day finances, and facilitates financial planning and monitoring?

EXPENDITURES: Do the school’s financial reports indicate that the income from the program is expended to provide adequately for instruction, administration, learning resources, student services and activities, maintenance, equipment, supplies, and other specific functions that are consistent with the goals of the program?

3. Loan Agreements (if any)

FINANCIAL RESOURCES – CONTROL, MANAGEMENT:

- Does the school have any long or short-term debt repayment requirements that may adversely impact the school’s ability to devote sufficient resources to the program?
- Are adequate financial resources available to meet school debt-service requirements without impacting the quality of the program?
- Do loan agreements place any restrictions on the school’s control over its financial resources?

4. Budgets

BUDGETARY PROCESS: Do the school’s budgets reflect a realistic assessment of the program’s future revenues and expenditures? Is the school able to accurately project revenues and expenditures for at least a three-year period? Confirm through interviews with the school’s financial manager, CEO and/or CPA.

5. Financial Aid Compliance Audit and Other Relevant Documentation (If Applicable)

FINANCIAL AID OPERATION:

- If the school utilizes public resources for financial aid, is the financial aid capably administered?
- Does the program's student cohort default rate exceed the prescribed benchmarks?
- Has the Title IV compliance audit identified significant deficiencies in the school's financial aid management systems affecting compliance with USDE regulations?
- Does the school's student cohort default rate exceed acceptable levels?
- Confirm ability of the school's financial aid staff to capably administer financial aid through the interview(s) with the responsible staff person(s) and through reviewing their employment files to assess whether their education and experiences are appropriate to the position(s).

H. Faculty Records

1. Faculty Files

RECORDS/FACULTY: Are faculty files accurate, complete and well organized?

- A. Do faculty files contain faculty contracts, vitae, professional licenses, faculty evaluations, I-9s or proof of visa status, CEU certificates and other relevant materials? Are all clinical supervisors properly licensed?
- B. Do faculty files adequately document for each faculty member that they are qualified to teach his or her specific courses through appropriate educational credentials, practical professional experience and teaching experience? If any faculty are recent graduates, assess how the school has determined that such faculty members are qualified to instruct students.
- C. Do faculty files adequately document that each faculty member is keeping abreast of developments within the fields in which they teach (e.g., CEU certificates, professional publication activities, active participation in professional organizations)?
- D. Are faculty numerically sufficient to perform needed teaching and academic leadership responsibilities?

FACULTY – POLICIES, DEVELOPMENT: Are all faculty evaluated regularly through student evaluations of courses, and by clinical supervisors and school administrators to assess the quality of individual instruction? Do individual evaluations indicate significant teaching deficiencies on the part of any faculty members? Do they indicate whether faculty are provided regular feedback on their evaluations?

2. Faculty Meeting Minutes

FACULTY - COMMUNICATION: Do faculty meeting minutes indicate that there is regular and open communication among members of the faculty and between the faculty and the school's administration? Confirm frequency of faculty meetings through examining the dates

of faculty meetings and any policies for faculty meetings that may exist in institutional publications (e.g., Faculty Handbook)

ADMINISTRATIVE AND ACADEMIC LEADERSHIP: Are faculty sufficiently integrated within the school's academic leadership structure? Is faculty input received in the areas of curriculum development and program assessment functions and do the minutes reflect a well-organized and systematic process in the academic leadership structure for coordinating these functions? Examine the content of faculty meeting minutes to assess faculty involvement in these areas as well as providing input regarding academic policy and practice. Confirm this area through interviews with the school administrators responsible for academic leadership (e.g., Program Director, Academic Dean, etc...) and through interviews with faculty.

I. Administrative Staff Records

1. Organizational Chart (From Eligibility/Self-Study or Administrative Handbook)

ADMINISTRATIVE AND ACADEMIC LEADERSHIP:

- Does the organizational chart present a well-organized administrative staff with clear reporting lines, directed by a CEO or School President, that are in sufficient numbers to meet the needs of the school?
- Does the organizational chart present a clearly defined and adequate academic leadership structure?
- Assess the adequacy of the size and structure of the administration in light of relevant factors such as the size and complexity of the program (e.g., offering both an acupuncture program and a program with a Chinese herbal medicine specialization or offering a program in more than one language) and the size of the student body.
- Does the organization of the administration appear to contribute to the smooth operations of all relevant administrative functions?
- Confirm through a careful examination of administrative job descriptions and through interviews with administrative staff.

2. Job Descriptions

ADMINISTRATIVE AND ACADEMIC LEADERSHIP:

- Do all the job descriptions taken together clearly indicate that all critical school functions are being performed (e.g., admissions, CEO, registrar, financial management/bookkeeping, student services and academic advising, library maintenance, oversight for didactic and clinical training, clinic management, etc.).
- Do the job descriptions of the school's academic leadership positions (e.g., Academic Dean, Clinical Director, Department Heads, etc.) taken together fulfill all necessary and critical academic functions to meet the program's needs?
- Assess these issues in light of relevant factors such as the size and complexity of the program (e.g., offering both an acupuncture program and a program with a Chinese herbal medicine specialization or offering a program in more than one language) and size of the student body.
- Are each administrator's responsibilities clearly defined in a well written job description

that describes job responsibilities, reporting lines, and appropriate qualifications for each position?

- Compare job descriptions with vitae in administrative staff files to assess whether appropriate qualifications are met for each position.
- Do the job descriptions match the reporting lines listed in the organizational chart?

ADMINISTRATIVE AND ACADEMIC LEADERSHIP:

- Does the CEO's/President's job description clearly describe the appropriate role of a CEO consistent with this criterion?
- Are they responsible for the administrative staff and administrative operations of the institution and are they accountable to the governing Board?
- Compare any Bylaw provisions which indicate the CEO/President's role within the school.

3. Administrative Staff Individual Records

RECORDS: Are administrative staff files well organized, accurate and complete with vitae, professional licenses (if applicable), job applications and contracts (if applicable), I-9's or visa status for staff (if applicable), performance evaluations, etc.?

ADMINISTRATIVE AND ACADEMIC LEADERSHIP: Does the CEO's/President's vitae indicate that they are qualified for this position, including an adequate educational background, professional, and higher education experience?

ORGANIZATION OF ADMINISTRATIVE STAFF: Do the vitae of each administrative staff indicate that they are qualified for their respective positions as reflected in their prior education, professional experience and backgrounds. Compare vitae to the administrator's job description and confirm whether administrators are qualified through interviews.

