**ACHENA Accreditation Standards**

**Public Comment Period**

**About this Document**

This document was designed to allow interested parties to provide comments on proposed revisions to ACHENA Accreditation Standards. Comments are being solicited at this time on proposed revisions to Standards 1, 3-7, and 9-14. Please note that Standard 2 was updated in February, 2021 and there are no proposed revisions to Standard 2 at this time. A separate public comment period for Standard 8 will be forthcoming in early 2022.

Understanding the Layout of this Document:

The document is laid out in table format in rows with three clearly labelled columns to make it easy for you to view each standard as it is currently written, as well as the revisions that ACHENA is proposing for that standard. Please note that:

* The left column of each row represents the current standard.
* The middle column of that same row represents the proposed new standard.
* The third column is intentionally left blank to allow you to enter your comments about the proposed new standard/ criterion in that column.

**To submit a comment: (preferred method)**

1. **Please download and save a copy of this document on your computer or tablet.**
2. **Type comments in the right column of the row that corresponds to the standard/ criterion for which you seek to comment upon.**
3. **Insert comments on as many standards/ criterions as you like.**
4. **If you are not submitting a comment on a particular standard, leave that row blank.**

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| **Duration of Public Comment Period: December 13, 2021 to January 14, 2022** To be considered, comments must be received not later than midnight  on January 14, 2022. |

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| **How to Submit a Comment** |
| **Option 1:** Email your completed electronic document to [publiccomment@achena.org](mailto:publiccomment@achena.org) |
| **Option 2:** Prepare an email that includes the standard number and criterion number for each standard you would like to comment upon and indicate your comment on each standard/criterion. Send the email to [publiccomment@achena.org](mailto:publiccomment@achena.org) |
| **If you have questions about this document, or how to submit a comment,**  **please email** [**executive-director@achena.org**](mailto:executive-director@achena.org) |

**Standard 1: Purpose**

| **Current Standard** | **Proposed Revision** | **Insert comments in this column** |
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| **Standard 1—Purpose**  The institution or program shall have a mission statement that provides clear direction for the institution and its programs. This shall include as a formally adopted statement of purpose that includes the training of professional practitioners of classical homeopathy. | **Standard 1—Mission Statement**  The institution or program shall have a concise mission statement that provides clear direction for the institution and its programs. This is combined with the formal adoption of an additional statement regarding the training of professional practitioners of classical homeopathy.  The ultimate aim is to establish an integrated and tiered series of achievable educational goals and objectives at the institutional, programmatic and course level. These serve as a benchmark against which all organizational outcomes can be measured to ensure fulfillment of the mission. |  |
| **Criterion 1.1 -- Content**  The statement of purpose must include a brief description of the program's goals.  **Guideline:** The statement of purpose and goals should reflect the purpose for which the program was founded, the philosophies it represents, the community in which it  is located, the constituencies it serves, the needs-social, cultural and material- of its community and clientele, and the institution's resources-human, physical, and financial. | **Criterion 1.1 – Description**  The mission statement should be precise and describe the institution’s fundamental purpose. Clearly specified programmatic and/or educational goals and objectives reflect how the mission statement is to be achieved and may address philosophical, social, cultural and or economic needs of the institution and its community.  **Guideline:** The mission statement and objectives form a part of the strategic planning process that includes consultations and support from the community and is disseminated widely within.    **Guideline:** The primary mode of delivery of the program is specified and a description as to how this supports the mission and how sufficient quality is maintained must be provided. |  |
| **Criterion 1.2 – Educational Objectives**  The program must maintain clearly specified and measurable educational objectives which reflect the effects the educational program is designed to have on students and is consistent both with its purpose and with the degree, certificate or diploma it awards.  **Guideline:** Educational objectives should provide the parameters within which the institution/program's instructional activities can be verified. | **Criterion 1.2 – Educational Goals and Objectives**  The program must maintain clearly specified and measurable educational goals and objectives which reflect the desired program outcomes and is consistent with the degree, certificate or diploma it awards.  **Guideline:** Educational goals and objectives should provide the parameters within which the institution’s instructional activities can be verified and consists of an inclusive process that provides meaningful evidence of outcomes for that verification.  **Guideline:** Goals and objectives may include but are not limited to:  1 - Local, regional and national needs for homeopathic services.  2 - National standards of professional competency and practice.  3 – Contributing to the evolving body of scientific and professional knowledge;  4 - Job placements and possible career paths |  |
| **Criterion 1.3 -- Relationship**  The program must demonstrate that its resources and its current or projected programs, services and activities are consistent with its statement of purpose and educational objectives, and that the institution is currently achieving its purposes and objectives.  **Guideline:** The statement of purpose should guide the adoption of priorities in allocating resources, and should ensure consistency in the conduct of the institution's activities. | **Criterion 1.3 – Strategic Planning and Review Process**  The regular reassessment of the program’s goals and objectives demonstrates whether the mission continues to be relevant and consistently fulfilled. Measurable indicators of student success derived from data and institutional progress provide the requisite key performance indicators to fulfill this requirement.  **Guideline:** Reliable feedback loops gather data and other information about all areas of operations (e.g. Admissions, Technology, Academics, Finance, Alumni, Faculty, Human Resources) to inform the planning and continuous improvement review process.  **Guideline:** This process results in the development of action plans based on measured outcomes to help implement appropriate strategic priorities.  **Guideline:** The review process should include representatives of the student body, faculty, administration, alumni, and the governing board. |  |

**Standard 2: Legal Organization**

**No proposed revisions to Standard 2 at this time.**

**Standard 3: Governance**

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| **Current Standard** | **Proposed Revision** | **Insert comments in this column** |
| Standard 3 - Governance The institution shall have a clearly defined governance structure that must exercise ultimate and general control over the institution's affairs. | Standard 3 - Governance The institution shall have a clearly defined governance structure that includes a governing body. The governing body consists of qualified individuals that are guided by a set of bylaws and an appropriate Conflict of Interest policy. The governing board exercises ultimate and general control over the institution's affairs. |  |
|  | **Criterion 3.1 – Membership**  The membership of the governing body is clearly identified of the institution.  **Guideline:** Governing board members follow a prescribed and consistent selection pathway that includes the application of a stringent Conflict of Interest policy.  **Guideline:** The Governing Board is responsible for selecting a highly qualified Chief Executive Officer to oversee the day-to-day operations of the institution.  **Guideline:** There shall be a clearly defined process which ensures a reasonable degree of faculty and student participation in governance of the institution.  **Guideline:** Governing board members and their qualifications are depicted on the institution’s website.  **Guideline**: Governance input may emanate from advisory boards of faculty, students or the general public. |  |
| **Criterion 3.2 -- Role**  The governance structure must include responsibility for establishing broad policy and long-range planning, appointing and evaluating leadership as appropriate to the organizational type, ensuring financial stability, reviewing and approving the annual budget, approving major program changes and playing a major role in the development of external relations. | **Criterion 3.2 -- Role**  The governance structure is responsible for administrative oversight and demonstrates capability and stability in the institution’s efficient and effective deployment of resources. This includes ensuring that a highly qualified Chief Executive Officer provides for sufficient administrative capacity, succession and business continuity planning and that the institution demonstrates sufficient competence to fulfill its mission and is able to meet its responsibilities to students.  **Guideline:** The institution’s owners and/or board members possess the qualifications to effectively oversee its successful operation.  **Guideline:** Board officials exhibit the skills and experience necessary for establishing broad policy, long-range planning, appointing and evaluating leadership, ensuring financial stability and reviewing and approving the annual budget, approving major program changes and playing a major role in the development of external relations. |  |
| **Criterion 3.3 -- Bylaws or policies** The governing/advisory board must have bylaws or clearly defined policies that explain the power, duties, meeting schedule, membership requirements, terms of office, and responsibilities of the governing body. | **Criterion 3.3 – Bylaws, Policies and Procedures** The governingboard has a set of bylaws and clearly define and/or oversee the formulation of a set of board and operational level policies and procedures that address and ensure all facets of the successful and consistent operation of the institution including the minimization of legal, operational and financial risk.  **Guideline:** Board policies and procedures address the composition, responsibilities, duties and terms of office  Guideline: Operational policies and procedures address academic and clinical teaching, faculty, legal and financial, student services, student and institutional assessments, records, admissions and recruitment, online learning, facilities and library aspects. |  |

