

CAAHEP Operations Manual

New and Revised Policies - Proposed

In 2025, the CAAHEP Governance Committee approved a project to divide the CAAHEP Policies and Procedures into two separate documents: the Accreditation Policies and Procedures (APP) and the Operations Manual (OM).

The Operations Manual is an internal governance document that details the operational procedures CAAHEP staff and committees follow to implement accreditation policy. It ensures consistent internal operations and procedural compliance. Because the Operations Manual governs CAAHEP's internal governance and operational procedures, it is not typically a public-facing document. However, because this is the first time the OM is being established as a standalone document, CAAHEP is making the proposed new and revised OM policies available for review and welcoming comment from stakeholders and members of the public during this initial comment period. Once the OM is published in its final form, future proposed changes will be circulated for comment among members of the Commission only.

The form to submit comments is available on the CAAHEP Website for the period of August 1-31, 2026.

New Policies

Policy Number	Policy Name	Full Wording of Policy
OM-1.2.2	Recognition and Regulatory Compliance	Policy: As a non-profit corporation, CAAHEP complies with applicable federal and state laws and regulations in carrying out its mission and regularly consults with legal counsel, financial advisors, and other experts on governance, regulatory, and operational matters. CAAHEP maintains accountability and continuous improvement processes that support public confidence in its accreditation activities. This includes maintaining publicly available information regarding accredited programs and accreditation actions, implementing procedures for receiving and addressing complaints and other concerns, and applying governance and ethics safeguards (including conflict-of-interest and confidentiality requirements) to individuals participating in CAAHEP activities.
OM-2.1.5	Educational Institution Organization Members	Policy: The National Network of Health Career Programs in Two-Year Colleges (NN2) and the Association of Schools Advancing Health Professions (ASAHP) are Educational Institution Organization Members of CAAHEP. Each of these organizations may appoint five Commissioners to represent the organization on the Commission.

Policy Number	Policy Name	Full Wording of Policy
OM-2.1.6	Individual Educator Members	Policy: CAAHEP includes individual educator members of the Commission to represent educator perspectives from program settings not otherwise represented through Educational Institution Organization Members. Individual educator members are selected in accordance with CAAHEP's governing documents and established nomination and election procedures.
OM-2.1.6.1	Individual Educator Member Selection Process	Procedures: 1. In any year with a vacancy, CAAHEP issues a call for individual educator member nominations. 2. Nominations are received through the applicable CAAHEP nomination process. 3. CAAHEP staff review submissions for completeness and may contact references or review letters of recommendation, as appropriate. 4. The Nominating and Elections Committee reviews qualified nominees and makes a recommendation to the Board of Directors. 5. The Board of Directors elects or appoints the individual educator member in accordance with the CAAHEP Bylaws and applicable selection procedures.
OM-2.2.1	Commissioner Appointment and Notification	Policy: Sponsoring Organizations, Committees on Accreditation, Educational Institution Organizations, and Associate members appoint representatives to the Commission. Procedures: 1. The Sponsoring Organization, Committee on Accreditation, Educational Institution Organizations, and Associate members must submit a notification letter of appointment to CAAHEP. 2. The notification letter must include the effective date of the Commissioner's appointment, the name and title of the Commissioner, and their contact information. 3. The notification letter should be on the organization's letterhead and submitted to the CAAHEP Executive Director. If there is a change of status in an appointed Commissioner, the member organization must notify the CAAHEP Executive Director in writing as soon as possible
OM-2.2.2.1	Commissioner Orientation	Policy: Commissioners shall participate in an orientation during their first year of service to ensure they understand their roles, responsibilities, CAAHEP's governance structure, the accreditation process, and key policies relevant to Commission service. Orientation sessions may be conducted virtually.

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OM-2.2.2.3	Commissioner Responsibilities	Policy: Commissioners support informed decision-making and the work of the Commission. Commissioners shall: • Review materials distributed prior to Commission meetings • Participate in Commission discussions and decision-making • Exercise independent judgment when voting on Commission matters • Communicate relevant CAAHEP information to their appointing organization • Remain informed regarding CAAHEP activities, policies, and initiatives Adhere to CAAHEP’s Code of Ethics and conflict of interest policies
OM-2.2.2.4	Commissioner Governance Expectations	Policy: Commissioners shall act in accordance with principles of nonprofit governance. Commissioners shall: • Fulfill their responsibilities consistent with principles of duty of care, duty of loyalty, and duty of obedience • Act in the best interest of CAAHEP when participating in Commission deliberations and decisions Maintain confidentiality of non-public information obtained through Commission service
OM-2.1.3.4	Continued CoA Membership Requirements	Policy: Approval of a CoA application for membership establishes the CoA as the CAAHEP member for that health science discipline. Once approved, the CoA must continue to meet all applicable operational, policy, and membership requirements established by CAAHEP.
OM-2.3.3	Board Meetings	Policy: The Board of Directors meets at least twice per year, and more frequently as needed, to conduct business and review accreditation recommendations. CAAHEP’s current practice is to hold six Board meetings per year, including two in-person meetings and additional meetings held virtually.
OM-2.3.4	Executive Sessions	Policy: The President or a majority of the Board can call for an executive session of the Board to discuss legal matters, personnel issues, property transactions, or other confidential topics. Procedures: 1. The President or a majority vote of the Board of Directors calls for an executive session. 2. During an executive session, only Board members and individuals invited by the President are permitted to be present. 3. The Executive Director may be excused as directed by the President. 4. Board members discuss the business conducted in an executive session only with other Board members.