ADMINISTRATIVE AND ACADEMIC LEADERSHIP: Do the vitae of all staff who are responsible for the school's academic leadership (e.g., Academic Dean, Clinical Director, Department Heads, etc.) indicate that they are qualified for their respective positions as reflected in their prior education, professional and higher education experience, and backgrounds. For example, do the Academic Dean, Clinical Director and Department Heads have adequate credentials, education, professional and higher education experience to effectively perform the significant responsibilities assigned to them? If the program has more than one language track does the school have an adequate academic leadership structure in terms of qualified administrators with appropriate language skills in the appropriate language (e.g., Mandarin Chinese, Korean). Compare vitae to the administrator's job description, and confirm whether administrators are qualified through interviews.

J. Curriculum and Evaluation Materials

1. Curriculum Outline (from Catalog, Eligibility/Self-Study or other documents)

PROGRAM OF STUDY: Does the curriculum outline indicate that the program meets ACAHM program length and credits/hour content requirements in relevant areas, e.g., overall

program, East Asian medicine theory, diagnosis, treatment technique, Chinese herbal medicine, clinical training, and biomedical clinical sciences)? Confirm through review of individual syllabi and catalog course descriptions.

PROGRAM OF STUDY - CLINICAL: Does the clinical training component of the program meet ACAHM standards:

- required number of hours in clinical observation;
- supervised clinical practice in an internship setting where students conduct patient interviews, participate in diagnosis and treatment planning; and the
- required number of patient treatments and follow-ups to patients' responses to treatment?

Confirm through review of clinic manual, catalog and interviews with the school's academic leadership.

PROGRAM OF STUDY - LENGTH: Does the curriculum outline meet ACAHM maximum/minimum program completion timelines?

PROGRAM OF STUDY: Is the program's curriculum consistent with the school's statement of purpose and educational objectives? Also, review course syllabi in this analysis.

2. Course Syllabi

PROGRAM OF STUDY - SYLLABI: Does each syllabus meet ACAHM's syllabi content requirements?

PROGRAM OF STUDY: Does each syllabus indicate that the level of instruction for each course is appropriate to an institution of higher education offering a professional master's degree level program in acupuncture? Confirm through reviews of course exams and observations of actual classroom/clinical instruction.

ADMISSIONS - PREREQUISITES: Does the school have appropriate course prerequisites for specific courses, and have students enrolled in those courses completed the required course prerequisites? Confirm through review of student academic records.

ASSESSMENT – MEASUREMENT OF STUDENT ACHIEVEMENT: Are all syllabi consistent with the school's published grading policies and procedures? Compare syllabi to the school's published grading policies.

PROGRAM OF STUDY – CURRICULUM, PROFESSIONAL COMPETENCIES: Does the school's professional acupuncture program cover all the core curriculum requirements and all the expected competencies? Confirm by comparing syllabi to the core curriculum and competencies cover sheet for the school's Self-Study Report, if applicable.

3. **Course and Comprehensive Exams and Other Measures of Student Achievement**

ASSESSMENT: Are exams and other evaluation methods used systematically throughout the course of study? Are there a sufficient variety of student evaluation methods, and are the results systematically used to evaluate student performance and enhance the program?

ASSESSMENT/PROGRAM OF STUDY:

- Are the school's course and comprehensive exams, clinical competency evaluations and other measures of student achievement sufficiently rigorous to ensure that each student has achieved the required core competencies and met the core curriculum requirements?
- Are the school's measures of student achievement appropriate to an institution of higher education offering a graduate level program in acupuncture?
- Are appropriate evaluation measures of student achievement applied systematically throughout training?
- Does the school apply a variety of different measures to ensure that each student has demonstrated acquisition of the core knowledge, skills, competencies and attitudes required?

PROGRAM OF STUDY – CLINICAL TRAINING:

- Has the school implemented adequate instruments and measures such as clinic logs or other checklists to track and document that each student has met ACAHM's clinical training requirements (e.g., for clinic observation, supervised clinical practice, and the required number of student performed patient treatments)?
- Do these instruments ensure that each student has actually been exposed to a sufficient variety in their clinical experience(s), such as:
 - exposure to sufficient experiences performing all treatment modalities of East Asian medicine including: needling, moxibustion, filling herbal prescriptions, and performing other treatment modalities;
 - exposure to a variety of patients with different medical conditions; and
 - training by a variety of clinical supervisors with different theoretical perspectives and practice styles?

ASSESSMENT/PROGRAM OF STUDY – CLINICAL TRAINING: Do the evaluation instruments for assessing student performance in clinical training reflect a proper system of phased clinical competencies where the competencies and educational objectives expected at each level of clinical training are clearly articulated and properly evaluated through the evaluation instruments? Do they require students to demonstrate gradually increasing levels of responsibility for patient care as clinical training progresses?

4. **Grade Reports, Grading Policy**

ASSESSMENT – MEASUREMENT OF STUDENT ACHIEVEMENT/ PUBLICATIONS: Are the school's policies and procedures for academic progress and grading fair, consistently applied and made available to students in appropriate school publications (e.g., Catalog,

Student Handbook)? Do the school's grade reports for each student comply with relevant school policies on academic progress and grading? Compare grade reports with the school's published policies on academic progress and grading.

5. Evaluations of Instruction

ASSESSMENT/FACULTY: Does the school routinely evaluate the quality of instruction of its faculty through such means as student evaluations of courses and supervisors and evaluations performed by the school administration? Does the program use this data to improve the program and the teaching skills of faculty and clinical supervisors?

PROGRAM OF STUDY – APPROPRIATE LEVEL OF INSTRUCTION: Do evaluations of instruction performed by the school indicate that the level of instruction is appropriate to an institution of higher education offering a professional master's degree level program in the field?

PROGRAM OF STUDY/FACULTY: Do the evaluations of instruction indicate that faculty are demonstrating appropriate teaching skills? Are the school's policies for faculty promotion and retention (see "Faculty Handbook") grounded in appropriate evaluations of faculty performance?

6. Results of Alumni Surveys

ASSESSMENT OF GRADUATE SUCCESS:

- Has the school made a systematic effort to record the professional career development of its graduates?
- Does the school have an adequate alumni survey instrument which seeks career information (e.g., state licensure/NCCAOM pass rates, professional practice information) and seek feedback on how well the program prepared graduates for practice?
- Are alumni surveyed regularly and systematically and are the results compiled and used by the school to improve the program?
- Confirm through interviews with alumni and the Academic Dean.