**Standard 4: Administration**

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| **Current Standard** | **Proposed Revision** | **Insert comments in this column** |
| **Standard 4 - Administration**  The program shall have a qualified chief administrator or administrative team and qualified administrative staff of a size and organizational structure that is appropriate to the size and purpose of the program. | **Standard 4 - Administration**  The program has an appropriately qualified chief administrator who is fully dedicated to the institution and an appropriately qualified chief academic administrator who is able to effectively manage and revise the program as needed as well as an administrative team with sufficient capacity and definition of roles and responsibilities and of a size and structure that is appropriate to the size and purpose of the program. |  |
| **Criterion 4.1 -- Chief Administrator**  The chief administrative officer or administrative team must be responsible for the entire operation of the institution or program, and must be directly responsible for the administration of the policies and procedures as set forth by the governing body.  a. The chief administrator or administrative team shall have a clearly defined, written job description. The job description should be reviewed periodically and any time the institution or program undergoes a significant change in operations, mission, scope or size.  b. The chief administrator or a designated person from the administrative  team shall serve as a liaison between the governing body and the  program staff. S/he should delegate responsibilities and authority to the  administrative staff and provide for regular evaluation of the  administrative staff.  c. The chief administrator or administrative team shall provide leadership for the development and operation of all institutional or program functions, shall ensure the development and use of appropriate procedures of plan maintenance and fiscal management, shall maintain a sound administrative structure for the orderly operation of the institution or program, and shall be responsible for the communications between the institution and its community.  **Guideline:** The chief administrator or someone on the administrative team should possess a higher education degree and substantial higher education administration experience. | **Criterion 4.1 -- Chief Administrator and the Leadership Team**  The chief administrative officer is responsible for the entire operation of the institution or program, and is directly responsible for the formulation and administration of the policies and procedures as approved by the governing body.  **Guideline:** The chief administrator and members of the senior leadership team have clearly defined written job descriptions that describe the roles and responsibilities for each position. The job description requires periodic review and must be updated as the institution or program undergoes a significant change in operations, mission, scope or size.  **Guideline:** The chief administrator serves as a liaison between the governing body and program staff. Responsibilities are delegated to the administrative staff. The chief administrator and all administrative staff participate in a regular evaluation process.  **Guideline:** The chief administrator and the senior leadership team provide appropriate direction and control for the development and operation of all institutional and program functions, ensure the development and implementation of appropriate policies and procedures, of the strategic plan, execute a prudent fiscal management plan and maintain a sound administrative structure to ensure for accountability and sound communications between the institution and its community.  **Guideline:** It is advisable for the chief program administrator to possess a degree in higher education. |  |
| **Criterion 4.2 -- Organization of staff**  The administrative staff must demonstrate stability, be qualified, and be well organized with clearly defined roles and responsibilities.  **Guideline:** All administrative staff should have clearly defined, written job descriptions and these job descriptions should be reviewed periodically and whenever the institution or program undergoes a significant change in operations, mission or scope. | **Criterion 4.2 -- Organization of staff**  The administrative staff demonstrate stability, adequate qualifications and have clearly defined roles and responsibilities.  **Guideline:** An organizational chart depicting roles, responsibilities and reporting lines exists.  **Guideline:** All administrative staff have clearly defined, written job descriptions which undergo periodic review as necessary. |  |
| **Criterion 4.3 -- Academic Leadership**  The program must have a clearly defined and effective structure for academic leadership. The academic leadership structure must effectively facilitate curriculum development and the ongoing assessment of the program. The individuals responsible for the academic leadership of the program must be qualified for those positions. | **Criterion 4.3 -- Academic Leadership**  Program leadership has a clearly defined and effective structure that ensures effective teaching, programmatic review and student involvement. Academic leadership facilitates curriculum development and ongoing assessment of the program. Academic leadership are able to demonstrate appropriate academic qualifications. |  |
| **Criterion 4.4 – Integrity**  The program must conduct its operation with honesty and integrity. | This criterion has been deleted as it has been addressed elsewhere. |  |

**Standard Five: Records**

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| **Current Standard** | **Proposed Revision** | **Insert comments in this column** |
| **Standard 5 – Records**  The program shall have and complete record keeping systems. | **Standard 5 – Maintaining Record Keeping Systems**  The program shall maintain complete record keeping systems. |  |
| **Criterion 5.1 -- Permanent Records**  Observing the requirements of right-to-privacy legislation, the program must maintain and safeguard accurate permanent academic records that reasonably document the satisfaction of program requirements.  **Guideline:** The institution/ program should have a written plan for storage of  permanent student records in the event that the institution closes.  Guideline: The institution/ program should ensure convenient access by students to all student records, including academic, attendance, and financial records. If records are  not stored on-site, the institution/ program must ensure secure on-line access to student records.  **Guideline**: Institutions and programs may maintain records in electronic format but must establish robust policies and procedures to protect the security of these records and provide for regular file back-up | **Criterion 5.1 -- Permanent Student Records**  Observing the requirements of right-to-privacy legislation, the program maintains and safeguards accurate permanent academic records that document student participation and success.  **Guideline:** The institution/program has a set of document retention policies and procedures for the maintenance and secure storage of all student records.  **Guideline:** In the event that an institution is required to close, a plan to preserve and make available all student records has been formulated.  **Guideline:** The institution/program ensures through the implementation of a records policy, the convenient access to academic, attendance, and financial records by students. If records are not stored on-site, the institution/program must ensure secure and ready on-line access~~.~~  **Guideline:** Institutions have a backup disaster recovery plan. |  |
| **Criterion 5.2 – Clinical Records**  The program must maintain clinical records of clients seen by students which are accurate, secured, complete, and are kept confidential with respect to the generally accepted standards of health care practice and federal HIPAA laws.  **Guideline:** To maintain the highest level of homeopathic care through accessibility to client records by all current and future caregivers, the program should have provisions for translating into English, if needed, case records that are recorded in a foreign language. All records shall be maintained for at least seven years.  Guideline: Schools must develop, implement and closely monitor policies and practices to ensure that clinical records prepared by students and shared between students and clinical supervisors are transmitted and maintained in a secure and confidential manner.  **Guideline:** Clinical records of student work should be reviewed and evaluated by the supervisor and signed by both the student and supervisor. | **Criterion 5.2 – Clinical Care and Student Records**  The program maintains clinical records of all clients attended to by students. The institution is responsible for maintaining complete, accurate, secure, and confidential records which abide by generally accepted standards of health care practice and federal HIPAA laws.  **Guideline:** The program makes best efforts to translate foreign language records into English to maintain the highest level of homeopathic care possible. by current and future caregivers. All records shall be maintained for a minimum of seven years.  **Guideline:** Institutions develop, implement and closely monitor policies and practices to ensure that clinical records prepared by students and shared between students and clinical supervisors are transmitted and maintained in a secure and confidential manner.  **Guideline:** Clinical records resulting from student work require review and evaluation by the supervisor as well as signature by both student and supervisor. |  |
| **Criterion 5.3 – Data**  The program must maintain data that will facilitate the compilation of the following  records and statistics: student profiles showing number of students enrolled graduated and readmitted; admissions data showing the number of applications received and accepted; and ages, sex and educational backgrounds, and racial origins (optional) of the student body. | **Criterion 5.3 – Data**  The program must maintain the following data:  1 - Number of students applied and accepted, enrolled, graduated and readmitted.  2 - Age, sex, educational background, and racial origins (optional) of the student body. |  |