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		5. The President may invite guests to an executive session upon approval by a majority of the Board or upon advice of legal counsel. 6. Those present are reminded that the executive session deliberations and minutes are confidential.
OM-2.3.8	Self-Assessment	Policy: The Board of Directors conducts an annual self-assessment to identify strengths and areas for improvement. This self-assessment is one component of CAAHEP’s broader organizational self-evaluation and continuous improvement efforts. Procedures: 1. The Governance Committee oversees the annual Board self-assessment process and reviews the assessment instrument before distribution. 2. The assessment is distributed annually to current Board members. 3. The Governance Committee reviews the results and provides a written summary to the Board identifying strengths, areas for improvement, and recommendations, as appropriate. 4. If the Board approves improvement actions, the Governance Committee oversees follow-up and implementation. 5. The Governance Committee reports to the Board on the status and effectiveness of approved improvement actions. Lessons learned from implementation are considered in planning the next annual self-assessment cycle.
OM-3.1	Committee Structure and Authority	Policy: CAAHEP operates through a structured system of committees established in accordance with Article VI (Committees) of the CAAHEP Bylaws. Committees support the governance and operations of the organization and act under the authority of the CAAHEP Board of Directors. The Board of Directors establishes committees, appoints members as provided in the Bylaws, and approves each committee’s charge and defined responsibilities, consistent with this Operations Manual. Procedures: • Each committee operates pursuant to a Board-approved charge that defines its responsibilities, procedures, and scope of work. All committees report to the Board of Directors and provide recommendations, findings, or other information to support Board decision-making.

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OM-3.2.1	Governance Committee	Policy: The Governance Committee supports the effective functioning of the Board of Directors and the maintenance and development of the Board–Executive Director working relationship. Detailed responsibilities and procedures for the committee are defined in the committee’s Board-approved charge.
OM-6.3.5.1	Non-Endorsement of Standards by Sponsoring Organizations	Policy: If a sponsoring organization elects not to endorse the proposed Standards in their entirety, • The sponsoring organization’s name is not included in the list of endorsing organizations in the approved Standards. • The sponsoring organization may be included in the Preamble section of the Standards. • The sponsoring organization may continue to sponsor the CoA.
OM-9.1	Records Retention	Policy: This policy establishes requirements for the review, retention, and destruction of CAAHEP records, regardless of physical form. It defines retention periods and requirements for the management and disposition of records to ensure compliance with applicable laws and to support efficient organizational operations. OM-9.1.1 Purpose OM-9.1.2 Document Retention Policy: CAAHEP follows the document retention procedures outlined below. Documents that are not listed but are substantially similar to those listed in the schedule are retained for the appropriate length of time. OM-9.1.3 Minimum Retention Periods for Specific Categories Policy: CAAHEP maintains specific retention periods for different categories of documents. • Organizational Documents. Organizational records include CAAHEP's articles of incorporation, bylaws, and the approved IRS Form 501(c) (3) Application for Exemption. Organizational records are retained permanently. • Tax Records. Tax records include, but are not limited to, documents concerning payroll, expenses, accounting procedures, and other documents related to CAAHEP revenues. Tax records are retained for at least seven years from the date the applicable return is filed. • Employment Records/Personnel Records. State and federal statutes require the organization to keep certain recruitment, employment, and personnel information. CAAHEP maintains personnel files that include performance reviews and any complaints brought against CAAHEP or individual employees under applicable state and federal statutes and regulations or CAAHEP policies. CAAHEP also maintains all final memoranda and correspondence, including performance reviews and actions taken by or against personnel, in the employee's personnel file. Other employment and personnel records are retained for a period of seven years.

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		• Board Materials. Board of Directors Meeting minutes are permanently retained in CAAHEP's files. A clean copy of all other Board of Directors and Committee materials is kept for no less than three years. • Legal Files. Legal counsel should be consulted to determine the retention period for specific documents; however, legal documents are generally maintained for a period of ten years. • Marketing and Sales Documents. CAAHEP retains final copies of marketing documents for the same period as other corporate files, typically three years. • Contracts. Final executed copies of all contracts entered into by CAAHEP are retained. CAAHEP retains copies of the final contracts for a minimum of three years after the agreement's expiration date. • Correspondence. Unless correspondence falls under another category listed elsewhere in this policy, correspondence is typically retained for a period of two years. • Banking and Accounting. Accounts payable ledgers and schedules are maintained for a period of seven years. Bank reconciliations, bank statements, deposit slips, and checks (unless for important payments or purchases) are retained for a period of three years. • Insurance. Expired insurance policies, records, accident reports, claims, etc., are kept for at least seven years or until the statute of limitations is exceeded. • Audit Records. External financial audit reports are kept permanently. OM-9.1.4 Electronic Documents and Records Policy: Electronic documents are retained in the same manner as paper documents. Therefore, any electronic files are maintained for the corresponding period. Backup and recovery methods for electronic documents and emails are conducted regularly. OM-9.1.5 Emergency Planning Policy: CAAHEP's records are stored in a safe, secure, and accessible manner. Documents and financial files essential to CAAHEP's operation in an emergency are duplicated or backed up at least monthly and maintained in secure electronic storage. OM-9.1.6 Document Destruction Policy: The CAAHEP Executive Director is responsible for the ongoing process of identifying records that have met the required retention period and overseeing their destruction. Procedures: • Document destruction is suspended immediately upon any indication of an official investigation or when a lawsuit is filed or appears imminent.

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		• The destruction schedule will be reinstated upon the conclusion of the investigation. OM-9.1.7 Compliance Policy: Failure by employees to follow this policy may result in civil and criminal sanctions against CAAHEP and its employees, as well as disciplinary action against responsible individuals. The Executive Director and the Audit and Finance Committee chair periodically review these procedures with legal counsel or the organization's certified public accountant to ensure compliance with new or revised regulations. OM-9.1.8 Exception for Litigation Relevant Documents Policy: CAAHEP requires officers, Board members, CoAs, and employees to comply with its published records retention or destruction policies and schedules, provided the following general exception to any stated destruction schedule. If CAAHEP determines that records are relevant to litigation or potential litigation (i.e., a dispute that could result in litigation), then you must preserve those records until it is determined that the records are no longer needed. That exception supersedes any previously or subsequently established destruction schedule for those records.
OM-10.1.1	Document Authority and Scope	Policy: This Operations Manual contains internal policies and procedures governing CAAHEP's organizational operations. Accreditation Policies and Procedures are published separately and follow the approval and management processes outlined in this section.
OM-10.1.2	Operations Manual Revision Process	Policy: The CAAHEP Board of Directors is responsible for reviewing and approving revisions to the Operations Manual. Procedures: • CAAHEP staff, committees, or other stakeholders identify needed changes based on policy updates, process improvements, or operational experience. • Proposed revisions are submitted to the Governance Committee for review. • The Governance Committee reviews and recommends revisions to the Board of Directors. • The Board considers proposed revisions at a scheduled meeting and may approve them conditionally. • Following conditional approval, the revised policies are shared with the Commission for review and comment. • CAAHEP receives comments from the Commission for a period of thirty calendar days. • The Governance Committee reviews comments and may return proposals for further revision or forward them to the Board. • The Board considers comments received before approving final revisions.