K. Clinic Records

CLINICAL RECORDS:

- Are clinical records accurate, secured, complete, and maintained as confidential?
- Do clinical records contain all necessary information for each patient including: an intake form which includes medical conditions, medications, allergies, blood pressure, weight; signed informed consent forms, diagnosis and treatment plan, SOAP notes, documentation on responses to treatment, etc.?
- Are clinical records maintained in a secure location, and are they maintained as confidential?
- Are all clinic record entries signed by the intern and the clinical supervisor?

2. Catalog, Advertising, Administrative Manuals, and Handbooks

A. Catalog:

PUBLICATIONS: Does the catalog meet all the content requirements of this standard?

ADMISSIONS:

- Does the catalog contain all the school's admissions policies and procedures and are they clearly stated?
- Assess whether published policies are consistent with the school's practices.
- Do the admissions policies and practices provide evidence of careful planning to assess whether they are meeting the needs of students?

ADMISSIONS/PUBLICATIONS:

- Assess whether the school's admissions policies published in the catalog appear to be sufficiently clear, meet ACAHM standards, and are consistently applied.
- Assess whether the policies are comprehensive, complete and demonstrate that the program has engaged in appropriate planning to determine whether its admissions policies meet the needs of its students.
- Confirm through interviews with the Admissions Director and through a review of the school's published admissions policies in the catalog.
- Compare the admission policies published in other institutional publications, e.g., Student Handbook.

ASSESSMENT: Does the catalog contain fair and consistent policies and procedures regarding academic progress and grading?

PUBLICATIONS: Is the catalog accurate, complete and unambiguous? Does it disclose programs, courses, and activities that are not available during a given academic year? Does it report accurately the program's relationship with the Commission and does it avoid misrepresenting employment, career, or licensure activities?

PURPOSE:

- Does the catalog publish the school's statement of purpose and educational objectives?
- Does the statement of purpose provide clear direction for the institution and its programs, and does it include—as a formally adopted statement—the preparation of health care practitioners as acupuncture professionals?
- Are the educational objectives clear, measurable, and each framed in terms of the effects the program is designed to have on students or the competencies students are expected to achieve by graduation?
- Are the educational objectives consistent with the school's statement of purpose, its resources, programs, services and educational activities?

PROGRAM OF STUDY – LEVEL, LENGTH, CREDITS, HOURS: Is the school's clock to credit hour conversion policies as applied to each course consistent with this criterion?

FINANCIAL RESOURCES – REFUND POLICY: Assess whether the school’s refund policy published in the catalog is fair and equitable, and follows applicable state and federal laws and regulations.

B. Advertising

PUBLICATIONS:

- Does advertising fully and accurately disclose the school’s educational offerings, programs, services and activities and represent them in language that is accurate, honest, clear, and unambiguous?
- Does advertising avoid misrepresenting employment, career or licensure opportunities?
- Does advertising accurately report the program’s status and relationship with the Commission?

C. Faculty Handbook

FACULTY - POLICIES: Does the school’s Faculty Handbook contain appropriate policies and procedures for the recruitment, appointment, promotion and retention of well qualified faculty? Does the handbook contain appropriate policies governing non-discrimination and equal opportunity? Confirm adequacy of and implementation of the school’s faculty policies through interviews with faculty.

FACULTY - DEVELOPMENT: Does the school’s Handbook address the conditions of faculty service including provisions for academic freedom, professional development and adequate preparation time? Confirm the actual conditions of faculty service through interviews with faculty members.

D. Student Handbook

STUDENT SERVICES – POLICIES: Does the Student Handbook—or other appropriate publications made available to students—contain a statement of rights, privileges and responsibilities of students and of disciplinary procedures for violations of those responsibilities? Do the procedures for student discipline including probation, suspension, or dismissal decisions include appropriate due process procedures, including adequate notice and the right to appeal adverse decisions to an impartial tribunal?

STUDENT SERVICES: Does the Handbook describe student services and activities that are appropriate to an institution of higher education offering a professional graduate level program in acupuncture? Confirm actual student services and activities through interviews with the Academic Dean, Dean of Students and Students.

STUDENT SERVICES - GRIEVANCES:

- Does the Student Handbook—or other appropriate publications made available to students—describe a fair and efficient grievance procedure for students who have legitimate complaints against the program?

- Does the grievance process include the Commission’s name, address and phone number for students who are not satisfied with the school’s handling of their grievance?
- Confirm adequacy of the school’s grievance procedures through reviewing the school’s complaint records and through interviews with students and the school’s Dean of Students.

GOVERNANCE/STUDENT SERVICES: Does the Handbook describe provisions or vehicles for obtaining student input into institutional decision making? Confirm adequacy of student input through interviews with students.

ASSESSMENT – STUDENT LEARNING: Does the Handbook–or other publications made available to students–adequately describe the school’s policies and procedures regarding academic progress and grading and are these policies fair and consistent? Confirm adequacy of the school’s policies, procedures, and practices through interviews with students and members of the school’s academic leadership (e.g., Academic Dean).

E. Clinic Manual

ASSESSMENT/PROGRAM OF STUDY: Does the Clinic Handbook adequately describe the clinical training and evaluation requirements of the program at each stage of clinical training? Are the published requirements consistent with the school’s actual clinical training and student clinical evaluation policies, procedures, and practices as well as ACAHM’s standards for clinical training and evaluation?

LEGAL/PROGRAM OF STUDY:

- Does the Clinic Handbook address critical issues such as: HIPAA and OSHA compliance and CNT requirements, biohazard disposal, patient emergency procedures, Hepatitis vaccinations and waiver requirements, and handling of accidents in clinic such as needle sticks or exposure to blood borne pathogens? See also [Legal & Regulatory Compliance Checklist](#)
- Does the Clinic Handbook reinforce expected clinical and professional competencies in such areas as professional conduct, informed consent and record keeping requirements?
- Confirm the school’s actual policies and practices in these areas through interviews with clinical supervisors, the Clinic Director and student interns.

