



**Standards and Guidelines
for the Accreditation of Educational Programs in
[Name of the Profession]**

Essentials/Standards initially adopted in xxxx; revised in xxxx; and effective xx/xxxx.
(Instruction to CoA: If the CoA did not previously have Essentials, Essentials should not be referenced.)

Developed by
[Name of CoA]

Endorsed by
[Name of CoA Sponsors]

and

Approved by the
Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the *[name of Committee on Accreditation]*.

These accreditation **Standards** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the *[name of the profession]* profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines are printed in italic typeface.*

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), *[name of CoA]*, and *[names of CoA's sponsoring organizations]* cooperate to establish, maintain and promote appropriate standards of quality for educational programs in *[name of profession]* and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines for the Accreditation of Educational Programs**. CAAHEP encourages innovation and quality education programs throughout the CAAHEP accreditation process, consistent with the CAAHEP policy on institutional autonomy. These **Standards and Guidelines** are designed to ensure the integrity of the CAAHEP accreditation process. Directories of accredited programs are published for the information of students, employers, educational institutions and organizations, credentialing bodies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of *[name of profession]* programs. Site visit teams assist in the evaluation of a program's compliance with the accreditation standards.

Description of the Profession

(Instruction to CoA: Provide brief description of the profession.)

I. Sponsorship

A. Program Sponsor

A program sponsor must be a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a *(insert degree/certificate)* at the completion of the program.

(Instruction to CoA: The Alternative Wording for Sponsorship may be substituted for the above paragraph if the CoA accepts additional program sponsor types – see Attachment 1)

B. Responsibilities of Program Sponsor

The program sponsor must

1. Ensure that the program meets the Standards;
2. Award academic credit for the program or have an articulation agreement with an accredited post-secondary institution; and
3. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.

Examples of unanticipated interruptions may include unexpected departure of key personnel, natural disaster, public health crisis, fire, flood, power failure, failure of information technology services, or other events that may lead to inaccessibility of educational services.

II. Program Goals

A. Program Goals and Minimum Expectations

The program must have the following minimum expectations statement: “To prepare *(insert name/title of professional)* who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”

Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to entry into the field.

Program goals must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and accepted standards of roles and functions of a *(insert name/title of professional)*. Goals are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. Program goals must be written referencing one or more of the learning domains.

[Profession Name] Essentials/Standards initially adopted in xxxx; revised in xxxx.
(Instruction to CoA: CAAHEP will insert the revision history)

The program must assess its goals at least annually and respond to changes in the needs and expectations of its communities of interest.

B. Program Advisory Committee

The program advisory committee must include at least one representative of each community of interest and must meet annually. Communities of interest served by the program include, but are not limited to, students, graduates, faculty members, sponsor administrators, employers, physicians, and the public.

The program advisory committee advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program's communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.

Program advisory committee meetings may be conducted using synchronous electronic means.

(Instruction to CoA: Other healthcare providers may be substituted for physicians if physicians do not play a role in providing care to patients/clients in the profession. A guideline providing examples of other health professional providers should be added.)

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to

1. Faculty;
2. Administrative and support staff;
3. Curriculum;
4. Finances;
5. Faculty and staff workspace;
6. Space for confidential interactions;
7. Classroom and laboratory (physical or virtual);
8. Ancillary student facilities;
9. Clinical affiliates;
10. Equipment;
11. Supplies;
12. Information technology;
13. Instructional materials; and
14. Support for faculty professional development.

(Instruction to CoA: Clinical affiliates may be substituted with supervised practice experiences if clinical affiliates are not applicable to the profession. The term laboratory may be substituted with a more profession specific term.)

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

[Profession Name] Essentials/Standards initially adopted in xxxx; revised in xxxx.
(Instruction to CoA: CAAHEP will insert the revision history)

At a minimum, the following positions are required.

(Instruction to CoA: The positions, responsibilities, and qualifications listed below are required positions. The CoA may specify additional responsibilities and qualifications such as a professional credential for these positions. The CoA may also specify additional required position(s), responsibilities and qualifications. If program personnel may serve in more than one position provided the qualifications of each position are met, then there must also be an associated guideline to that effect. See Attachment 2 for suggested language for optional positions.)

(Instruction to CoA: For non-US based programs, the CoA must follow CAAHEP's policy and guidance relating to non-US based sponsors.)