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		• Approved revisions are incorporated into the next publication of the Operations Manual. • CAAHEP publishes the Operations Manual according to a schedule established by the Board of Directors.
OM-10.1.4.1	Document Versioning Policy	Policy: CAAHEP uses a year-based versioning system for the Operations Manual to ensure clear identification and tracking of policy changes. Versioning Format: The document version follows the format YYYY.X, where YYYY represents the calendar year, and X represents the revision number within that year. Version Assignment: The first version published each calendar year is designated as YYYY.1. Subsequent revisions within the same year are numbered sequentially (e.g., YYYY.2, YYYY.3). The version number resets on January 1 each year. Revision Types: Major revisions include substantive policy changes or structural modifications. Minor revisions include editorial corrections or clarifications. Current Version Policy: CAAHEP maintains the current version of the Operations Manual on its website.
OM-10.1.4.2	Versioning Procedures	• Version numbers are assigned based on the date of Board approval. • The version number appears on the document cover page and footer. • When a new version is published, it replaces the prior version on the CAAHEP website. • Stakeholders are notified of new versions through standard communication channels.
OM-10.2.1	Document Authority and Scope	Policy: The Accreditation Policies and Procedures establish the requirements and processes governing CAAHEP accreditation and apply to all programs seeking or maintaining accreditation. The Board of Directors is responsible for approval of this document.
OM-10.2.4.1	Document Versioning Policy	Policy: CAAHEP uses a calendar year-based versioning system for the Accreditation Policies and Procedures to ensure consistent tracking of policy changes. Versioning Format: The document version follows the format YYYY.X. Version Assignment: The first version published each calendar year is designated as YYYY.1, with subsequent revisions numbered sequentially. Revision Types: Minor revisions include editorial corrections or clarifications. Major revisions include substantive policy changes or structural modifications. Immediate revisions reflect urgent changes approved by the Board.

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		Current Version Policy: CAAHEP maintains the current version of the Accreditation Policies and Procedures on its website.
OM-10.2.4.2	Versioning Procedures	• Version numbers are assigned based on Board approval dates. • Version numbers appear on the document cover page and footer. • New versions replace prior versions on the website. • CAAHEP notifies stakeholders of updates through standard communication channels.

Substantially Revised Policies

For many of the revised policies, prior portions of approved policies were used to create the revised policy. In the left column is the referenced approved policy from the CAAHEP Policies and Procedures, published July 2025, and in the right column is the Operations Manual policy. For many of the policies in the Operations Manual, portions or multiple policies are referenced. In some cases, two or more policies are grouped together in the revision as the source policies are the same.

2025 Origin Policy #	Current Policy Language	OM Policy #	Complete 2026 OM Policy Language
112 Spokesperson for the Commission	112 Spokesperson for the Commission The President of the CAAHEP Board of Directors is the official spokesperson for the organization and may delegate this responsibility.	OM-1.3.2 Spokesperson Authority	Policy: The President of the CAAHEP Board of Directors is the official spokesperson for the organization and may delegate this responsibility to other members of the Board of Directors, Commission, or Executive Director as appropriate.
505 Eligibility of New Health Science Disciplines 503 Committees on Accreditation	505 Eligibility of Health Science Disciplines CAAHEP determines eligibility of health science disciplines for the purpose of participating in accreditation activities within its system. A. Criteria for Eligibility of Health Science Disciplines	OM-2.1.3 OM 2.1.3.1 OM 2.1.3.2 Phase II: Committee on Accreditation Membership	OM-2.1.3 Recognition of New Health Science Disciplines and Committee on Accreditation Membership Policy: CAAHEP recognizes health science disciplines and approves Committees on Accreditation (CoAs) for membership through a phased governance process. A health science discipline must be approved by the Commission as eligible to participate in CAAHEP accreditation before a CoA for that discipline may be approved as a CAAHEP member.

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401 B & C Revisions to Standards 206 Due Process 106 Ethical Standards of Practice 506.G. Public Member on CoAs 702 Information About Fees Charged to Programs by a Committee on Accreditation 206 Accreditation Process: F & G 502 Sponsoring Organizations	1. The health science discipline must represent a distinct and well-defined field. 2. There must be a demonstrated need for the health science occupation and for accreditation of educational programs which prepare persons to enter the field. 3. Educational programs for the health science occupation should not duplicate educational programs for already existing health science occupations. 4. Organizations seeking eligibility of the health science occupation must be national in scope and have legitimate concerns about and responsibilities for the quality of practitioners prepared by the educational programs. Petitioning organizations, if not already members of CAAHEP, must join as an associate member organization prior to consideration of their petition. 5. A health science occupation consisting exclusively of on-the-job training will not be considered for recognition. 6. Educational programs should be no shorter than one academic year (two semesters). Programs must comply with established standards and submit documentation that graduates have gained the required skills and knowledge to obtain entry-level positions within the occupation. 7. To be eligible for participation, the health science occupation must have at least three programs with enrolled students.	5.3 Committees on Accreditation	Only one CoA for a health science discipline may qualify as a CAAHEP member. OM-2.1.3.1 Phase I: Recognition of a Health Science Discipline Policy: CAAHEP determines whether a proposed health science discipline is eligible for inclusion in CAAHEP accreditation. A proposed discipline must meet the following criteria: • The health science discipline represents a distinct and well-defined field. • There is a demonstrated need for the health science occupation and for accreditation of educational programs that prepare individuals to enter the field. • Educational programs for the proposed discipline do not duplicate existing educational programs for other CAAHEP-recognized professions. • Organizations seeking recognition of the discipline are national in scope and have legitimate concerns about and responsibilities for the quality of practitioners prepared by the educational programs. • Petitioning organizations that are not already members of CAAHEP should join as associate member organizations prior to consideration of the petition. • A health science occupation consisting exclusively of on-the-job training is not eligible for recognition. • The health science occupation must have at least three programs with enrolled students. OM-2.1.3.2 Phase II: Committee on Accreditation Membership