3. Inspection of Facilities

A. General Inspection:

RESOURCES - FACILITIES:

- Are the facilities generally safe, accessible, functional, flexible, appropriately maintained and sufficient to house the program, to provide for effective functioning, and to accommodate the staff, faculty, and the student body?
- Do the facilities include a clinic and an herbal dispensary if applicable, or has the

program made long range arrangements for student access to clinic facilities, and appropriate media and learning equipment sufficient to support the program's educational objectives?

- If the school delivers programs in a language other than English, are there adequate media and learning equipment appropriate for teaching in each language in which the program is offered?
- Are there generally an adequate number of restrooms, space for clinical training, faculty and/or conference room space, properly equipped space for physical exercise courses such as Tai Chi or Qi Gong.

RESOURCES – FACILITIES/ LEGAL: Do the facilities meet all relevant federal, state, and local fire, safety and health standards? Are the facilities in compliance with all relevant federal, state and local laws and regulations applicable to the operations of the school (e.g., compliance with HIPAA, OSHA, Americans with Disabilities Act (ADA), fire codes, elevator inspection certificates, etc.)? See also [Legal & Regulatory Compliance Checklist](#)

RESOURCES - FACILITIES: Are the facilities generally clean and in good repair? Confirm provisions for cleaning, repair, upkeep and maintenance through the facility lease or facilities maintenance contracts and through interviews with appropriate school administrators.

RESOURCES - FACILITIES: Is there adequate space and learning equipment in the facilities for administrative and faculty support? Confirm through interviews with faculty and school administrators.

B. Classroom Space:

RESOURCES - FACILITIES: Is there sufficient classroom space for the size of the student body and the programs offered by the school? Is classroom space properly equipped (e.g., chairs, tables, learning charts, skeletons, VCRs, overhead projectors, and other learning models appropriate to the curriculum? Confirm adequacy of space through interviews with students, faculty, and administrative staff.

C. Clinic Space:

RESOURCES – FACILITIES: Does the school provide a clinic for training students which is sufficiently equipped, including sterilizers, sinks and/or antibacterial lotion, work areas, storage and disposal?

RESOURCES – FACILITIES/LEGAL: Do the clinic facilities fully meet OSHA and other relevant safety and health standards? Do the facilities meet OSHA notice posting requirements? Do the clinic facilities have needle stick solution which is readily accessible? Does each clinic treatment room contain appropriate containers for biohazard disposal?

PROGRAM OF STUDY – CLINICAL TRAINING:

- Are the clinic facilities sufficient for the training needs of students?
- Are there a sufficient number of treatment rooms to meet the clinical training needs of

interns and student observers?

- Are the treatment rooms sufficiently large to accommodate the required number of interns and student observers needed to conduct effective training?
- Confirm through interviews with interns, clinical supervisors and the Clinic Director. Also examine the patient scheduling book to assess clinic patient load.
- Assess whether there is adequate space to accommodate reasonable patient, student and clinical supervisor traffic in the clinic without overcrowding.

D. Library Space and Holdings

RESOURCES – LIBRARY HOLDINGS:

- Assess the adequacy of library space and environment. Is the library environment conducive to student and faculty? Is it quiet?
- Does it include sufficient chairs and tables for student and faculty?
- Are the library hours conducive to student and faculty use?
- Assess the adequacy of the collection to support the school's programs and the school's educational objectives given the size of the student body.
- Are there sufficient books and journals in important areas, e.g., biomedicine, acupuncture, East Asian medicine, herbal medicine, alternative medicine?
- If the school delivers a program in language other than English, are there adequate library books and journals to support the program?
- Are the holdings current and sufficiently related to the program?
- Does the library include computers for on-line research?

E. Staff and Faculty Space and Equipment

RESOURCES - FACILITIES: Do the facilities provide adequate space and equipment for administrative staff, including computers, printers, filing cabinets, copiers and other office equipment? Do the facilities provide adequate space and learning equipment to support faculty, including conference space?

F. Off-Site Classroom or Clinic Facilities:

Assess all issues under "A" (General Inspection), "B" (Classroom Space), and "C" (Clinic Space).

4. Observations of Classroom Instruction

FACULTY:

- Do faculty for the observed classes appear to be providing effective instruction to students? Are the teaching methods effective?
- Are students urged to actively participate in class?
- Do faculty have sufficient language skills in the language in which the program is taught to provide effective instruction to students?
- Confirm these issues through interviews with faculty and students, as well as through

cross checking faculty qualifications and evaluations of faculty performance in the faculty files.

PROGRAM OF STUDY – LEVEL OF INSTRUCTION: Does the level of instruction provided by faculty for the observed classes appear appropriate to an institution of higher education offering a professional graduate level degree program in acupuncture?

5. Observations of Clinical Instruction

PROGRAM OF STUDY – CLINICAL TRAINING:

- Is clinical instruction of sufficient volume, variety, and quality to fulfill the school's educational objectives?
- Are there a sufficient number and variety of clinical supervisors to provide adequate clinical instruction with sufficient levels of supervision?
- Do clinical supervisors have adequate language skills to provide effective supervision to students in the language in which the program is offered?
- Is the patient volume and variety of medical conditions students are exposed to sufficient to meet the training needs of interns and student observers?
- Are interns involved in all aspects of treatment, including patient intake, diagnosis and treatment planning, performing the treatment, and performing follow-up assessments of patients' responses to treatment?
- Are interns expected to be increasingly responsible for independent care of patients as clinical training progresses?
- Confirm through interviews with interns, clinical supervisors and the Clinic Director. Also confirm through reviewing the Clinical Manual.

PROGRAM OF STUDY – CLINICAL TRAINING, PROFESSIONAL COMPETENCIES: Are interns and clinical supervisors consistently complying with appropriate CNT and OSHA protocols in clinic? Are clinical supervisors correcting intern lapses in proper CNT and OSHA protocol? Confirm through interviews with interns, clinical supervisors and the Clinic Director.

6. Interviews:

A. School Administrators

1. CEO/School President

ADMINISTRATIVE AND ACADEMIC LEADERSHIP:

- Assess actual role of the CEO/President within the school and confirm whether it matches the CEO's job description.
- Assess whether incumbent's full-time or major responsibility is to the program.
- Assess whether the incumbent is qualified for the position and is adequately performing a role appropriate to a CEO/President within a higher education institution. (Cross check with CEO/President's vitae.)
- Is the incumbent responsible for overseeing and conducting all administrative

operations for the school and implementing all policies and procedures as adopted by the governing Board?

- Does the incumbent evaluate the performance of the school's administrative staff?