1. Program Director

a. Responsibilities

The program director must be responsible for all aspects of the program, including but not limited to

- 1) Administration, organization, supervision of the program;
- 2) Continuous quality review and improvement of the program; and
- 3) Academic oversight, including curriculum planning and development.

b. Qualifications

The program director must

- 1) Possess a minimum of *(insert certificate/degree)* or the equivalent; and
- 2) Have documented education or experience in instructional methodology.

2. Faculty/Instructional Staff

a. Responsibilities

For all didactic, laboratory, and clinical instruction to which a student is assigned, there must be a qualified individual(s) clearly designated by the program to provide instruction, supervision, and timely assessments of the student's progress in meeting program requirements.

b. Qualifications

Faculty/instructional staff must be effective in teaching and knowledgeable in subject matter as documented by appropriate professional credential(s)/certification(s), education, and experience in the designated content area.

C. Curriculum

The curriculum content must ensure that the program goals are achieved. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation. Instruction must be delivered in an appropriate sequence of classroom, laboratory, and clinical activities.

The program must demonstrate that the curriculum offered meets or exceeds the *(CoA determines 'content' or 'competencies')* listed in Appendix B of these **Standards**.

(Instruction to CoA: Clinical activities may be substituted with supervised practice experiences if clinical affiliates are not applicable to the profession)

[Profession Name] Essentials/Standards initially adopted in xxxx; revised in xxxx.
(Instruction to CoA: CAAHEP will insert the revision history)

CAAHEP supports and encourages innovation in the development and delivery of the curriculum.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of the resource assessment must be the basis for ongoing planning and change. An action plan must be developed when needed improvements are identified in the program resources. Implementation of the action plan must be documented, and results measured by ongoing resource assessment.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the curriculum competencies in the required learning domains.

Validity means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.

2. Documentation

Student evaluations must be maintained in sufficient detail to document learning progress and achievements.

B. Outcomes

The program must meet the established outcomes thresholds.

1. Assessment

The program must periodically assess its effectiveness in achieving established outcomes. The results of this assessment must be reflected in the review and timely revision of the program.

Outcomes assessments must include but are not limited to national credentialing examination(s) performance, programmatic retention, graduate satisfaction, employer satisfaction, and placement in full or part-time employment in the profession or in a related profession.

A related profession is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

Graduates pursuing academic education related to progressing in health professions or serving in the military are counted as placed.

(Instruction to CoA: For non-US based programs, the CoA must follow CAAHEP's policy and guidance relating to non-US based sponsors.)

(Instruction to CoA: Programmatic summative measures may be a required outcome if appropriate for that CoA.)

(Instruction to CoA: National credentialing examination(s) performance may be excluded from template language if the CoA can document that the profession does not have a national credentialing examination.)

A national certification examination program should be accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI), or under International Organization for Standardization (ISO).

(Instruction to CoA: When national credentialing examination(s) performance is excluded as an outcome from template language because the profession does not have a national credentialing examination, this guideline should be removed.)

2. Reporting

At least annually, the program must submit to the [\[Name of CoA\]](#) the program goal(s), outcomes assessment results, and an analysis of the results.

If established outcomes thresholds are not met, the program must participate in a dialogue with and submit an action plan to the [\[Name of CoA\]](#) that responds to the identified deficiency(ies). The action plan must include an analysis of any deficiencies, corrective steps, and timeline for implementation. The program must assess the effectiveness of the corrective steps.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, advertising, and websites must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students
 - a. Sponsor's institutional and programmatic accreditation status;
 - b. Name and website address of CAAHEP;
 - c. Admissions policies and practices;
 - d. Technical standards;
 - e. Occupational risks;
 - f. Policies on advanced placement, transfer of credits and credits for experiential learning;
 - g. Number of credits required for completion of the program;
 - h. Availability of articulation agreements for transfer of credits;
 - i. Tuition/fees and other costs required to complete the program;
 - j. Policies and processes for withdrawal and for refunds of tuition/fees; and
 - k. Policies and processes for assignment of clinical experiences.
3. At least the following must be made known to all students
 - a. Academic calendar;
 - b. Student grievance procedure;

[\[Profession Name\]](#) Essentials/Standards initially adopted in xxxx; revised in xxxx.
(Instruction to CoA: CAAHEP will insert the revision history)

- c. Appeals process;
 - d. Criteria for successful completion of each segment of the curriculum and for graduation; and
 - e. Policies by which students may perform clinical work while enrolled in the program.
4. The sponsor must maintain and make accessible to the public on its website a current and consistent summary of student/graduate achievement that includes one or more of these program outcomes: national credentialing examination(s), programmatic retention, and placement in full or part-time employment in the profession or a related profession as established by the *[Name of CoA]*.