**Standard 6: Admissions**

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| **Current Standard** | **Proposed Revision** | **Insert comments in this column** |
| **Standard 6 - Admissions**  The program shall have implemented an admission policy that, as a prerequisite for admission into the professional program, requires the satisfactory completion at least two academic years (60 semester credits/90 quarter credits) of education at the baccalaureate level that is appropriate preparation for graduate level work, or the equivalent (e.g. certification in a medical profession requiring at least the equivalent training of a registered nurse or physician's assistant), from an institution accredited by an agency recognized by the U.S. Secretary of Education. Preferably, the two academic years at the baccalaureate should include basic human science courses. | **Standard 6 - Admissions**  The program has implemented an admissions policy that clearly states the educational requirements necessary to achieve academic and professional success. This requires the satisfactory completion of at least two academic years (60 semester credits/90 quarter credits) or its equivalent, of education at the baccalaureate level that is appropriate preparation for graduate level work. Admissions criteria align with the institution’s mission and student population served.  The program formulates, documents and implements a robust, systematic and consistent assessment process by a qualified individual/s that determines an applicant’s level of academic readiness as well as acceptable prior learning or transfer credit/s to be applied towards completion of the professional program.  The institution admits students regardless of race, national origin, ability, sex, gender, sexual orientation or age.  The institution is responsible for establishing a reliable and documented applicant/student verification process and admissions criteria requiring documentation that applicants possess the ability to be successful in the program and/or successful in a distance education environment if used as a mode of delivery. |  |
| **Criterion 6.1 - Assessment of prior learning**  A maximum of 30 semester credits (or 50%) of the prerequisite two-year education requirement may be earned through prior learning assessment using either or a combination of the following assessment techniques: (1) credit by examination through the use of standardized tests and/or (2) assignment of credit for military and corporate training based on recommendations established by the American Council on Education.  **Guideline:** Credit by examination can be earned through successful testing and the recommended college credit equivalencies of the College Scholarship Service's AP (Advanced Placement) examinations, the College Scholarship Service's CLEP (College Level Examination Program) examinations, the American College Testing PEP (Proficiency Examination Program) examinations, PONSI (N.Y. State Department of Education Program on Non-collegiate Sponsored Instruction), the USAFI (U.S. Armed Forces Institute) program, and the DANTES (Defense Activity for Non-Traditional Education Support) tests.  **Guideline:** Credit for military and corporate training may be assigned according to the recommendations established by the American Council on Education in the National Guide to Educational Credit for Training Programs and the Guide to the Evaluation of Educational Experience in the Armed Services.  **Guideline:** The program should inform students who are awarded credit through prior learning assessment, that some state licensing agencies and some institutions may not accept prior learning assessment credits that have been awarded by a non- regionally accredited institution.  **Guideline:** The program may accept credit toward its admissions requirement that has been awarded by portfolio assessment or may accept >50% of credit toward its admission requirement earned through Credit By Examination if that assessment was performed and credit was awarded by an institution (other than the institution itself) accredited by an institutional agency recognized by the Secretary of Education.  **Guideline:** On a limited basis, institutions or programs offering the Professional Homeopathic Practitioner Level Diploma or Certificate Program (i.e. not the Master of Homeopathy) may exempt exceptional students from the requirement of prior academic experience but the rationale for the exemption and unique experience of the student must be clearly documented in admissions records of the student. | **Criterion 6.1 - General Admissions**  The entry criteria is a minimum of a 2-year Associate’s degree or 2 years completed of a Baccalaureate degree. In the absence of being able to verify the completion of the degree/credits, the program must demonstrate an acceptable process for assuring equivalent competence in the assignment of credit(s) and/or work experience for prior or experiential learning. Either or a combination of the following assessment techniques may be used: (1) credit by examination through the use of standardized tests and/or (2) assignment of credit for military and corporate training based on recommendations established by the American Council on Education.  **Guideline:** Credit by examination can be earned through successful testing and the recommended college credit equivalencies of the College Scholarship Service's AP (Advanced Placement) examinations, the College Scholarship Service's CLEP (College Level Examination Program) examinations, the American College Testing PEP (Proficiency Examination Program) examinations, PONSI (N.Y. State Department of Education Program on Non-collegiate Sponsored Instruction), the USAFI (U.S. Armed Forces Institute) program, and the DANTES (Defense Activity for Non-Traditional Education Support) tests.  **Guideline:** Credit for military and corporate training may be assigned according to the recommendations established by the American Council on Education in the National Guide to Educational Credit for Training Programs and the Guide to the Evaluation of Educational Experience in the Armed Services.  **Guideline:** The program should inform students who are awarded credit through prior learning assessment, that some state licensing agencies and some institutions may not accept prior learning assessment credits that have been awarded by a non-regionally accredited institution.  **Guideline:** On a limited basis, institutions or programs offering the Professional Homeopathic Practitioner Level Diploma or Certificate Program (i.e. not the Master of Homeopathy) may exempt exceptional students from the requirement of prior academic experience but the rationale for the exemption and unique experience of the student must be clearly documented in admissions records of the student.  **Guideline:** In situations beyond the control of a foreign applicant, when transcripts and documents are not available to confirm completion of prior postsecondary education, a special admissions procedure may be employed, on a case by case basis, to determine the level of education earned and/or what additional preparation will be required in order to meet the admissions standard.  **Guideline:** In considering the acceptance of education and training obtained in foreign countries, the program should obtain advisory assistance from a reputable foreign credentials assistance agency for the interpretation of foreign educational credentials to assist with approximating comparable levels of educational achievement in the U.S. |  |
| **Criterion 6.2 -- Transfer Credit and Advanced Standing Process**  The program may accept transfer credit toward the professional program that the program judges to be equivalent to its requirements for graduation from the professional program; however, at least one academic year required for completion of the professional program must be taken in the program granting the certificate or degree designating successful completion of the professional program.  **Guideline:** Admissions standards should reflect that only those applicants who can achieve the educational objectives of the program should be accepted into the program. | **Criterion 6.2 – Advanced Standing**  The program may accept transfer credit and or prior academic and/or professional learning that is judged to be equivalent to its requirements for graduation from the professional program; however, a minimum of one-quarter of the totalprogram clock hours [or equivalent credit hours required for completion must be taken in the program granting the certificate or degree designating successful completion of the program. This includes a minimum or ½ of the clock hours (or equivalent credit hours) of the clinical training program. **Guideline:** The program must demonstrate an acceptable process for assuring equivalent competence in the acceptance of transfer credits and/or prior learning credits.  **Guideline:** Assessment of prior learning and transfer credits should be completed by persons qualified to make such assessments.  **Guideline:** In considering the acceptance of education and training obtained in foreign countries, the program should obtain advisory assistance from a reputable foreign credentials assistance agency for the interpretation of foreign educational credentials to assist with approximating comparable levels of educational achievement in the U.S. |  |
| **Criterion 6.3 -- Policy publication**  The program's admissions policy, including policies for evaluating transfer credit and prior learning, must be clearly stated in institutional publications. Published transfer policies must include a statement established by the institution regarding transfer of credit earned at another institution of higher education. | **Criterion 6.3 -- Policy publication**  The program's admissions policy, including policies for evaluating transfer credit and prior learning, must be clearly stated in institutional publications including, but not limited to website, catalogue and handbooks. Published transfer policies must include a statement established by the institution regarding transfer of credit earned at another institution of higher education. |  |
| **Criterion 6.4 - Policy planning**  The admissions policy must involve careful planning to determine whether it is serving the needs and interests of its students, and how it could be doing so more effectively.  **Guideline:** In situations beyond the control of a foreign applicant, when transcripts and documents are not available to confirm completion of prior postsecondary education, a special admissions procedure may be employed, on a case by case basis, to determine the level of education earned and/or what additional preparation will be required in order to meet the admissions standard. | This criterion has been deleted as it has been addressed elsewhere. |  |
| **Criterion 6.5 -- Advanced standing**  The program must demonstrate an acceptable process for assuring equivalent competence in the acceptance of transfer and prior learning credits.  **Guideline:** A statement of the applicant's prior experience, which may be considered as an equivalency to part of the entrance requirement or to the program's requirements, should be articulated and filed, along with the applicant's materials, when the applicant is accepted, and before any classes are commenced.  **Guideline:** All prior learning and transfer equivalencies should be established, and credit granted, by the end of the first year of enrollment in the professional program, or the student should be dropped from the program.  **Guideline:** Assessment of prior learning and transfer credits should be completed by persons qualified to make such assessments.  **Guideline:** In considering the acceptance of education and training obtained in foreign countries, the program should obtain advisory assistance from a reputable foreign credentials assistance agency for the interpretation of foreign educational credentials to assist with approximating comparable levels of educational achievement in the U.S. | This criterion has been deleted as it has been addressed elsewhere. |  |
| **Criterion 6.6 -- Prerequisites**  The program must show evidence that it has developed appropriate course prerequisites and that students enrolled in a course have completed all prerequisites. | **Criterion 6.4 – Course Prerequisites**  The program must show evidence that it has identified appropriate course prerequisites where applicable, and that students enrolled in a course have completed all necessary prerequisites. |  |
| **Criterion 6.7 -- Recruitment**  The program must observe honest, ethical, and legal recruiting practices. | **Criterion 6.5 -- Recruitment**  The program must observe honest, ethical, and legal recruiting practices. Marketing materials and representations made to prospective students must be clear and accurate. |  |
| **Criterion 6.8 -- English language competency**  (a) English language competency must be required of all students seeking admission to the program taught in English. This may be satisfied by scoring at least 500 on the Test of English as a Foreign Language (TOEFL) and at least the currently reported mean score on the Test of Spoken English (TSE); (b) for those who shall complete the program in another language, a TOEFL score of at least 450 must be obtained and a mean score on the TSE, or the student must have completed a two-year (60 semester credits or 90 quarter credits) baccalaureate level education in an institution accredited by an agency recognized by the U.S. Secretary of Education or from an equivalent English language institution in another country. Applicants who do not satisfy this requirement may be considered for admission with English as a second language, but they must satisfy the proficiency requirement in English before beginning the clinical experience. | **Criterion 6.6 -- English language competency**  The institution’s admissions criteria disclose procedures for verifying appropriate language proficiencies.  a) English language competency is required of all students seeking admission to any program. For English language programs, a recommended minimum score of 500 on the Test of English as a Foreign Language (TOEFL) (or equivalent score in IELTS) and a minimum of the currently reported mean score on the Test of Spoken English (TSE);  (b) For non-English programs, a recommended TOEFL score of at least 450 must be obtained and a minimum mean score on the TSE, or the student must have completed a two-year (60 semester credits or 90 quarter credits) baccalaureate level education in an institution accredited by an agency recognized by the U.S. Secretary of Education or from an equivalent English language institution in another country. Applicants who do not satisfy this requirement may be considered for admission with English as a second language, but the English proficiency requirement must be satisfied prior to commencing the clinical training phase. |  |
| **Criterion 6.9 -- Enrollment**  Participation in courses in homeopathy presume two years of accredited, postsecondary education at the baccalaureate level prior to enrollment in such courses. Non- matriculated students must meet all entry requirements and course prerequisite requirements for participation in particular courses with the exception of courses which may be open to the general public. Programs must have clearly defined policies with respect to allowing non-matriculated students to take courses and must ensure that their participation does not adversely affect the quality of instruction. | **Criterion 6.7 -- Enrollment**  Non- matriculated students must meet all entry requirements and course prerequisite requirements for participation in particular courses with the exception of courses which may be open to the general public. Programs must have clearly defined policies with respect to allowing non-matriculated students to take courses and must ensure that their participation does not adversely affect the quality of instruction.  **Guideline:** All prior learning and transfer equivalencies should be established, articulated and filed, along with the applicant's materials and applied to admission requirement and/or to advanced standing placement, by the start of the first enrollment period and/or before any classes are commenced.  **Guideline:** A statement of the applicant's prior experience, which may be considered as an equivalency to part of the entrance requirement or to the program's requirements, should be articulated and filed, along with the applicant's materials, when the applicant is accepted, and before any classes are commenced.  **Guideline:** The institution’s enrollment agreements/documents clearly identify the educational offering and assure that each applicant is fully informed of the rights, responsibilities, and obligations of both the student and the institution prior to applicant signature.  **Guideline:** Tuition (and all additional fees, i.e., applicant/student verification and other distance learning technologies, supervision, etc.) and refund policies are disclosed on all enrollment agreements. |  |
| **Criterion 6.10 -- Retention and Graduation Rates**  If the program's student retention rate falls below sixty-five percent (65%) or if the program's graduation rate falls below fifty percent (50%), ACHENA shall review the program to determine if it remains in compliance with the accreditation criteria (in trial status). | **Criterion 6.8 -- Retention and Graduation Rates**  The program's student retention rate must be a minimum of sixty-five percent (65%) and the graduation rate must be a minimum of fifty percent (50%). |  |