GOVERNANCE/ADMINISTRATION: Does the CEO/President serve on the governing Board and, if so, how is appropriate distance maintained between governance and administrative functions? Does the CEO/President provide the governing and Advisory Boards with sufficient information to enable them to carry out their respective governance roles?

FINANCIAL RESOURCES – BUDGETARY PROCESS: Assess the adequacy of the budgetary process and raise any questions regarding the adequacy of the school's budgets and budget projections from your review of school budgets.

INTEGRITY (PURPOSE/LEGAL/ADMINISTRATION): Assess whether the program conducts its operations with honesty and integrity. Does the school avoid intentionally violating federal, state or local laws, misrepresenting the program to prospective student and members of the public or treating students in an inequitable manner?

Address any other significant issues or questions raised during the site visit relevant to the CEO/President's oversight and management responsibilities. If specific problems are raised, assess whether the CEO/President has considered specific plans for correcting them.

2. Admissions Director/Registrar/Bursar

ORGANIZATION OF ADMINISTRATIVE STAFF/ADMISSIONS: Do the administrators responsible for handling admissions appear knowledgeable and qualified for their responsibilities (Check incumbent's vitae)?

ADMISSIONS: Assess the adequacy of the overall admissions process including the student recruitment process, documenting applicants' qualifications for admission, the process for awarding transfer credit, the process for ensuring and documenting English language proficiency of all admission applicants and whether the school's published admissions policies comply with ACAHM standards and are consistent with the school's actual admissions practices. If any problems are identified, assess whether the school has any plans for correcting them.

- Does the school have an acceptable process for ensuring that the content of prior course work is equivalent to the program's courses prior to awarding transfer credit.
- The school should be examining prior course syllabi (or course descriptions from catalogs where syllabi are unavailable) in addition to transcripts in making an equivalency assessment.
- If the school has questions regarding the equivalency of prior course work, or where there are questions whether the student has retained the course information (e.g., the course was taken more than a few years ago), the school may use challenge exams to assist in deciding whether to award transfer credit.
- Seek clarification on student admission records which may not meet prescribed requirements.

ADMISSIONS – ENGLISH LANGUAGE PROFICIENCY: Does the school’s process for admitting international students include an adequate assessment of English language proficiency consistent with this criterion?

ADMISSIONS – NON-MATRICULATED STUDENTS: Does the school allow non-matriculated students to take courses in the program. If so, does the school require that the non-matriculated student meet all admission requirements and course prerequisites?

ADMISSIONS – POLICY PLANNING: Assess the school’s process for reviewing and amending its admissions policies, including who is involved, and who reviews and approves changes. Are the school’s admissions policies clear? Do they meet ACAHM standards, and do they result in a body of matriculated students who can successfully meet the rigors of the program?

INTEGRITY/RECRUITMENT: Assess whether the program conducts its admissions operations with honesty and integrity. Does the school observe honest, ethical, and legal recruiting practices, including taking steps to avoid misrepresenting the program to prospective students and members of the public? Confirm through reviewing appropriate student recruiting materials, e.g., catalog, advertising, brochures.

3. Dean of Students/Student Services

ORGANIZATION OF ADMINISTRATIVE STAFF: Are the administrators responsible for this position knowledgeable and qualified for their responsibilities? Check incumbent’s vitae.

STUDENT SERVICES:

- Do student services and activities offered by the program adequately reflect the program’s objectives, create good student morale and assist students in the achievement of personal and professional growth while making progress towards their career goals?
- Do student services and activities meet the program’s objectives and meet public and community service needs?
- Do student services include adequate academic advisement services, career counseling services, program orientation seminars for new students, financial aid counseling, and do they generally meet other student needs?
- If any specific deficiencies are identified in student services, assess whether the school has any plans for correcting them. Confirm through interviews with students.

GOVERNANCE/STUDENT SERVICES: What vehicles are available for student input into institutional decision making? Also, assess whether appropriate administrative staff and faculty are sufficiently accessible to hear students’ views. Are these vehicles adequate? Confirm through interviews with students, faculty, and appropriate school administrators.

STUDENT SERVICES - GRIEVANCES: Does the school have fair and efficient procedures for reviewing and responding to legitimate student grievances? Assess whether the school's published policies and procedures in this area. (e.g., Are catalog and student handbook consistent with the school's actual practices?)

4. Finance Director/Administrator/CPA

ORGANIZATION OF ADMINISTRATIVE STAFF: Do the administrators responsible for managing the school's finances appear knowledgeable and qualified for their responsibilities? Check incumbents' vitae.

FINANCIAL RESOURCES:

- Assess the adequacy of the school's financial management systems, both the day-to-day accounting systems and long-range management tools, e.g., quality of biannual, quarterly or monthly financial reports.
- Assess whether the school has adequate financial resources to respond to financial emergencies or unforeseen circumstances.
- Are any changes in the school's financial management systems anticipated?
- If the program has an accumulated deficit assess the adequacy of the school's plans for remediating the deficit.
- Address any questions from the team's analysis of the financial statements regarding financial stability, adequacy of resources to support the program, outstanding loans, debts or liabilities.
- Assess the adequacy of the budgetary process and raise any questions regarding the adequacy of the school's budgets and budget projections from your review of the budgets.

INTEGRITY (PURPOSE/LEGAL/FINANCIAL RESOURCES): Assess whether the program conducts its operations with honesty and integrity. Does the school avoid intentionally misrepresenting its financial status and operations to applicable federal, state, local and accrediting agencies? Does the school treat students fairly in financial transactions, including the application of its refund policies?

5. Financial Aid Director/Manager

ORGANIZATION OF ADMINISTRATIVE STAFF: Do the administrators responsible for managing the school's financial aid operations appear knowledgeable and qualified for their responsibilities? Check incumbent's vitae.

FINANCIAL RESOURCES – FINANCIAL AID OPERATION: Assess whether the school's financial aid operations are capably administered. Assess the adequacy of the school's process for students seeking financial aid. Address the adequacy of financial aid counseling services provided to students receiving or seeking financial aid. Address any questions the team has from their review of any financial aid compliance audits.

FINANCIAL REOURCES – DEFAULT RATE: If the program has a high student cohort default rate or if it has increased significantly, assess whether the school has adopted realistic plans to correct the situation. What changes in the school’s financial aid process are planned to reduce cohort default rates?