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	The petitioning organization should file all of the information and materials required by the Application for Eligibility (see page 85). Once the CAAHEP Office has established that the health science discipline meets the above eligibility criteria, a vote on eligibility will be placed on the agenda of the next annual business meeting of the Commission. An announcement of such vote will be mailed to all Commissioners and placed on the CAAHEP website at least 30 days in advance of the annual meeting. 503 Committees on Accreditation Each health science discipline wishing to have educational programs accredited by CAAHEP must be represented by a Committee on Accreditation (CoA) that is approved as a member of CAAHEP. Only one CoA for any health science profession qualifies as a member of CAAHEP. Member CoAs commit to observe CAAHEP's policies and procedures and to assure that the CoA's policies and procedures, when developed, will be consistent with those of CAAHEP. A. Criteria for CoAs affiliated with CAAHEP • The discipline for which accreditation is being awarded has been voted eligible to participate in CAAHEP. • The CoA is sponsored by at least one sponsoring organization during its initial and ongoing affiliation with CAAHEP.		Policy: After the Commission recognizes a health science discipline as eligible to participate in CAAHEP accreditation, a Committee on Accreditation for that discipline may apply for CAAHEP membership. To be considered for membership, the petitioning CoA must submit an application demonstrating that it has the organizational capacity, governance structure, and support necessary to carry out the accreditation review responsibilities of a CAAHEP member CoA. The application must include evidence of the following: • Sponsorship by at least one CAAHEP sponsoring organization member • Governing bylaws or equivalent organizational documents • A mission consistent with the purpose and mission of CAAHEP • Identified leadership, including a chair • Evidence of need for the CoA to participate in the quality assurance processes for the discipline • A narrative description of the CoA's organizational and decision-making structure, including how accreditation decisions or recommendations are developed and how authority is assigned • A description of how the CoA's communities of interest participate in accreditation activities and decision-making • A commitment to observe CAAHEP policies and procedures and to develop CoA policies and procedures consistent with those of CAAHEP • A financial plan sufficient to sustain the peer-review and accreditation review functions of the CoA OM-2.1.3.3 Submission and Review Process

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	• The mission of the CoA is consistent with CAAHEP’s purpose and mission. • The CoA commits to the development of policies and procedures that are consistent with CAAHEP’s policies and procedures within six months, if possible, of the vote to become a CAAHEP CoA. • The CoA has a plan in place to become financially viable. • There is demonstrated need for the CoA. • Diverse communities of interest, beyond the discipline for which accreditation is being awarded, participate collaboratively in all accreditation activities. • The proposed CoA must submit all of the information and materials required by the Application for Committee on Accreditation Membership. The Board of Directors may request additional information and/or solicit comments to arrive at a fair and equitable decision. If the Board approves the membership of a CoA, it forwards a recommendation to the Commission. Final membership must be approved by a majority vote of the Commission. 401B. Adoption of New and Revised Standards 1. Committees on Accreditation (CoA) are responsible for developing and periodically revising <i>Standards and Guidelines</i> in order to:		Procedures: 1. An organization seeking recognition of a new health science discipline submits the CAAHEP Health Science Discipline Application. 2. The discipline application must be submitted at least two months prior to the Commission meeting at which consideration is requested. 3. CAAHEP staff review the discipline application for completeness and transmit it to the Board of Directors. 4. If the Board determines that the petitioning discipline is qualified for consideration, the application is placed on the agenda of the next Commission meeting. 5. The Commission votes on whether to recognize the proposed health science discipline as eligible to participate in CAAHEP accreditation. 6. Only after the Commission recognizes the discipline may a Committee on Accreditation for that discipline submit a CoA membership application. The discipline application and the CoA membership application may not be voted on at the same Commission meeting. 7. The CoA membership application must be submitted at least two months prior to the Commission meeting at which approval is requested. 8. CAAHEP staff review the CoA application for completeness and transmit it to the Board of Directors for review. 9. If the Board determines that the CoA application meets membership requirements, the application is placed on the agenda of the next Commission meeting. 10. The Commission votes on the CoA membership application.

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	a) Maintain compliance with CAAHEP policy, including the Standards Template; and b) Maintain congruence between the educational preparation of students and the accepted state of practice for the discipline. 401.C Procedures for revisions to Standards 1. Each CoA is responsible for working with its sponsoring organization(s) to develop progressive drafts over a period of several months. These drafts must comply with the current <i>Standards</i> Template (See Appendices). Initial and progressive drafts shall be shared with the CAAHEP Standards Committee for formal review and comment. (<i>Standards and Guidelines</i> Appendix A is not subject to review or revision by CoAs.) The CoA reports to CAAHEP the process it used in working with its sponsoring organization(s) to obtain input on successive drafts. The CoA must provide a written rationale to CAAHEP for any variations from the <i>Standards</i> Template as to why the variation is necessary for that profession.		OM-5.2 Recognition of New Health Science Disciplines and CoA Membership Policy: The recognition of new health science disciplines and the approval of new Committees on Accreditation (CoAs) as members of CAAHEP are governed by OM-2.1.3. Once approved for membership, a CoA participates in the CAAHEP accreditation process in accordance with the requirements of this Section 5 and all other applicable CAAHEP policies and procedures. OM-5.2.1 Discipline & CoA Approval Process Policy: Once a health science discipline is recognized and a CoA is approved for membership, the CoA becomes responsible for carrying out accreditation review activities for programs within that discipline in accordance with CAAHEP requirements. These responsibilities include: • development and maintenance of Standards and Guidelines in accordance with Section 6; • review of educational programs for compliance with applicable Standards; • submission of accreditation recommendations to the CAAHEP Board of Directors; • observance of CAAHEP policies and procedures governing accreditation processes; and • continued compliance with all applicable membership and operational requirements. OM-5.3 Committee on Accreditation Requirements Policy: The recognition of new health science disciplines and the approval of new Committees on Accreditation (CoAs) as members of CAAHEP are governed by OM-2.1.3. Once approved for membership, a CoA participates in the CAAHEP