**Standard 7: Assessment**

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| **Current Standard** | **Proposed Revision** | **Insert comments in this column** |
| **Standard 7 – Assessment**  The program shall demonstrate a commitment to excellence through assessment, which assures that its goals and objectives are met, enhances the quality of professional education  and training obtained by its students, and contributes to the fulfillment of its institution’s mission and program educational objectives and competencies. The program shall demonstrate  and document an assessment system that provides accurate information to the student and to the program of the student’s educational progress regarding relevant knowledge, skills, clinical  skills and competencies and attitudes. | **Standard 7 – Evaluation of Student and Programmatic Assessment, Achievement and Satisfaction**  The program shall demonstrate a commitment to student academic and professional achievement through excellence in student and programmatic assessment processes. The institution shall demonstrate how its educational objectives and competencies are met and how this enhances the quality and satisfaction of professional education and training obtained by students.  **Goals and Objectives**  Programmatic goals and objectives describe the intended achievements of the institution.  Course level goals and objectives describe the intended achievements at course level.  **Outcomes**  Programmatic outcomes catalogue the overarching "end products" of the program and are the evidence for the extent to which successful learning and other institutional parameters contributed to the achievement of student competency and stated goals and objectives.  Course level learning outcomes list measurable and essential mastered content-knowledge—reflecting skills and competencies that students can successfully demonstrate upon course completion.  Assessable outcomes at the course and programmatic levels can be observed and evaluated against growing student competency and other institutional criteria to determine the extent to which stated goals and objectives have been attained.  The school systematically collects and rigorously analyzes quantifiable and observable evidence of individual and programmatic level learning and growth from multiple valid and reliable sources. Evidence of deficiencies in the achievement of outcomes initiates a process guided by policies and procedures to improve curricular and programmatic effectiveness, instructional practices, professional development, and support services as needed. Progress is systematically and regularly communicated and maintained on a collaborative basis among students, faculty and administration.  An assessment system that provides accurate information includes an Assessment Plan that describes a range of fair, objective and consistent outcomes and assessment practices measuring students’ progress regarding relevant knowledge, skills, clinical skills, competencies and attitudes. These comprise an important source of data for the institutional review process and contribute to the fulfillment of the institution’s mission. |  |
| **Criterion 7.2 -- Measurement of Student Achievement**  The program must establish principles and methods for the ongoing assessment of  student achievement. A variety of assessment measures must be systematically and  sequentially applied throughout the program in homeopathy. Assessment processes  must measure rates of student drop out, course completion and student performance in  the professional competencies as outlined in Standard 8 and the achievement of program educational objectives. | **Criterion 7.1 – Measurement of Student Achievement**  The institution defines standards for student achievement and assesses its performance against those standards. Through regular and systematic assessment, the institution demonstrates that students who complete programs achieve the identified outcomes and competencies and that the standards for student achievement are met. Program and course level learning outcomes describe academic competencies obtained as students progress through the program and define the knowledge and skills that students possess upon its successful completion.  **Guideline:** Assessment processes measure student performance in the professional competencies. The institution uses the information gained from assessments to improve student learning in conjunction with faculty and students.  **Guideline:** The program shall systematically and sequentially document quantitative and qualitative, direct and indirect as well as formative and summative evaluation processes to measure competency levels as outlined in the standard describing the Program of Study. These may include among others:  -Oral and written examinations of didactic material.  -Clinical performance at all stages of the program  -Milestone exams  -Case reports on clinical and differential diagnoses  -Scientific literature reviews  -Structured observation and evaluation  -Student case taking and decision-making ability  -Review of patient charts  -Student self-evaluations and reflection  -Student and patient surveys  Assessment practices are listed on course syllabi and grading procedures and random samples are available for evaluation.  **Guideline:** Program Learning Outcomes are comprised of key performance indicators (KPI) such as:  -Minimum 65% programmatic retention rate.  -Minimum 50% graduation rate in any one year.  -% of student numbers completing within 3 years – full time.  -% of student numbers completing within 6 years – part time.  -% of student numbers employed (including self employed) within one year.  -% graduating within 150% of time to completion.  -Evaluation of programmatic and professional competencies.  -Alumni satisfaction surveys at a minimum of every 3 years.  -Annual faculty surveys.  -Faculty training opportunities available.  -Key financial ratios.  -Matriculation rates  The program selects and justifies outcomes obtained.  **Guideline:** Student achievement metrics are formalized, accessible to students and consistent with the mission. Compliance is ensured through an internal audit process.  **Guideline:** Faculty receive regular training on optimal assessment practices and forms a part of the new faculty orientation process.  **Guideline:** The program tracks remediation rates and quality that may point out program weaknesses. |  |
|  | **Criterion 7.2 – Measurement of Student Satisfaction**  **Guideline:** Student satisfaction is measured by regular and comprehensive student surveys, program retention and pass rates and perception of administrative, educational and other support services provided including, as appropriate, consideration of course completion, provincial licensing and or duly recognized certification examinations and job placement rates.  Student satisfaction is, in part, reflected by student achievement which can be measured in numerous ways. These may include:  1-program referrals  2-Program retention rates  3-Grievance complaints  4-Alumni engagement  5-Job placement rates (including self employment)  6-By regular and comprehensive student surveys measuring program satisfaction and student perception of administrative, educational and other support services. |  |
| **Criterion 7.3 -- Assessment of Graduates' Success**  The program must maintain appropriate records of the professional career development of its graduates including: rates of students taking and passing national certification exams, rates of graduate employment in the field of homeopathy and other measures  which may include publications, teaching, further study or other contributions to the field. | **Criterion 7.3 -- Assessment of Graduates' Success**  Graduate success is measured by achievement levels on certification exams and job placement, including self-employment rates, if reliable and readily available. Data sources must be provided.  **Guideline:** Reliably sourced success rates on certification examinations are provided on an annual basis.  **Guideline:** Formal and informal alumni and/or employer surveys are performed and analyzed on an intermittent basis.  **Guideline:** All programs, regardless of location or means of delivery including distance education, are consistent with the institution’s mission, are appropriate to higher education and culminate in the attainment of identified student learning outcomes and the achievement of diplomas, employment and transfer to other higher education programs. |  |
| **Criterion 7.4 -- Standard Measurement**  Equivalent methods and standards of student assessment must be applied at all  institutional sites, including externships. | **Criterion 7.4 -- Standard Measurement**  Equivalent methods and standards of student assessment must be applied and demonstrated for all externship and other external or outsourced clinical sites. |  |