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

(Instruction to CoA: For non-US based programs, the CoA must follow CAAHEP's policy and guidance relating to non-US based sponsors.)

C. Safeguards

The health and safety of patients/clients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded. *[Name of profession]* students must be readily identifiable as students.

All activities required in the program must be educational and students must not be substituted for staff.

D. Student Records

Grades and credits for courses must be recorded on the student transcript and permanently maintained by the program sponsor in an accessible and secure location. Students and graduates must be given directions on how to access their records. Records must be maintained for student admission, advisement, and counseling while the student is enrolled in the program.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to *[Name of CoA]* in a timely manner. Additional substantive changes to be reported to *[Name of CoA]* within the time limits prescribed include:

(Instruction to CoA: Substantive changes are those for which the CoA may need to take immediate action. List specific substantive changes to be reported, if any. CoAs are not required to list additional substantive changes. If there are no additional substantive changes to be reported, do NOT include the statement: "Additional substantive changes to be reported to [CoA] within the time limits prescribed.")

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the program sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the program sponsor and that entity.

APPENDIX A

Application, Maintenance, and Administration of Accreditation

*(Instruction to CoA: Appendix A will be added by CAAHEP after final approval of the **Standards and Guidelines** document; Appendix A does not undergo CoA or Standards Committee review.)*

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

- a. The chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form and returns it electronically or by mail to:

[CoA Name and Address]

The “Request for Accreditation Services” form can be obtained from the [CAAHEP website](#).

Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the [CoA]. The on-site review will be scheduled in cooperation with the program and [CoA] once the self-study report has been completed, submitted, and accepted by the [CoA].

2. Applying for Continuing Accreditation

- a. Upon written notice from the [CoA], the chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form, and returns it electronically or by mail to:

[CoA Name and Address]

The “Request for Accreditation Services” form can be obtained from the [CAAHEP website](#).

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the [CoA].

If it is determined that there were significant concerns with the conduct of the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the [CoA] forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

[Profession Name] Essentials/Standards initially adopted in xxxx; revised in xxxx.
(Instruction to CoA: CAAHEP will insert the revision history)

- a. The program must inform the [CoA] and CAAHEP within a reasonable period of time (as defined by the committee on accreditation and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel (Refer to Standard III.B.).
- b. The sponsor must inform CAAHEP and the [CoA] of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the [CoA] that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a “Request for Transfer of Sponsorship Services” form. The [CoA] has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer will be granted.
- c. The sponsor must promptly inform CAAHEP and the [CoA] of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the [CoA] in accordance with its policies and procedures. The time between comprehensive reviews is determined by the [CoA] and based on the program’s on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay [CoA] and CAAHEP fees within a reasonable period of time, as determined by the [CoA] and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, probation reports, annual reports, etc.) in accordance with [CoA] policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on an [CoA] accreditation recommendation prior to the “next comprehensive review” period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the [CoA].

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP- Accredited Program

Notification of voluntary withdrawal of accreditation from CAAHEP must be made by the Chief Executive Officer or an officially designated representative of the sponsor by writing to CAAHEP indicating: the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP- Accredited Program

Inactive status for any accredited program may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any

time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the [CoA] and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and the [CoA]. The sponsor will be notified by the [CoA] of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a “Voluntary Withdrawal of Accreditation.”

B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the [CoA] forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold of accreditation, or withdrawal of accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the [CoA] forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The [CoA]’s reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to confer probationary accreditation is not subject to appeal.

3. Before the [CoA] forwards a recommendation to CAAHEP that a program’s accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The [CoA]’s reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the [CoA] arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP “Appeal of Adverse Accreditation Actions” is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor’s Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

Note: Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.

APPENDIX B

Curriculum [Competencies/Content] for Educational Programs in [Name of profession]

(Instruction to CoAs: Appendix B must be stated as educational objectives and competencies that clearly identify the cognitive, psychomotor and affective learning domains. Appendix B may also specify curriculum content.