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	2. CoA and sponsoring organization(s) are required to obtain consideration from all applicable communities of interest regarding what should and what should not be included in the <i>Standards and Guidelines</i>. a) Communities of interest include practitioners, educators, employers, related professionals, students, institutional administrators (deans and program directors), national societies and agencies, and the public. b) Solicitations may be made via media announcements, correspondence, postings, annual meetings, special hearings, etc. 3. Each CoA incorporates suggestions from communities of interest into proposed <i>Standards and Guidelines</i> as it deems appropriate. The CoA reports to CAAHEP the process by which the CoA and sponsoring organization(s) obtained consideration from all applicable communities of interest. The CoA reports to CAAHEP any suggestions from the communities of interest that		accreditation process in accordance with the requirements of this Section 5 and all other applicable CAAHEP policies and procedures. OM-5.3.1 CoA Conditions of Membership and Participation Policy: Each Committee on Accreditation must maintain the support, structure, and participation necessary to function as a CAAHEP member CoA. Requirements include: • sponsorship by at least one (1) CAAHEP sponsoring organization member during its membership in CAAHEP; • an ongoing need for the review of programs within the health science discipline; and • participation by diverse communities of interest in accreditation activities, including educators, employers, practitioners, related professionals, the public, and consumers of health science education programs. OM-5.3.2 CoA Mission Alignment Policy: The mission of the CoA must be consistent with CAAHEP's purpose and mission. The CoA shall carry out its responsibilities in a manner consistent with CAAHEP's Bylaws, Operations Manual, Accreditation Policies and Procedures, Standards, and other applicable policies. OM-5.3.3 CoA Policy Requirements Policy: Member CoAs commit to observing CAAHEP's policies and procedures and to ensuring that the CoA's policies and procedures, when developed, are consistent with those of CAAHEP. CAAHEP policies and procedures govern the

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	were not incorporated into the proposed <i>Standards and Guidelines</i>, and the rationale for that exclusion. 206. G. Due Process 1. Notification and Response to Findings a. CoAs notify programs of findings in writing within a reasonable time period, according to CoA policy. i. CoAs may use policies, interpretive guides, or other tools, such as standardized forms, to assist in determining satisfactory demonstrations of compliance with the Standards; however, the rationale for potential citations or areas of non-compliance must align with the Standards' language and not supersede the requirement specified in the standard. 106 Ethical Standards of Practice CAAHEP Commissioners, Board of Directors, staff and volunteers, as well as CoA members, volunteers and staff adhere to ethical standards of practice in all CAAHEP-related activities. A. CAAHEP requires its Committees on Accreditation to adopt policies related to conflicts of interest for their volunteers. B. Conflict of Interest Policy for CAAHEP Volunteers		accreditation process, including the process through which decisions concerning the status of individual programs are made. CoA policy requirements: - CoA policies must not conflict with or supersede CAAHEP Standards or policies. - CoAs must publish their policies, Standards Interpretive Guides, or any other guidance relevant to the review of health professions programs for that discipline on the CAAHEP or CoA website. OM-5.3.4 Required CoA Policies Policy: The CoA must have at least the following policies and procedures made publicly available: - Policies that ensure programs act ethically and honestly regarding the verification of the information reported. - Ethical standards of practice for CoA Board members, staff, and volunteers in carrying out business operations and accreditation activities, including conflict-of-interest policies addressing disclosure, recusal, and management of conflicts, and confidentiality policies. - Identification of the outcomes that are required to be published in the public domain. - Established outcome thresholds for outcome assessment identified in the Standards, including explanations of calculations of outcome measures. - Policies for programs regarding continuous quality review or annual program reporting. - CoA meeting schedules and recommendation review cycle deadlines for program submissions. - Time period for CoA to notify programs of findings.

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	Conflict of interest refers to any situation in which a volunteer of CAAHEP stands to gain materially from his or her association with CAAHEP. A conflict of interest also exists when any member of the Board (or immediate family) is directly associated with or stands to realize financial or similar tangible personal or proprietary gain as a result of any action of the Board. Similarly, members of the Board are not to enter into employment relationships with persons or activities directly or indirectly detrimental to CAAHEP. 506. G. Public Member on CoAs In the spirit of transparency and public accountability, each CoA is encouraged to have at least one (1) public member on its final decision-making body. 702 Information About Fees Charged to Programs by a Committee on Accreditation CAAHEP requires its collaborating CoAs to inform the Board of Directors in advance of any plans to increase the fees charged to programs. A CoA makes an appropriate announcement of a change in its fee structure in advance of implementation.		• CoA Board of Directors' policies and composition. • Fee schedules. • Policies and procedures for the addition or removal of sponsoring organizations. OM-5.3.6 Evaluation of Program Compliance Policy: The Committee on Accreditation evaluates program compliance with the applicable CAAHEP Standards and Guidelines in an unbiased manner and responds in a timely way to program submissions. The Committee forwards accreditation recommendations to the CAAHEP Board of Directors based on that evaluation. The CoA shall conduct accreditation review activities in accordance with CAAHEP requirements and applicable due process expectations. OM-5.3.7 Application of Standards and Supporting Materials Policy: Committees on Accreditation may use policies, forms, interpretive guides, and other published review materials to assist in evaluating program compliance with the Standards. However, such materials may not establish, impose, or be applied as requirements that exceed the Standards or applicable CAAHEP policies. Procedures: 1. CoA review materials must be consistent with the applicable Standards and CAAHEP policies. 2. CoA forms, instructions, and interpretive materials may clarify how evidence is reviewed, but may not add new compliance requirements. 3. Findings and supporting rationale submitted in accreditation recommendations must be based on the Standards and applicable CAAHEP policies. OM-5.3.8 CoA Fee Changes Notification to CAAHEP

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	Procedure A. Any CoA wishing to implement increases in the fees it charges to programs should inform the CAAHEP Board of Directors of those plans in advance of any public announcement of such increases. The notice to the CAAHEP Board should include information on current fees as well as the proposed increases. B. The CoA also should describe the timetable for announcement and implementation of the fee increase to educational institutions and provide sample letters and/or notices to be sent to the educational institutions that would announce the proposed fee increase. 206 Accreditation Process F. Findings Findings are the results of any type of accreditation review conducted by the CoA. 1. Initial and Continuing Accreditation Reviews The CoA issues a report of findings to the program after initial and continuing accreditation reviews. a. The report includes strengths and potential citations or areas of non-compliance with the Standards.		Policy: CAAHEP requires its collaborating CoAs to inform the CAAHEP Board of Directors in advance of any plans to increase the fees charged to programs. The CoA must make an appropriate announcement of any change to its fees for programs in advance of implementation. Procedures: 1. After the CoA approves an increase in the fees it charges to programs, it submits the timetable for the announcement, date of fee change implementation, and sample letters or notices announcing the fee increase to CAAHEP via the Executive Director. 2. The CoA fee information is included in the materials for the next CAAHEP Board of Directors meeting.