6. Librarian/Library Manager

ORGANIZATION OF ADMINISTRATIVE STAFF: Do the administrators responsible for managing the school’s library appear knowledgeable and qualified for their responsibilities? Check incumbent’s vitae.

RESOURCES – LIBRARY HOLDINGS:

- Assess the adequacy of library resources and the library acquisition process.
- Does the school have a well-organized and systematic process for library development and acquisitions?
- In what areas are new library acquisitions anticipated and what are the school’s priorities for library development?
- What is the current level of library use by students and faculty?
- What are the school’s plans, if any, for improving library space and use by students and faculty?
- Confirm adequacy of the library space and holdings through interviews with students and faculty.
- Does the school now have or have plans for entering into written arrangements that permit students and faculty access to other library facilities?
- Address any questions the team has from their review of the school’s library.

B. Academic Leadership (NOTE: For programs delivered in languages other than English, assess the adequacy of the school’s academic leadership structure for each language offering).

1. Academic Dean/Director/Assistant Dean

ORGANIZATION OF ADMINISTRATIVE/ACADEMIC STAFF AND LEADERSHIP: Do the incumbents for these positions appear knowledgeable and qualified for their responsibilities? Check incumbent’s vitae.

ADMIN. AND ACAD. LEADERSHIP/ASSESSMENT:

- Assess whether the incumbents are providing adequate academic leadership for the program particularly in the areas of curriculum development and program assessment.
- Assess the entire structure for academic leadership and whether policies and procedures for curriculum development, program assessment, and program evaluation is done in a well-organized, reliable and systematic manner with adequate involvement of school faculty for each program and in each language in which the programs are offered.
- Confirm faculty involvement through interviews with faculty and reviewing faculty meeting minutes.

- Does the curriculum development and program assessment process consider student performance in courses and clinic, graduate survey results, student evaluations of courses and clinical supervisors, and other relevant measures?
- Are measures of student performance consistently applied to provide outcome data to improve the program as a whole?
- Are the school's evaluation methods reliable indicators of program effectiveness?
- Is the data generated from the assessments of student performance, graduate survey results, licensure and certification pass rates, evaluations of faculty, etc. used to develop the curriculum and improve the program?
- What has the data from student performance and other relevant outcome measures indicated about the program in the past and how was that information specifically used to improve the curriculum and training?

ASSESSMENT: Assess the adequacy of the school's evaluation systems, methods and processes for evaluating student performance in classes and clinic. Are the evaluation methods and instruments reliable indicators of student achievement? Address any questions the team may have from reviewing the school's curriculum, syllabi, and evaluation records. Confirm through interviews with faculty and students.

ASSESSMENT – STANDARD OF MEASUREMENT/PROGRAM OF STUDY – OFF-CAMPUS TRAINING: Assess the adequacy of the process for monitoring the quality of all off-site classroom and clinical instruction. If any training takes place off-site, are there adequate quality control measures including site visits by members of the school's academic leadership to assess the quality of training? What measures have been taken to assure that equivalent methods and standards of evaluation are applied to all training sites and that off-site training is equivalent in quality to training at the school's main campus?

PROGRAM OF STUDY: Does the school's curriculum adequately prepare students to enter the clinical experience? Does the school have an adequate process for documenting that each student has met all program requirements before being permitted to graduate? Address any questions the team may have from reviewing the curriculum outline and syllabi regarding whether the school's "Program of Study" meets ACAHM's program length, core curriculum, and competency requirements.

FACULTY: Assess the adequacy and regularity of the process for evaluating faculty teaching skills and performance. Assess the school's process for hiring faculty including required qualifications, credentials, education, and experience. Assess the school's provisions for faculty development. Confirm through reviewing the Faculty Handbook, faculty evaluations and through your observations of actual classroom and clinical instruction.

FACULTY - COMMUNICATION: Assess the adequacy of opportunities for faculty communication with other faculty and members of the administration. Confirm through review of faculty meeting minutes and interviews with faculty.

ASSESSMENT – MEASUREMENT OF STUDENT ACHIEVEMENT: Assess the adequacy of the school's policies and procedures for academic progress and grading and whether they are

consistently enforced. Address any questions the team may have from their review of the school's published policies in these areas or from your observation of their implementation.

PROGRAM OF STUDY – CONTINUING EDUCATION: If the school offers continuing education courses, assess whether they are an integral component of the institution's commitment, whether there is an adequate administrative structure, a competent faculty, a sound financial base, and appropriate facilities. Ensure that CE courses are not being used to meet program requirements.

2. Clinic Director

ORGANIZATION OF ADMIN. STAFF: Does the incumbent for this position appear knowledgeable and qualified for his or her responsibilities? Check incumbent's vitae.

PROGRAM OF STUDY: Does the school's curriculum adequately prepare students to enter the clinical experience? Confirm student readiness for the clinical experience through interviews with students and clinical supervisors.

PROGRAM OF STUDY – CLINICAL TRAINING:

- Assess whether the school's clinic training program meets relevant ACAHM standards including program length clinic requirements, clinic observation requirements, supervised clinical practice requirements (the number of required hours and patient treatments) and quality requirements.
- Is the clinical training experience sufficient to meet ACAHM standards and the program's educational objectives?
- Is the patient clinic load and variety of patient medical conditions students are exposed to sufficient to meet student training needs?
- Are all interns and observers trained by a sufficient variety of clinical supervisors with different theoretical perspectives and practice styles?
- Does the school have a reliable process for ensuring that each student has met all their clinical training requirements before they are permitted to graduate?
- Is the school's process for tracking each student's number of clinic hours and patient treatments reliable and adequate?
- Does the school have a reliable definition of a "patient treatment" before allowing interns to count a patient treatment toward their patient treatment requirements?
- How does the school ensure and track whether each student has received a sufficient clinical experience in all relevant treatment modalities, e.g., acupuncture, filling herbal prescriptions, moxibustion, tui na?
- Are students increasingly responsible for patient care as clinical training progresses?
- Are there a sufficient number of clinical supervisors in each clinical setting to meet the clinical supervision needs of interns?
- Confirm all of the above through interviews with clinical supervisors and interns and through reviewing the Clinic Manual.
- How does the school ensure that all interns and clinical supervisors are sufficiently trained in and consistently practice appropriate CNT, OSHA, and HIPAA protocols in clinic?

- Confirm through interviews with clinical supervisors and interns and through observations of actual clinical training.