Simulated learning experiences are acceptable as determined by the CoA. For professions that require non-simulated patient/client/consumer (select term that best fits your profession) contact, the CoA must identify which terminal competencies/objectives must be performed on patients/clients rather than through simulation.

Appendix B is a continuation of standard III.C. and must be written in number/letter format as a continuation of III.C.)

ATTACHMENT 1 – Alternative Wording for Sponsorship

(Instruction to CoA: I.A.1. is required; other sponsor types are optional. If the CoA elects to include other sponsor types, the following template language must be used for the selected sponsor type(s).)

I. Sponsorship

A. Program Sponsor

A program sponsor must be at least one of the following

1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a (insert degree/certificate) at the completion of the program.
2. A post-secondary academic institution outside of the United States and its territories that is authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of (insert degree/certificate) or equivalent at the completion of the program.

(Instruction to CoA: CoAs must follow CAAHEP's policy and guidance relating to non-US based sponsors.)

3. A hospital, clinic or medical center accredited by a healthcare accrediting agency that is recognized by the U.S. Department of Health and Human Services, and authorized under applicable law to provide healthcare, and authorized under applicable law to provide the post-secondary program, which awards a minimum of a (insert degree/certificate) at the completion of the program.
4. A branch of the United States Armed Forces, or a federal or state governmental agency, which awards a minimum of a (insert degree/certificate) at the completion of the program.
5. A consortium, which is a group made up of two or more education providers, that operate an educational program through a written agreement that outlines the expectations and responsibilities of each of the partners. At least one of the consortium partners must meet the requirements of a program sponsor set forth in I.A.1.- I.A.4.

Consortium does not refer to clinical affiliation agreements with the program sponsor.

(Instruction to CoA: I.A.1.-I.A.4. may change based on which sponsorship type(s) are selected by the CoA.)

ATTACHMENT 2 – Alternative wording for III.B. Personnel > Additional required positions

(Instruction to CoA: Required personnel include Program Director and Faculty/Instructional Staff. If the CoA elects to include other personnel types, at the minimum, the following template language must be listed for the additional personnel.)

(Instruction to CoA: These are minimum responsibilities and qualifications that must be listed for these positions. The CoA may list additional responsibilities and qualifications as applicable. The CoA may substitute a different title for these positions as appropriate.)

(Instruction to CoA: The CoA may insert Standards language that allows for program personnel to serve in multiple roles provided they meet the qualifications of all the assigned roles.)

Medical Director/Advisor

a. Responsibilities

The medical director/advisor must

- 1) provide the input necessary to ensure that the medical components of the curriculum, both didactic and supervised practice, meets current standards of medical practice; and
- 2) engage in cooperative involvement with the program director.

b. Qualifications

The medical director/advisor must

- 1) be a physician currently licensed and board certified in (insert area(s) of practice/specialty if determined by the CoA);
- 2) have the requisite knowledge and skills to advise the program leadership about the clinical/academic aspects of the program; and
- 3) be knowledgeable in teaching the subjects assigned, when applicable.

(Instruction to CoA: The CoA should select either Medical Director or Medical Advisor as the title for this position.)

Clinical Coordinator

a. Responsibilities

The clinical coordinator must

- 1) coordinate clinical education;
- 2) ensure documentation of the evaluation and progression of clinical performance;
- 3) ensure orientation to the program's requirements of the personnel who supervise or instruct students at clinical sites; and
- 4) coordinate the assignment of students to clinical sites.

b. Qualifications

The clinical coordinator must

- 1) have documented experience in (as determined by the CoA);
- 2) possess knowledge of the curriculum; and
- 3) possess knowledge about the program's evaluation of student learning and performance.

(Instruction to CoA: Additional options for qualifications for clinical coordinator might include the following language:

- 1) *possess an academic degree at least equal to that for which the graduates are being prepared;*

[Profession Name] Essentials/Standards initially adopted in xxxx; revised in xxxx.

(Instruction to CoA: CAAHEP will insert the revision history)

- 2) *possess the appropriate practice credential(s);*
- 3) *have documented experience in supervision, instruction, evaluation, student guidance and educational theories and techniques.)*

REVISIONS SUMMARY

Date	Standard	Summary of edits
7/15/26	Standard IV.B.1.	Guideline edited, instruction to CoA edited, new instruction to CoA added.
3/17/23	Attachment 1	Removed hospital, clinic, medical center outside the United States sponsor type