| **Criterion 7.5 -- Programmatic Review**  1. The program, with appropriate involvement from all program constituencies,  engages in regular, ongoing assessment, which addresses  a. Its effectiveness in achieving program goals and objectives (i.e., its  outcomes);  b. How its goals and objectives are met (i.e., its processes); and  c. Its procedures to make program changes as necessary (i.e., feedback loop  for improvement).  2. The program demonstrates commitment to excellence through periodic,  systematic reviews of its goals and educational objectives, training model,  teaching methodologies, use of distance learning technologies and curriculum to  ensure their appropriateness in relation to:  a. The program's mission and goals;  b. Local, regional and national needs for homeopathic services;  c. National standards of professional competency and practice;  d. The evolving body of scientific and professional knowledge;  e. Its graduates' job placements and career paths.  3. The program must assess the effectiveness of its training and the  accomplishment of its stated objectives by measuring and documenting  achievements of a sufficient number of students and graduates in verifiable and  internally consistent ways. | **Criterion 7.5 -- Programmatic Review Process**  The institution demonstrates a commitment to educational improvement through ongoing attention to defined goals for retention, persistence and completion rates that are appropriate to its mission and student population.  **Guideline:** The institution collects and analyzes information on student retention, persistence and completion of programs to make improvements as warranted by the data.  **Guideline:** The program, with appropriate involvement from all program constituencies, engages in regular and ongoing continuous improvement processes to:  1 – Ensure its effectiveness in achieving program goals, objectives and outcomes.  2 – Ensure that policies and procedures are revised as necessary to ensure a reliable and representative feedback loop.  3 - The program demonstrates commitment to excellence through periodic and systematic reviews of the effectiveness and suitability of its goals and educational objectives, training model, mode of delivery and appropriateness. |  |
| **Criterion 7.5 -- Assessment Practices for Distance Learning Students**  The program must have policies and procedures to verify the authenticity of distance learning student’s work on exams, papers and casework. Programs that meet this standard would likely employ methods such as-- a secure login and pass code; proctored  examinations; and use of new or other technologies and practices that are effective in  verifying student identity.  **Guideline:** Assessment practices for distance learning students must be of comparable intensity and comprehensiveness as assessment practices in place for on-campus students.  **Guideline:** Institutions and programs that employ distance learning must have a process for direct observation and assessment of the clinical skills of distance learning students. This should include strategies such as: use of real-time synchronous distance learning technologies that allow for direct supervisor’s observation and assessment of the student’s clinical skills; or, supervisor’s review  of videotaped sessions in which one camera is focused on the student and another camera is focused on the client; or similar arrangement.  **Guideline:** Institutions and programs that employ distance learning must directly observe a sufficient body of the student’s clinical case work in order to  effectively assess the student’s skills and provide clinical mentoring. Observation must be of sufficient intensity and frequency to ensure that, by graduation, students have attained competency in the full range of skills required for practice. | **Criterion 7.6 -- Assessment Practices for Distance Learning Students**  The program must have policies and procedures to verify the authenticity of distance learning student’s work on exams, papers and casework. Programs that meet this standard would likely employ methods such as-- a secure login and pass code; proctored examinations; and use of new or other technologies and practices that are effective in verifying student identity.  **Guideline:** Assessment practices for distance learning students must be of comparable intensity and comprehensiveness as assessment practices in place for on-campus students.  **Guideline:** Institutions and programs that employ distance learning must have a process for direct observation and assessment of the clinical skills of distance learning students. This should include strategies such as: use of real-time synchronous distance learning technologies that allow for direct supervisor’s observation and assessment of the student’s clinical skills; or, supervisor’s review of videotaped sessions in which one camera is focused on the student and another camera is focused on the client; or similar arrangement.  **Guideline:** Institutions and programs that employ distance learning must directly observe a sufficient body of the student’s clinical case work in order to effectively assess the student’s skills and provide clinical mentoring. Observation must be of sufficient intensity and frequency to ensure that, by graduation, students have attained competency in the full range of skills required for practice. |  |

**Standard 8: Program of Study**

**No proposed revisions to Standard 8 at this time.**

**Standard 9: Faculty**

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| **Current Standard** | **Proposed Revision** | **Insert comments in this column** |
| **Standard 9 - Faculty**  The program should have faculty adequate for the programs offered. | **Standard 9 - Faculty Qualifications**  Institutions demonstrate that qualified individuals serve in all relevant academic roles and contribute to the academic process. The program should provide for a sufficient number of qualified faculty to support the program. Professional training opportunities are monitored and made available where possible. |  |
| **Criterion 9.1** -- Faculty Size and Qualifications  The program must maintain a faculty that is academically qualified and numerically sufficient to perform responsibilities assigned to it. | **Criterion 9.1** -- Faculty Size  The program maintains a sufficient number of faculty to meet program needs. |  |
| **Criterion 9.2** -- Faculty Background and Experience  The general education, the professional education, the teaching experience, and the practical professional experience must be appropriate for the subject area taught. Every faculty member must demonstrate successful experience and provide continuing evidence of keeping abreast of developments in his or her field.  **Guideline:** Qualifications for core faculty include the following:  1. Completion of certification equivalent to that provided by The Council for Homeopathic Certification.  2. Completion of a professional program in homeopathy.  3. Three years of professional practice.  **Guideline:** The program should verify the appropriate credentials of its faculty and maintain such in the faculty member's file. | **Criterion 9.2** -- Faculty Qualifications  All faculty members demonstrate an appropriate level of education and experience to achieve educational objectives and to be able to provide individualized instruction to students as needed.  **Guideline:** Qualifications for core faculty include the following:  1. Completion of a full professional program in homeopathy.  2. Completion of certification equivalent to that provided by The Council for Homeopathic Certification.  3. A minimum of three years of professional practice experience.  **Guideline:** The program implements appropriate policies and procedures and maintain hiring documents that verify the personal and professional credentials of its faculty and maintain such in the faculty member's file.  Institutions consider pertinent legal requirements in the areas of non-discrimination, equal opportunity, and affirmative action employment practices.  **Guideline:** Faculty resumes, official transcripts, copies of applicable licenses and other credentials are kept on file. Contracts should clearly specify responsibilities. |  |
| **Criterion 9.3** - Professional Development and Benefits  Conditions of service must be both adequate and equitable, and administered ethically, to provide faculty members with academic freedom, opportunities for professional growth and development, and adequate preparation time.  **Guideline:** Faculty contracts should clearly specify responsibilities.  **Guideline:** Provisions for benefits and/or professional development should be renewed periodically.  **Guideline:** Evaluation of individual faculty performance should be carried out periodically. | **Criterion 9.3** - Professional Conditions of Service  Employment conditions are fair and equitable. Members are provided with opportunities for professional growth and development as well as academic freedom.  **Guideline:** Provisions for benefits and/or professional development are reviewed periodically.  **Guideline:** The institution has an academic freedom policy in place.  **Guideline:** The institution regularly evaluates faculty performance using clear and consistent procedures and is carried out on a regular basis. |  |
| **Criterion 9.4 -- Policies and Procedures**  The recruitment, appointment, promotion and retention of well-qualified faculty members must be outlined in policies and procedures that are stated clearly in institutional documents. Due attention must be given to pertinent legal requirements in areas of non-discrimination, equal opportunity, and affirmative action employment practices. | **Criterion 9.4** **– Faculty Training**  Continuous training on policies, student needs, instructional methods and technologies is available and required. |  |
| **Criterion 9.5** **– Communication**  Provision must be made for regular and open communication among members of the faculty and between the faculty and administrative officers of the institution.  **Guideline**: The faculty should hold meetings several times a year to consider educational policies and issues.  **Guideline**: Minutes of faculty meetings should be taken and should be kept in a  permanent file within the institution. | **Criterion 9.5** **– Communication**  The institution promotes a climate of regular and open communication among members of the faculty and between the faculty and administrative officers of the institution.  **Guideline:** A culture of commitment and collaboration among administrators, faculty, and staff to provide quality educational programs for continued growth is apparent.  **Guideline**: The faculty is encouraged to form an independent faculty body and hold meetings on a regular basis to consider relevant issues, educational policies and teaching/grading procedures.  **Guideline**: Minutes of faculty meetings are maintained and stored within the institution. |  |