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	b. Reports may identify areas needing improvement and points for consideration. 2. Ongoing Quality Review The CoA issues a report of findings to the program based on information received during ongoing quality reviews to include potential citations or areas of non-compliance with the Standards. G. Due Process 1. Notification and Response to Findings a. CoAs notify programs of findings in writing within a reasonable time period, according to CoA policy. i. CoAs may use policies, interpretive guides, or other tools, such as standardized forms, to assist in determining satisfactory demonstrations of compliance with the Standards; however, the rationale for potential citations or areas of non-compliance must align with the Standards' language and not supersede the requirement specified in the standard. ii. If the CoA uses such policies, interpretive guides, or other tools to assist in its determination, they must be published and readily available to programs via the Internet. b. Programs are given a reasonable period to respond to the notification of findings and		

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	submit evidence demonstrating the resolution of potential citations or areas of non-compliance or to correct factual errors. c. The CoA evaluates the program's response and evidence to determine if the program is compliant with the Standards, in consideration of the findings. 502 Sponsoring Organizations Sponsoring organization members are organizations or agencies that establish or support one or more Committees on Accreditation and support the CAAHEP accreditation system. A. Joining CAAHEP as a Sponsoring Member When a national professional organization believes that its membership has legitimate concerns about, and responsibilities for, the quality of personnel prepared in educational programs accredited by CAAHEP, the organization may petition the particular CoA for approval to join them as a sponsoring organization. Each CoA shall establish policies and procedures for the addition of such sponsoring organizations. If the CoA determines that it wishes to recommend an organization for sponsoring membership, it shall convey that recommendation to CAAHEP for a vote by the		

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	full Commission pursuant to Article IV. Section 2 of the CAAHEP Bylaws. Such vote shall be placed on the next Annual Meeting agenda. Any organization wishing to sponsor a CoA must also be approved as a sponsoring member of CAAHEP.		
508 Governance – Board of Directors / Board Meetings	Board Meetings All business meetings of the CAAHEP Board of Directors are open to any interested persons.	OM-2.3.3.1 Meeting Accessibility	Policy: Meetings of the CAAHEP Board of Directors are open to interested individuals upon request and Board approval, except for executive sessions.
510 Selection of Officers	510 Selection of Officers Pursuant to CAAHEP Bylaws, the Board of Directors shall elect a President, Vice-President, Secretary, and Treasurer. • All officers serve a one-year term and are eligible for multiple terms as long as they remain a member of the Board during the officer term. All terms begin July 1 following election and end June 30 the following year. • All members of the Board who have served at least one year are eligible to serve as an officer. • The President appoints a Board advisory committee for the purpose of identifying officer candidates. • The advisory committee seeks nominations and identifies one or more qualified candidates for President, Vice-President, Secretary, and Treasurer. • The candidates are presented for consideration with the distribution of the	OM-2.3.5.2 Officer Eligibility and Selection	Policy: Members of the Board of Directors who have served at least one year are eligible to serve as officers. Procedures: • The Nominating and Elections Committee seeks officer nominations and verifies candidate qualifications for each Board office pursuant to the CAAHEP Bylaws. • The Nominating and Elections Committee reports the qualified officer candidates to the Board. • The election of officers is on the agenda for the May Board of Directors meeting. • If there is a single candidate for a particular office, voting may be conducted by voice. • When there is more than one candidate for a particular office, a vote for that office is conducted via electronic ballot. • The candidate receiving a majority of votes is elected. • If no candidate receives a majority of votes, the two candidates receiving the most votes are placed on a subsequent ballot, and the process is repeated until one candidate receives a majority of votes.

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	May Board meeting agenda; qualified Board members may also be nominated from the floor. • Election of officers is the first item of new business on the agenda for the May Board meeting. • When there is a single candidate for a particular office, voting is by voice. • When there is more than one candidate for a particular office, a written vote may be tallied by electronic means. • The candidate receiving a majority of votes by current Board members present is elected. • If no candidate receives a majority, the two candidates receiving the most votes proceed to a second round of voting.		
510 Selection of Officers / nominating process	• The President appoints a Board advisory committee for the purpose of identifying officer candidates. • The advisory committee seeks nominations and identifies one or more qualified candidates for President, Vice-President, Secretary, and Treasurer. •	OM-3.3.3 Nominating and Elections Committee	Policy: The Nominating and Elections Committee manages nomination and election processes for Board of Directors and officer positions and advances qualified candidates for consideration and election in accordance with the CAAHEP Bylaws and this Operations Manual. Detailed responsibilities and procedures for the committee are defined in the committee’s Board-approved charge.
104, 105, 106 Fair Business Practices / Fair Education Practices / Ethical	104 Fair Business Practices CAAHEP, its CoAs, the accredited programs and program sponsors comply with principles of fair business practices. 105 Fair Education Practices CAAHEP accredited programs and program sponsors comply with fair practice standards in	OM-4.1 CAAHEP Code of Ethics	CAAHEP has established this Code of Ethics and expects participants who carry out CAAHEP responsibilities to adhere to it. Policy: CAAHEP is entrusted by the public with the responsibility to ensure that CAAHEP-accredited programs provide quality education that complies with the