ASSESSMENT: Assess how the school evaluates the effectiveness of its clinical training. What data are used in this assessment and how have these data been used to improve the clinical training program? Address any questions raised from reviewing student clinical performance evaluations and instruments.

ASSESSMENT – STANDARD OF MEASUREMENT/PROGRAM OF STUDY – OFF-CAMPUS TRAINING/LEGAL:

- Assess the adequacy of the process for monitoring the quality of clinical training at all clinical training sites.
- If any clinical training takes place off-site, are there adequate quality control measures including site visits by the Clinical Director and/or Academic Dean to assess the quality of training?
- What measures have been taken to assure that equivalent methods and standards of evaluation are applied to all training sites?
- Is training conducted at off-site clinics equivalent in quality to the school's on-site clinic(s)? Are appropriate contracts in place for all off-campus clinical sites?

FACULTY: Assess the adequacy and regularity of the process for evaluating clinical supervisor performance.

Address any other questions the team may have regarding clinical training.

3. Department Heads (Acupuncture, Herbs, Biomedicine)

ORGANIZATION OF ADMINISTRATIVE AND ACADEMIC LEADERSHIP: Do the incumbents for these positions appear knowledgeable and qualified for their responsibilities? Check incumbent's vitae.

ADMINISTRATIVE AND ACADEMIC LEADERSHIP/ ASSESSMENT:

- Assess the incumbents' roles within the school's academic leadership structure particularly in the areas of curriculum development and program assessment within their respective areas of responsibility.
- Assess how they involve the faculty within their respective departments.
- How is data from the assessments of student performance used to develop the curriculum and improve the program in their department areas?
- How is communication across department areas coordinated and what is the decision-making process for programmatic changes?

FACULTY - COMMUNICATION: Assess the provisions for faculty communication within departments.

PROGRAM OF STUDY: Address any questions the team may have regarding the "Program of Study" relevant to the areas of responsibility for each Department Head.

4. Clinic Manager

ORGANIZATION OF ADMIN. STAFF/ADMIN. AND ACAD. LEADERSHIP: Does the incumbent for this position appear knowledgeable and qualified for his or her responsibilities? Check incumbent's vitae.

RECORDS - CLINICAL: Assess the adequacy of the clinic record keeping systems, including procedures for ensuring the accuracy, completeness and confidentiality of patient records.

C. Students/Alumni

STUDENT SERVICES: Assess overall student satisfaction with student services and activities offered by the program, including what services and activities are available. Assess the program orientation process for new students, academic advisement services, and other relevant student services and activities.

GOVERNANCE/ STUDENT SERVICES: Assess whether students/graduates believe they have/had adequate input into institutional decision making, including the availability and accessibility of school administrators and faculty to address issues with individual students. assess administrators and faculty responsiveness to student needs.

STUDENT SERVICES - GRIEVANCES: Assess student/graduate's satisfaction with the school's student grievance process.

INTEGRITY (PURPOSE/ADMINISTRATION): Assess student and graduate opinions on whether the program conducts its operations with honesty and integrity. Are students treated fairly?

RESOURCES - LIBRARY: Assess student/graduate's satisfaction with the library space, holdings, and hours of availability.

RESOURCES - FACILITIES: Assess student satisfaction with all school facilities and their upkeep, cleanliness, and maintenance.

FACULTY: Assess student/graduate's satisfaction with their faculty and clinical supervisors. Assess whether students have any difficulties in comprehending faculty in courses and clinic.

PROGRAM OF STUDY: Assess student satisfaction with the program.

- What do students believe are the strengths and weaknesses of the program and areas that might be improved?
- How well has the curriculum prepared students for the clinical experience?
- What comments do students wish to make regarding the quality of clinical training including particular strengths and weaknesses?
- Do senior students believe they are ready for independent practice?

PROGRAM OF STUDY/ASSESSMENT – GRADUATE SUCCESS: Assess graduates’ satisfaction with the program.

- What do graduates believe are the strengths and weaknesses of the program and areas that might be improved?
- What comments do graduates wish to make on the quality of clinical training?
- Do graduates believe they were well prepared for independent practice?
- Has the program periodically surveyed graduates regarding their careers and how well the program prepared them for practice?

ASSESSMENT: Assess whether students regularly assess their courses and clinical supervisors through course and clinic supervisor evaluation forms? How frequently do students assess courses and clinical supervisors?

ASSESSMENT/STUDENT SERVICES: What are students and graduates’ opinions regarding the adequacy of the school’s policies and procedures regarding academic progress and grading, conduct and discipline? Are students and graduates satisfied with the fairness and clarity of the school’s policies and procedures governing students published in the catalog, Student Handbook, etc.?

PURPOSE/GOVERNANCE: Has student input been sought in the review and revision of the school’s statement of purpose and educational objectives?

D. Faculty

FACULTY – CONDITIONS OF SERVICE: Are faculty satisfied with the conditions of faculty service, including benefits, salary, provisions for academic freedom, opportunities for faculty development and adequate preparation time? Are there areas that could be improved?

FACULTY - POLICIES: Assess faculty satisfaction with the policies and procedures governing faculty, including those governing recruitment, promotion and retention, as well as those governing non-discrimination and equal opportunity. Assess whether faculty believe that these policies and procedures were effectively and clearly communicated in the Faculty Handbook. Are there areas that could be improved?

FACULTY - COMMUNICATION/ADMIN. AND ACAD. LEADERSHIP:

- Assess whether faculty believe there are adequate provisions made for regular and open communication among faculty members and between faculty and the administration.
- Assess whether faculty fully understand and are effectively incorporated within the school’s academic leadership structure as it relates to curriculum development and program assessment functions.
- If faculty are not sufficiently aware of the school’s structure and process for academic leadership, this may raise questions regarding its adequacy.
- Confirm the above referenced items through a review of faculty minutes and through interviews with members of the school’s academic leadership.

FACULTY: Assess the faculty's impression of the adequacy of the school's faculty performance evaluation process? Are faculty regularly evaluated and provided feedback on their teaching effectiveness and performance as faculty members and clinical supervisors?

ADMISSIONS: Assess faculty impressions regarding the quality of the student body and whether the school's admissions policies, procedures and practices result in a student body which is well prepared to undertake a rigorous course of study.

PURPOSE/GOVERNANCE: Has faculty input been sought in the review and revision of the school's statement of purpose and educational objectives?

ASSESSMENT: Assess the adequacy of student performance assessment measures. Address any questions raised from review of student evaluation materials and instruments.