**Standard 10: Student Services**

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| **Current Standard** | **Proposed Revision** | **Insert comments in this column** |
| **Standard 10 - Student Services**  The program shall provide student services and activities that reflect the program's objectives, create good student morale, and assist students in the achievement of personal and professional growth while making progress toward their career goals. | **Standard 10 - Student Services**  The program provides accessible and effective student services and student support programming that reflect the program's objectives, create good student morale, and assist students in the achievement of personal and professional growth while making progress toward their educational goals. |  |
| **Criterion 10.1 -- Support fulfillment of objectives**  Student services and activities must fulfill the objectives of the program and meet public and community service needs.  **Guideline 1:** The institution or program should assure all students, including distance learning students, have access to a well-developed program of counseling, advisement, orientation, financial aid and career development, placement. The organization of the services, as well as the resources and staffing provided, should be determined by the institution as long as provision for all of the above services is made. | **Criterion 10.1 -- Fulfillment of objectives**  Student services and programming fulfills the objectives of the program and be guided by a philosophy that reflects the institution’s mission and special character.  **Guideline 1:** The Student Services program systematically identifies the characteristics and needs of its student population and shows evidence of designing, implementing, reviewing and revising programming to meet these needs.  **Guideline 2:** The program assures all students, including distance learning students, have access to effective counseling, advisement, orientation, financial aid, career development and placement support services. The organization of the services, as well as the resources and staffing provided, is determined by the institution as long as provision for all of the above services is made.  **Guideline 3:** In providing services, the program adheres to both the spirit and intent of equal opportunity and its own goals for diversity, equity, and inclusion. |  |
| **Criterion 10.2 -- Published, fair student policies**  The program must develop a statement of student rights, privileges and responsibilities of students and of disciplinary proceedings for violations of those responsibilities. This statement must be made available to students through the catalog, student handbook other appropriate means.  **Guideline**: There should be a fair and formal process for the faculty or administration to follow when taking any action that adversely affects the status of a student. The process should include timely notice of the impending action, disclosure of the evidence on which the action would be based, and an opportunity for the student to respond.  **Guideline**: The enrollment, cancellation, and refund policies should comply with applicable federal and state laws and regulations. | **Criterion 10.2 – Published student policies**  The program has a statement of student rights, privileges and responsibilities of students and of disciplinary proceedings for violations of those responsibilities. This statement is made available to students through the catalog, student handbook and other appropriate means.  **Guideline**: There is a fair and formal process for the faculty or administration to follow when taking any disciplinary action that affects the enrollment status of a student.  **Guideline**: The enrollment, cancellation, and refund policies comply with applicable federal and state laws and regulations. |  |
| **Criterion 10.3 -- Opportunity to be heard**  Some provision or vehicle must be provided for obtaining student views in the decision- making process of the institution.  **Guideline**: The interest of students and alumni in institutional development should be encouraged.  **Guideline**: Student personnel policies should foster associations among students, faculty, and the administration and provide opportunities for the development of individual potential. | **Criterion 10.3 – Inclusion of Student Voice**  Provision is made for obtaining student perceptions in the decision- making process of the institution.  **Guideline**: A student(s) is part of and participates in a formal institutional decision-making body  **Guideline**: The interests of students and alumni in institutional development are encouraged.  **Guideline**: In order to develop community, institutional policies and procedures foster associations among students, faculty, and the administration. |  |
| **Criterion 10.4 -- Grievances**  The program must have fair and efficient procedures for reviewing and responding to legitimate grievances made by students and must maintain a record of all student complaints during the preceding three-year period demonstrating that these complaints were handled in a fair and equitable manner.  The program must disclose the Commission's address in its published policy on student complaints so that, if upon the program's disposition of a legitimate student complaint, the student is not satisfied that the program has adhered to its policy or been fair in its handling of the complaint, the student may contact the Commission. | **Criterion 10.4 -- Grievances**  The program has fair and efficient procedures for reviewing and responding to grievances made by students and must maintain a record of all student complaints during the preceding ten-year period demonstrating that these complaints were handled in a fair and equitable manner.  The process includes genuine attempts at resolving conflict prior to any grievance process. Provision is made for the disclosure of the evidence on which the action is based and an opportunity for the student to respond. Actions are taken in a timely manner, be fair, orderly, equitable and organized.  The program discloses the Commission's contact information in its published policy on student complaints so that, if upon the program's disposition of a legitimate student complaint, the student is not satisfied that the program has adhered to its policy or been fair in its handling of the complaint, the student may contact the Commission. ACHENA’s role in these matters relates specifically to the school’s application of their own policies and procedures. |  |

**Standard 11: Physical Facilities**

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| **Current Standard** | **Proposed Revision** | **Insert comments in this column** |
| **Standard 11 - Physical Facilities**  The program shall provide facilities that are safe, accessible, functional, flexible, appropriately maintained and sufficient to house the program, to provide for effective functioning, and to accommodate the staff and the student body. The facilities shall include a clinic and, if applicable, an homeopathic dispensary; appropriate media and learning equipment adequate for the educational programs offered; or in lieu of a clinic, have made specific long range written arrangements for reasonable student access to such resources. | **Standard 11 - Infrastructure**  The program provides facilities that are safe, accessible, functional, flexible, appropriately maintained and sufficient to house the program, to provide for effective functioning, and to accommodate the staff and the student body. The facilities shall include a clinic and, if applicable, a homeopathic dispensary; appropriate media and learning equipment adequate for the educational programs offered. The program demonstrates that physical and IT resources are adequate to meet the school’s mission and that adequate data recovery and business continuity planning exists. |  |
| **Criterion 11.1 -- Classroom Size and Equipment**  The program must provide classroom space properly equipped for and appropriate to its curriculum and size. | **Criterion 11.1 Virtual and Physical Facilities and Equipment for Students**  Adequate physical facilities, such as classroom, clinic, and conference and study areas, and/or virtual spaces and appropriate media and learning equipment are provided that are appropriate to its curriculum and size in service of the school’s mission. |  |
| **Criterion 11.2 -- Compliance with Standards**  Facilities must meet all federal, state, and local fire, safety, and health standards. | **Criterion 11.2 - Compliance with Safety Standards**  Program delivery infrastructure meets all federal, state, and local fire, safety, workplace and health standards and must have an emergency preparedness plan in place. |  |
| **Criterion 11.3 – Upkeep**  Provisions for the cleaning, repair and maintenance of buildings and grounds, and specific responsibilities for the care of grounds, security, fire protection, utilities and plant upkeep must be maintained appropriately. | **Criterion 11.3 – Upkeep and Capital Improvement Plans**  Provisions for the regularly scheduled cleaning, repair and maintenance and improvement of buildings and grounds, and specific responsibilities for the care of grounds, security, fire protection, utilities and plant upkeep are maintained appropriately. Additionally, provisions for systems protections and maintenance, IT support and contingency structures, and regular review of those systems and protections are maintained. |  |
| **Criterion 11.4 -- Staff and faculty space and equipment**  Adequate facilities and appropriate media and learning equipment must be available for administrative and faculty support as well as for students.  **Guideline**: Facilities and equipment should be adequate to maintain and process records. | **Criterion 11.4 Staff and faculty space and equipment**  Adequate physical facilities, such as classroom, clinic, and conference and study areas, and/or virtual spaces and appropriate media and learning equipment are available for administrative and faculty support.  **Guideline**: Facilities and equipment are adequate to maintain and process records. |  |
| **Criterion 11.5 - Clinic space and equipment**  The program must provide clinic space with sufficient equipment and facilities. | **Criterion 11.5 - Clinic space and equipment**  The program provides clinic space with sufficient and well-maintained equipment and facilities. |  |