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Standards of Practice	education as specified in Section V of the applicable Standards and Guidelines for the profession. 106 Ethical Standards of Practice CAAHEP Commissioners, Board of Directors, staff and volunteers, as well as CoA members, volunteers and staff adhere to ethical standards of practice in all CAAHEP-related activities. - CAAHEP requires its Committees on Accreditation to adopt policies related to conflicts of interest for their volunteers. Conflict of Interest Policy for CAAHEP Volunteers Conflict of interest refers to any situation in which a volunteer of CAAHEP stands to gain materially from his or her association with CAAHEP. A conflict of interest also exists when any member of the Board, or immediate family, is directly associated with or stands to realize financial or similar tangible personal or proprietary gain as a result of any action of the Board. - Acceptance of gifts, entertainment, or other favors from an outside concern that does or is seeking to do business with CAAHEP. - Having a financial interest in an outside concern from which CAAHEP purchases goods or services. - Accepting personal compensation for Board-related speaking engagements, consulting services, or other activities.		appropriate CAAHEP Standards. The conduct of CAAHEP volunteers and staff reflects directly on the organization's reputation and integrity. CAAHEP and its CoAs follow the principles of fair business practices, including conducting activities with honesty and integrity, promoting transparency and accountability in fees, policies, and decisions, and treating all stakeholders fairly and consistently. CAAHEP volunteers and staff are faithful to values that accord respect to self and others, preserve honesty in actions and utterances, give fair and just treatment to all, accept intellectual and moral responsibility, aspire to achieve quality, and avoid conflicts of interest or even the appearance of such conflicts between personal and organizational interests in accordance with CAAHEP's Conflict of Interest and Confidentiality Policy. CAAHEP volunteers and staff act competently, understand and support CAAHEP's vision, mission, and policies, and exercise judgment and perform duties in a respectful, safe, and non-disruptive environment within their scope of authority. CAAHEP staff have the right to work in a professional and supportive environment, the right to a clear, written statement of employment conditions, professional review procedures, and a job description outlining responsibilities, and freedom of conscience and the duty to refuse actions that violate ethical principles or legal provisions.

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	Representing CAAHEP in any transaction in which the Board member, or immediate family, has an interest. If any voting member of CAAHEP or the CAAHEP Board of Directors has a conflict of interest in any matter brought before the body for a vote, that member must declare the conflict before discussion. Members of the Board of Directors refrain from participating in the discussion or vote on accreditation recommendations for programs within their profession. Each Board member signs an annual statement acknowledging review and understanding of CAAHEP ethical standards policies.		CAAHEP volunteers and staff are expected to ensure that all accreditation activities are conducted in accordance with established Standards, policies, and due process.
Employee Handbook- Policy 5-11	5-11 CAAHEP CODE OF ETHICS INCLUDES WHISTLEBLOWER POLICY The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is entrusted by the public with the responsibility to assure that CAAHEP accredited programs provide a quality education that complies with the appropriate CAAHEP Standards. The personal and professional conduct of CAAHEP volunteers and staff reflect upon CAAHEP as a whole. To guide our volunteers and staff in setting and practicing high standards of ethical conduct, CAAHEP has devised the following Code of Ethics and expects their observance by all volunteers and staff in carrying out their CAAHEP-related responsibilities. CAAHEP volunteers and staff should be faithful to personal values that:	OM-4.2 Whistleblower Policy & OM 4.2.1 Reporting Responsibility and Protection	Policy: CAAHEP maintains a protected whistleblower policy and process for reporting suspected internal wrongdoing involving its governance, leadership, staff, or volunteers acting in their official capacity. This policy applies to concerns involving legal compliance, fraud, financial misconduct, retaliation, ethical misconduct, or other serious wrongdoing affecting CAAHEP’s internal operations or accountability. Individuals who report concerns in good faith and with reasonable grounds for believing the information indicates wrongdoing may do so without fear of retaliation. The Governance Committee oversees the receipt, review, investigation, and resolution of whistleblower concerns, consistent with CAAHEP’s governance and accountability responsibilities. Whistleblower reports may be submitted confidentially or anonymously. CAAHEP will keep reports and related information confidential to the extent possible, consistent

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	• accord respect to self and others; • preserve honesty in actions and utterances; • give fair and just treatment to all; • accept intellectual and moral responsibility; • aspire to achieve quality • refuse conflict, or the appearance of conflict, between personal and organizational interests; and • engender forthright expression of one's own views and tolerance for the views of others. CAAHEP volunteers and staff should act competently and understand and support CAAHEP's vision, mission and policies. In discharging their duties in accordance with this Code of Ethics, CAAHEP staff members should enjoy the following rights: • the right to work in a professional and supportive environment; • the right to have a clear, written statement of the conditions of his or her employment, procedures for professional review, and a job description outlining duties and responsibilities; • within the scope of his or her authority and policy, the right to exercise judgment and perform duties without disruption or harassment; and		with the need to conduct an adequate investigation and take appropriate corrective action. Whistleblower reports are distinct from formal complaints alleging that CAAHEP or a Committee on Accreditation failed to follow published Standards, policies, procedures, or codes of conduct in carrying out accreditation-related responsibilities, and from complaints alleging that an accredited program is not in compliance with CAAHEP Standards or accreditation policies. Complaints against CAAHEP or a CoA are governed by Section 7 of this Operations Manual. Complaints regarding accredited programs are governed by the Accreditation Policies and Procedures. If a whistleblower report includes allegations that are more appropriately addressed through a formal complaint or accreditation process, CAAHEP may refer the matter to the appropriate process. OM-4.2.1 Reporting Responsibility and Protection Policy: Directors, officers, employees, and volunteers are expected to report suspected internal wrongdoing covered by this policy in good faith. No individual who makes a good-faith report or participates in a whistleblower review or investigation shall suffer harassment, retaliation, or adverse consequences for doing so. The Governance Committee may conduct the review directly or may designate CAAHEP leadership, staff, legal counsel, or other appropriate advisors to support review, investigation, and resolution. Procedures: 1. Reports may be submitted to the Executive Director or directly to the Chair of the Governance Committee.