ASSESSMENT – MEASUREMENT OF STUDENT ACHIEVEMENT: Assess whether faculty are sufficiently aware of the school's policies and procedures regarding academic progress, grading, attendance and other policies governing students. Are these policies and procedures consistently applied by faculty? Are they published in the Faculty Handbook? If faculty are not sufficiently aware, they may not be consistently enforced.

PROGRAM OF STUDY/ASSESSMENT: Do faculty have any opinions on areas that might be improved in the school's "Program of Study" and methods of student evaluation?

ASSESSMENT – STANDARD OF MEASUREMENT/PROGRAM OF STUDY – OFF-CAMPUS TRAINING: For faculty and clinical supervisors providing instruction off-site, assess whether similar evaluation methods for student performance are used at all institutional sites.

FACULTY: Assess faculty availability to and access by students.

RESOURCES - LIBRARY: Assess faculty's views regarding the adequacy of the library facilities and holdings. Is the library used frequently by faculty? Do faculty have any suggestions for improvement?

RESOURCES - FACILITIES: Assess faculty satisfaction all school facilities and their upkeep, cleanliness and maintenance. Also assess faculty views as to the adequacy of classroom and clinic facilities and equipment. Do faculty believe they have adequate office space and equipment to support their instructional roles?

ORGANIZATION OF ADMIN. STAFF: Do faculty have adequate administrative staff support?

E. Governing Board

GOVERNANCE:

- A. Are Board members knowledgeable and qualified for their governance responsibilities? Check incumbent's vitae or lists of Board members. Assess governance experience, non-profit experience for a not-for-profit school, and higher education experience.
- B. Assess the adequacy of public representation on the Board. If inadequate public representation exists, assess public representation on the Advisory Board.
- C. Assess whether Board members are provided adequate information from the administration to effectively perform their governance oversight responsibilities. If the Board is not receiving sufficiently detailed financial reports or is not being informed of major decisions made by the administration, the Board may not be exercising sufficient control.
- D. Assess whether the Board is exercising active control over the institution's affairs, including:
 - reviewing and approving financial statements and budgets;
 - approving major school policies and procedures;
 - reviewing and approving major programmatic changes;
 - reviewing the performance of the CEO/President;
 - reviewing and approving major changes within the institution such as moving to a new facility, opening an auxiliary classroom facility or clinic or a change in the legal organization of the school, e.g., from a for profit to a non-profit institution;
 - reviewing and approving the school's statement of purpose and educational objectives;
 - reviewing whether the school is meeting its statement of purpose and educational objectives;
 - reviewing and approving major school purchases, including entering into significant contractual obligations, e.g., leases, facility alterations;
 - engaging in institutional planning, etc.

If the institution is a for-profit corporation, assess whether the Board or the shareholders, in fact, effectively exercise institutional control.

Confirm through a review of Board minutes to assess if there is a sufficient track record reflected in the minutes and from Board interviews to assess the Board's functioning (if the Board has only held a few meetings, there may be an insufficient track record to be able to demonstrate sufficient Board control)?

- E. Is the Board ensuring that the program has adequate control over all off-campus educational activities? Has the Board approved appropriate monitoring mechanisms which are expected to be implemented by the administration?

GOVERNANCE & ADMINISTRATION: Explore the Board's understanding of the CEO's/President's role within the institution.

PURPOSE: Assess whether the Board plays an active role in reviewing and approving the school's statement of purpose and educational objectives.

F. Advisory Board

GOVERNANCE

- A. Are Advisory Board members knowledgeable and qualified for their governance responsibilities? Check incumbent's vitae and lists of Advisory Board members. Assess governance experience, non-profit experience for a not-for-profit school, higher education experience, and experience within health care.
- B. Does the Advisory Board have adequate public representation? Confirm the adequacy of public representation in the governance through the list of Advisory Board members with their affiliations as well as Advisory Board member vitae, which are required as part of the Self-Study Report. If the governing Board has sufficient public representation, it is not necessary to have significant public representation on the Advisory Board.
- C. Does the Advisory Board advise the governing Board on all matters concerning the governance of the institution? Does the Advisory Board review and make recommendations to the governing Board regarding:
- approval of financial statements and budgets;
 - approval of major school policies and procedures;
 - approval of major programmatic changes;
 - approval of major changes within the institution such as moving to a new facility, opening an additional classroom facility or clinic or a change in the legal organization of the school, e.g., from a for profit to a non-profit institution; approval of the school's statement of purpose and educational objectives;
 - reviewing whether the school is meeting its statement of purpose and educational objectives;
 - approval of major school purchases, including entering into significant contractual obligations, e.g., leases, facility alterations, etc.;
 - strategic planning, etc. Confirm the team's assessment from its review of the Advisory Board meeting minutes.

Assess whether the governing Board has made major decisions without obtaining Advisory Board input.

- D. Assess whether the Advisory Board receives sufficient information to effectively perform its functions, e.g., if the Board is not receiving sufficiently detailed financial reports or is not being informed of major decisions or proposals by the administration or the governing Board, the Advisory Board may not be providing a sufficient advisory role.

PURPOSE: Assess whether the Advisory Board has been actively involved in reviewing and making appropriate recommendations to the governing Board regarding the school's statement of purpose and educational objectives.

Manual Revision History

| Date Revised | Summary of Revisions | Approved By |
|--------------|---|--------------------------|
| 180125 | Non-substantive language edits; additional language added to <i>Institutional Notification to Campus Community</i> | ACAHM Executive Director |
| 180410 | corrected reference to 34 CFR part 85 in Legal & Regulatory Checklist; clarified reimbursement for meals & incidentals | ACAHM Executive Director |
| 180426 | Minor formatting corrections, incl. table of contents | ACAHM Executive Director |
| 191108 | Updated policy and resource hyperlinks; updated terminology to correspond with current accreditation standards; added rental car prohibition; updated reimbursement submission instructions; added narrative composition guidance and summary table updates; removed Appendix A and linked to Legal & Regulatory Checklist; added notice of Upcoming SV information; added team training and prep conference call | ACAHM Executive Director |
| 220114 | Added "Institutional Approval of Team" section; added "Guidelines for Report Writing"; adjusted terminology throughout for ACAHM name change and removal of "Oriental" term | ACAHM Executive Director |
| 24124 | Review; no revisions | ACAHM Executive Director |