**Standard 12: Financial Resources**

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| **Current Standard** | **Proposed Revision** | **Insert comments in this column** |
| **Standard 12 - Financial Resources**  The program shall have an adequate financial base for existing program commitments, shall provide evidence of adequate financial planning and shall have an appropriate financial management system. The program must be financially stable, with resources sufficient to carry out its objectives, to complete the instruction of all enrollees, and to support adequately its programs and activities now and in the foreseeable future. In the case of a program in an institution that is a sole-proprietorship, books and bank accounts for the program are required, and those books shall be distinct from the books and accounts for any other enterprise owned by the proprietor. | **Standard 12 - Financial Resources**  The program has an adequate financial base for existing program commitments, shall provide evidence of adequate financial planning and shall have an appropriate financial management system. The program is financially stable, with resources sufficient to carry out its objectives, to complete the instruction and graduate all of enrollees, to support adequately its programs and activities, and to support programmatic improvement now and in the foreseeable future. In the case of a program in an institution that is a sole-proprietorship, books and bank accounts for the program are required, and those books shall be distinct from the books and accounts for any other enterprise owned by the proprietor.  The institution’s financial planning, including contingency planning, is integrated with overall strategic planning and evaluation processes. |  |
| **Criterion 12.1 -- Resources**  The program shall have the financial capacity to respond to financial emergencies or unforeseen occurrences. If an accumulated deficit has been recorded, a realistic plan with reasonable and attainable benchmarks to eliminate the deficit must be clearly presented, understood, and approved by the governing entity. If a program has an operating loss for three consecutive years, it will be required to submit a financial plan. | **Criterion 12.1 -- Resources**  The institution has sufficient planning for, management and allocation of the resources necessary to achieve its mission.  Guideline 1: The program has the financial capacity and contingency planning to respond to financial emergencies or unforeseen occurrences. If an accumulated deficit has been recorded, a realistic plan with reasonable and attainable benchmarks to eliminate the deficit must be clearly presented, understood, and approved by the governing entity. If a program has an operating loss as measured by financial documents submitted in Annual Reports for three consecutive years, it will be required to submit a financial recovery plan.  Guideline 2: The program devotes sufficient resources to enhance its information and technological resources including, where applicable, online instructional design and training for faculty, training for faculty/students in online learning technologies and in the development and maintenance of online learning technologies and digital learning resources. |  |
| **Criterion 12.2 - Control**  The institution must have control of its financial resources and budgetary processes and be free from undue influence or pressure from external funding sources or agencies. In multi-purpose institutions, the program must have sufficient control over its program budget. | **Criterion 12.2 - Control**  The institution has control of its financial resources and budgetary processes and be free from undue influence or pressure from external funding sources or agencies. In multi-purpose institutions, the program must have sufficient control over its program budget. |  |
| **Criterion 12.3 - Expenditure**  The income of the program must be expended to provide adequately for instruction, administration, learning resources, student services and activities, maintenance, equipment, supplies, and other specific functions that are consistent with the goals of the program. | **Criterion 12.3 - Expenditure**  The income of the program is expended to provide adequately for instruction, administration, learning resources, student services and activities, maintenance, equipment, supplies, and other specific functions that are consistent with the goals of the program. |  |
| **Criterion 12.4 - Budgetary Process**  The process by which the program's annual budget is established, and resources allocated, must be clearly defined and consistently implemented. It must provide a realistic projection of the program's revenue and expenditures. The budget must be reviewed and approved by the institution's governing entity. The program must be able to project its expenditures and revenues for at least a three-year period. The budget shall include notes explaining the assumptions on which the projected figures are based, e.g., the basis for increases or decreases in revenue or expenses. | **Criterion 12.4 - Budgetary Process**  The process by which the program's annual budget is established, and resources allocated, is clearly defined and consistently implemented. It provides a realistic projection of the program's revenue and expenditures. The budget is reviewed and approved by the institution's governing entity.  Guideline 1: The program projects its expenditures and revenues for at least a three-year period. The budget shall include notes explaining the assumptions on which the projected figures are based, e.g., the basis for increases or decreases in revenue or expenses. |  |
| **Criterion 12.5 - Management**  An accrual basis of accounting is required. The financial management system must be set up to allow for a full audit by an outside independent licensed CPA if, in ACHENA’s opinion, an audit is deemed necessary. Each year, a financial statement must be prepared by schools and submitted with its Annual Report. This yearly financial report must include:  ● Most recent Tax Return (prepared by a licensed CPA)  ● Current Budget, Balance Sheet, Profit & Loss Statement (may be prepared by bookkeeper or accountant).  These documents must be reviewed for accuracy by the appropriate individuals or responsible groups within the institution. The above documents must be submitted with an affirmation sheet signed by the Director of the institution. | **Criterion 12.5 - Management**  An accrual basis of accounting is required. The financial management system must be set up to allow for a full audit by an outside independent licensed CPA if, in ACHENA’s opinion, an audit is deemed necessary. Each year, a financial statement must be prepared by schools and submitted with its Annual Report. This yearly financial report must include:  ● Most recent Tax Return (prepared by a licensed CPA)  ● Current Budget, Balance Sheet, Profit & Loss Statement (may be prepared by bookkeeper or accountant).  These documents must be reviewed for accuracy by the appropriate individuals or responsible groups within the institution. The above documents must be submitted with an affirmation sheet signed by the Director of the institution. |  |
| **Criterion 12.6 - Evaluation of the School’s Finances**  To provide a detailed and accurate picture of the financial status of the program, new applicants and applicants for reaccreditation must provide the following:  ● A current Financial Review (prepared by a licensed CPA).  ● Three years most recent tax returns (prepared by a licensed CPA).  ● Current budget and two years projected budgets (may be prepared by bookkeeper or accountant).  ● Current Balance Sheet and two preceding years Balance Sheets (may be prepared by bookkeeper or accountant).  ● Current Profit & Loss Statements and two preceding years Profit & Loss statements (may be prepared by bookkeeper or accountant).  These documents must be reviewed for accuracy by the appropriate individuals or responsible groups within the institution. The above documents must be submitted with an affirmation sheet signed by the Director of the institution. | **Criterion 12.6 - Evaluation of the School’s Finances**  To provide a detailed and accurate picture of the financial status of the program, new applicants and applicants for reaccreditation must provide the following:  ● A current Financial Review (prepared by a licensed CPA).  ● Three years most recent tax returns (prepared by a licensed CPA).  ● Current budget and two years projected budgets (may be prepared by bookkeeper or accountant).  ● Current Balance Sheet and two preceding years Balance Sheets (may be prepared by bookkeeper or accountant).  ● Current Profit & Loss Statements and two preceding years Profit & Loss statements (may be prepared by bookkeeper or accountant).  These documents must be reviewed for accuracy by the appropriate individuals or responsible groups within the institution. The above documents must be submitted with an affirmation sheet signed by the Director of the institution. |  |
| **Criterion 12.7 - Indebtedness**  Adequate resources must be available to meet debt-service requirements of short-term and long-term indebtedness without adversely impacting the quality of the program. | **Criterion 12.7 - Indebtedness**  Adequate resources are available to meet debt-service requirements of short-term and long-term indebtedness without adversely impacting the quality of the program. |  |
| **Criterion 12.8 - Financial aid operation**  If the program utilizes public resources for financial aid, the financial aid operation must be capably administered as documented by reports from the funding source. | **Criterion 12.8 - Financial aid operations**  If the program utilizes public resources for financial aid, the financial aid operation is capably administered as documented by reports from the funding source.  If the program utilizes private resources for financial aid in the form of scholarships or work study, the financial aid operation must be capably administered as documented by reports. |  |
| **Criterion 12.9 - Default rate**  If the program's cohort default rate exceeds 25%, or if it is 15% or higher and has increased 50% over the prior year's rate, the Commission shall review the program to determine if it remains in compliance with the accreditation criteria. | **Criterion 12.9 - Student Loan Default rate**  If the program's cohort default rate exceeds 25%, or if it is 15% or higher and has increased 50% over the prior year's rate, the Commission shall review the program to determine if it remains in compliance with the accreditation criteria. |  |
| **Criterion 12.10 - Refund Policy**  The program must clearly define and uniformly follow a fair and equitable refund policy for unearned tuition that complies with applicable state and federal laws and regulations.  **Guideline:** The pro rata amount may be computed by using the ratio of the number of weeks of instruction completed to the total number of weeks of instruction scheduled for the period of enrollment.  **Guideline**: Refund computations should apply to the stated tuition charges attributable to each school term. | **Criterion 12.10 - Refund Policy**  The program clearly defines and uniformly follows a fair and equitable refund policy for unearned tuition that complies with applicable state and federal laws and regulations.  **Guideline:** The pro rata amount may be computed by using the ratio of the number of weeks of instruction completed to the total number of weeks of instruction scheduled for the period of enrollment. In some jurisdictions the state or provincial licensing guidelines take precedence.  **Guideline**: Refund computations should apply to the stated tuition charges attributable to each school term (semester, quarter, trimester, etc.) |  |