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	• freedom of conscience and the right to refuse to engage in actions that violate the ethical principles contained in this Code or in provisions of law. CAAHEP Whistleblower Policy General The Commission on Accreditation of Allied Health Education Programs (CAAHEP) requires directors, officers, and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of CAAHEP, we must practice honesty and integrity in fulfilling our responsibilities and comply with the CAAHEP Code of Ethics and all applicable laws and regulations. Reporting Responsibility It is the responsibility of all directors, officers, and employees to comply with this principle and to report violations or suspected violations in accordance with this Whistleblower Policy. No Retaliation No director, officer or employee who in good faith reports a violation shall suffer harassment, retaliation or adverse employment consequence. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment. This Whistleblower Policy is intended to encourage and enable employees and others to raise		2. For employees, an immediate supervisor may be an appropriate initial point of contact; however, if the concern involves that supervisor, if the reporter is not comfortable using that route, or if the response is unsatisfactory, the concern may be reported directly to the Executive Director or the Chair of the Governance Committee. 3. Whistleblower concerns must be submitted in good faith and supported by reasonable grounds. Reports made maliciously or with knowingly false information may result in appropriate action. 4. The Chair of the Governance Committee, or designee, acknowledges receipt of the concern within ten (10) business days when practicable and conducts or coordinates a prompt review or investigation. 5. Records of whistleblower concerns and related actions are maintained in accordance with CAAHEP's records retention requirements. 6. The Governance Committee reports whistleblower activity to the Board of Directors at least annually.

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	serious concerns within CAAHEP prior to seeking resolution outside CAAHEP. Reporting Violations In most cases, an employee’s supervisor is in the best position to address an area of concern. However, if you are not comfortable speaking with your supervisor or you are not satisfied with your supervisor’s response, you are encouraged to speak with the chair of the Audit Committee. For any suspected fraud or financial mismanagement, individuals should contact the chair of the Audit Committee. The chair of the Audit Committee should is responsible for investigating and resolving all reported complaints and allegations and, at his discretion, shall advise the Executive Director and/or the President. The chair is required to report to the Audit Committee at least annually on compliance activity. Accounting and Auditing Matters The Audit Committee of the Board of Directors shall address all reported concerns or complaints regarding corporate accounting practices, internal controls or auditing. The chair shall immediately notify the Audit Committee of any such complaint and work with the committee until the matter is resolved. Acting in Good Faith Anyone filing a complaint concerning a violation or suspected violation must act in good faith and have reasonable grounds for believing the disclosed information indicates a violation of good ethics. Any allegations that prove not to		

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	be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense. Confidentiality Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation. Handling of Reported Violations The chair of the Audit Committee will notify the sender and acknowledge receipt of the reported violation or suspected violation within five business days. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.		
106 Ethical Standards of Practice / Conflict of Interest	Conflict of Interest Policy for CAAHEP Volunteers Conflict of interest refers to any situation in which a volunteer of CAAHEP stands to gain materially from his or her association with CAAHEP. A conflict of interest also exists when any member of the Board, or immediate family, is directly associated with or stands to realize financial or similar tangible personal or proprietary gain as a result of any action of the Board. Acceptance of gifts, entertainment, or other favors from an outside concern that does or is seeking to do business with CAAHEP.	OM-4.3 Conflict of Interest & 4.3.1 Requirements & 4.3.2. Disclosure Management	Definition: A conflict of interest exists when a covered individual has personal, professional, or financial interests that could compromise, or appear to compromise, their ability to act in the best interests of CAAHEP and maintain objectivity in organizational decisions and oversight activities. All covered individuals must disclose actual or potential conflicts of interest prior to participating in CAAHEP decision-making activities. Policy: This policy implements the conflict-of-interest provisions of CAAHEP’s Code of Ethics for all CAAHEP staff and volunteers, who must be impartial and objective in all activities. The policy provides specific procedures,

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	• Having a financial interest in an outside concern from which CAAHEP purchases goods or services. • Accepting personal compensation for Board-related speaking engagements, consulting services, or other activities. • Representing CAAHEP in any transaction in which the Board member, or immediate family, has an interest. If any voting member of CAAHEP or the CAAHEP Board of Directors has a conflict of interest in any matter brought before the body for a vote, that member must declare the conflict before discussion. Members of the Board of Directors refrain from participating in the discussion or vote on accreditation recommendations for programs within their profession. Each Board member signs an annual statement acknowledging review and understanding of CAAHEP ethical standards policies. •		definitions, and management strategies to maintain public trust through transparent conflict management. This policy applies to all CAAHEP staff and volunteers, including the Board of Directors and committee members (standing committees, ad hoc committees, task forces, working groups, etc.) with decision-making authority, as well as volunteers performing services for CAAHEP in an official capacity.
106 Ethical Standards of Practice / Confidentiality	Confidentiality CAAHEP requires that its accreditation procedures, and those of the CoAs, be sensitive to the need to maintain confidentiality in the accreditation process while also disclosing certain information to serve and protect the public interest. • CAAHEP and its CoAs hold confidential the self-study report, site visit report, progress reports, and correspondence between CAAHEP, CoAs, and programs relating to the accreditation process.	OM-4.4.1 Confidentiality Requirements	Policy: CAAHEP requires that its accreditation procedures and those of the CoAs maintain appropriate confidentiality while also disclosing certain information necessary to serve and protect the public interest. Confidentiality applies to accreditation materials and records, complaint and appeal records, deliberations, discussions, and internal decision-making processes of CAAHEP and its Committees, except where disclosure is required by published policy or by law. Procedures: • CAAHEP and its CoAs hold as confidential accreditation materials and records, including self-study reports, site visit reports, progress reports, annual reports, interim

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	• Program sponsors may release the information at their discretion. • CAAHEP and CoAs will not make public confidential documents without the program sponsor's permission unless the sponsor misrepresents the information through public statements or selective release. • Confidentiality requirements are not in effect when CAAHEP or CoAs are required to turn over information by bona fide judicial or governmental process.		reports, other ongoing quality review materials, complaint records, appeal records, international eligibility and accreditation review materials, correspondence between CAAHEP, CoAs, and programs relating to accreditation activities, and internal deliberative materials and communications related to accreditation review, complaints, appeals, and related decision-making. • CAAHEP and its CoAs do not make public any confidential materials or information without written permission of the Chief Executive Officer of the program sponsor, unless disclosure is required by published CAAHEP policy, necessary to address misrepresentation through public statements or selective release of information, or required by judicial or governmental process. • Program sponsors may release their own accreditation-related materials at their discretion, except where disclosure is otherwise restricted by law or agreement. • These confidentiality requirements do not prevent CAAHEP or its CoAs from complying with bona fide judicial or governmental process or with CAAHEP's published public disclosure policies.