**Standard 13: Publications and Advertising**

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| **Current Standard** | **Proposed Revision** | **Insert comments in this column** |
| **Standard 13 - Publication and Advertising**  The institution shall publish, and make available to students and to the general public, a catalog or comparable official publication that honestly and accurately sets forth its:   * Current purposes and educational objectives * Entrance requirements and procedures * Admissions and transfer credit policies * Rules and regulations for conduct and attendance * Opportunities and requirements for financial aid (if applicable) * Procedures for discipline and or dismissal (for academic and other reasons) * Grievance procedures for students * Grading policy * Fees and equitable refund policies * Program completion and performance requirements * Members of the administration * Professional education and qualifications of full- and part-time faculty (If degrees are listed, the institution from which the higher degree was issued must be listed; when indicating an earned doctorate, designation of the country of origin, other than the U.S., in which the degree is conferred shall be listed, e.g., Ph.D. (UK), M.D. (China) * Members of the governing and advisory boards * Non-discrimination policy * Curriculum with course descriptions of each course * Academic calendar * Course schedule * Description of each academic program and course of study * Description of the learning and other physical resources * Sources from which students and prospective students can obtain the legal requirements for licensure and entry into the profession in the state in which the program is located and other states in which the program is explicitly approved for its graduates to sit for licensure. The program shall also state whether its graduates are eligible for licensure in the state in which the program is located. | **Standard 13 - Publication and Advertising**  Publications, advertising, and other communications of information concerning the institution's programs, services, activities, and personnel fully disclose the institution's educational offerings and represent them to students, faculty, staff, the public and the Commission in language that is accurate, honest, clear, and unambiguous. |  |
| **Criterion 13.1 - Completeness and Accuracy**  Publications, advertising, and other communications of information concerning the institution's programs, services, activities, and personnel must fully disclose the institution's educational offerings and must represent them to students, faculty, staff, the public and the Commission in language that is accurate, honest, clear, and unambiguous.  **Guideline**​: Degree titles of faculty should reflect the actual degree conferred. | **Criterion 13.1 - Completeness and Accuracy**  The institution publishes, and makes available to students and to the general public (where applicable), an Academic Catalogue or comparable official publication that honestly and accurately sets forth its:   * Current purposes and educational objectives * Entrance requirements and procedures * Admissions and transfer credit policies * Rules and regulations for conduct and attendance * Opportunities and requirements for financial aid (if applicable) * Procedures for discipline and or dismissal (for academic and other reasons) * Grievance procedures for students * Grading policy * Fees and equitable refund policies * Program completion and performance requirements * Members of the administration * Professional education and qualifications of full- and part-time faculty (If degrees are listed, the institution from which the higher degree was issued must be listed; when indicating an earned doctorate, designation of the country of origin, other than the U.S., in which the degree is conferred shall be listed, e.g., Ph.D. (UK), M.D. (China) * Members of the governing and advisory boards * Non-discrimination, diversity, equity, and inclusion policies * Curriculum with course descriptions of each course * Academic calendar * Course schedule * Description of each academic program and course of study * Description of the learning and other physical resources * Sources from which students and prospective students can obtain the legal requirements for certification or licensure and entry into the profession in the state in which the program is located. The program shall also state whether ­its graduates are eligible for licensure in the state in which the program is located.   The institution publishes, and makes available to students and to the general public (where applicable), a Clinical Training Handbook or comparable official publication that accurately sets forth its:   * Clinical and supervision training hour requirements * Synchronous, asynchronous and live clinical training model * Clinical entrance requirements * Clinical competencies required for graduation * Clinical record-keeping requirements * Direct and indirect supervision requirements |  |
| **Criterion 13.2 - Accurate disclosure**  Programs, courses, services, and personnel not available during a given academic year must be identified clearly. | **Criterion 13.2 - Accurate disclosure**  Programs, courses, services, and personnel not available during a given academic year are identified clearly. |  |
| **Criterion 13.3 - Representation of opportunities**  Publications and advertising must not misrepresent employment, career, or licensure opportunities. | **Criterion 13.3 - Representation of opportunities**  Publications and advertising does not misrepresent employment, career, or certification opportunities. |  |
| **Criterion 13.4 - Status with ACHENA**  The program must accurately report its accreditation status and relationship with the Commission according to the statements provided to it by the Commission. | **Criterion 13.4 - Status with ACHENA**  The program accurately reports its accreditation status and relationship with the Commission according to the statements provided to it by the Commission. |  |

**Standard 14: Library and Learning Resources**

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| **Current Standard** | **Proposed Revision** | **Insert comments in this column** |
| **Standard 14 - Library and Learning Resources**  The program shall have learning resources and equipment adequate for the educational programs offered, or shall have made specific long-term written arrangements for access to such resources. | **Standard 14 - Library and Learning Resources**  The institution provides access to library and information resources, services, facilities, qualified staff and associated technologies sufficient to support its teaching and learning objectives and its research and public service mission as appropriate. |  |
| **Criterion 14.1 - Resources and access**  The institution must have its own library or collection of learning resources, or must have executed long-term written contracts providing for usage of other specific library resources for the students if adequate and reasonable accessibility is ensured.  **Guideline:**​ The library's materials, services, and related equipment should facilitate and improve learning, foster inquiry and intellectual development, and support the educational program.  **Guideline:**​ The library should be housed in a convenient location, be available to students, faculty, and the community, as appropriate, and it should contribute sufficiently to the achievement of the educational objectives of the program.  **Guideline:**​ Institutions and programs offering distance education must make reasonable efforts to ensure that distance learning students have access to materials available in the library. This should include opportunities for students to learn about the scope of library holdings and opportunities for them to access these holdings on-line, through homeopathic software programs or through borrowing hard copies of materials via the mail.  **Guideline:**​ Expenditures and materials should be consistent with accepted standards. | **Criterion 14.1 - Appropriate Resources**  The library's materials, services, and related equipment and technologies facilitate and improve learning, foster critical inquiry and intellectual development, and support the educational program.  **Guideline:**​ The library is housed in a convenient physical or digital location, is available to students, faculty, and the community, as appropriate, and provides an atmosphere conducive to study and research.  **Guideline:**​ Institutions and programs offering both in-person and distance education ensure that distance learning students have digital access to equivalent materials available in the library and/or borrowing access of printed library materials. |  |
|  | **Criterion 14.2 - Access**  Physical and digital library facilities are constructed and maintained in accordance with legal requirements to ensure access, safety, security, and a healthy environment with consideration for environmental and ecological concerns.  **Guideline:** Programs offering both in-person and distance education ensure that distance learning students have digital access to equivalent materials available to in-person students in the library and/or borrowing access of printed library materials.  **Guideline:** Programs show evidence of working to meet the varied physical and/or learning needs of students by providing accommodations of special access where requested, i.e., assistive equipment and software. |  |