**ACHENA Self-Study Guide**

**and Template**



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# 1 INTRODUCTION

Assuring quality in homeopathic education is, and has been, a key goal of the profession, homeopathic educational institutions, and the public. The ACHENA was established in 1982 to promote excellence in education and improvement of homeopathic programs and institutions through the accreditation process.

Accreditation requires that a school makes an ongoing commitment to continuous self-assessment relative to achieving its organizational mission, goals and educational objectives as well as meeting accreditation standards. This requires every institution or program seeking initial or continued accreditation to engage in the self-study process that culminates in preparation of a Self-Study Report and subsequent peer review.

**The self-study process does not focus merely on the preparation of a document to meet the external requirements of accreditation. Rather, it helps guide schools in a reflective process used to promote continuous improvement that serves as the platform for documentation of compliance with community defined standards as well as practical organizational strategic planning.**

# 2 ABOUT THIS GUIDE AND OTHER KEY DOCUMENTS

This Self-Study Guide is designed to be sufficiently flexible to accommodate any institutions/program seeking initial accreditation or re-accreditation status with the ACHENA. The guide seeks to:

1. assist programs in developing an effective plan for institutional/program improvement while documenting compliance with ACHENA standards;
2. facilitate the preparation of the Self-Study Report; and
3. aid the institution/program in its preparation for a site visit. The guide is intended to help a program or institution’s self-study process focus upon all the standards and criteria for accreditation that are the basis for the ACHENA's assessment.

This guide includes a Template which must be used as the final Self-Study Report. Also included are specific forms that are used as some of the required appendices.

Other ACHENA documents that will assist in preparing for accreditation review include:

*ACHENA Eligibility and Accreditation Manual*: contains ACHENA’s eligibility criteria and accreditation standards. This document should be referred to continuously during the self-study process.

*ACHENA Policies and Procedures*: describes the policies and procedures used by ACHENA in the accreditation of homeopathic education programs/institutions.

*Site Visit Manual for School Administrators*: includes guidance for School Administrators in preparing for the Site Visit.

*ACHENA Fee Schedule*: posted on the ACHENA website and contains the current fees associated with the accreditation process.

Questions about the accreditation process should be directed to: info@achena.org

# 3 BENEFITS OF THE SELF-STUDY PROCESS

Preparing a Self-Study Report presents programs with a tremendous opportunity for self-reflection and growth. Simply by preparing the Self-Study Report, a program benefits from the exercise of assessing how well its mission reflects that of the institution/program, and how fully it is meeting its own goals and objectives. The report also provides a means of measuring the Program’s own performance against the standards of the profession.

These rewards are amplified by the feedback the Self-Study Report generates from students, faculty, administrators, Site Visitors and ACHENA. Such feedback often lends greater clarity to the Program’s goals and objectives while illuminating its accomplishments and opportunities for growth.

Perhaps the most important result of developing the Self-Study Report is the incentive it provides for future improvement. If a program/institution views its self-study simply as a mandatory exercise of accreditation, it forgoes the opportunity to use the evidence, assessment and conclusions generated by the self-study to chart its future course. Programs/institutions that write the most effective Self-Study Reports are those that recognize and use the self-study as a valuable tool in defining and implementing their own goals.

# 4 PURPOSE AND CONTENT OF THE SELF-STUDY REPORT

The Self-Study Report should serve three primary purposes:

1. Advance institutional/program self-understanding, improvement and growth;
2. Demonstrate to external audiences, such as regulatory bodies and the public, that the institution/program meets community accepted accreditation standards for quality in preparation of professional homeopaths.
3. Demonstrate that the institution’s programs and student learning outcomes are indeed preparing homeopaths for successful professional practice.

For the institution or program to demonstrate its effectiveness relative to the standards, the institution continuously and systematically collects and monitors institutional and program outcome data. The value of institutional and program research cannot be overstated. The Self-Study Report is most useful when it evaluates the extent to which the organization is meeting its stated goals and objectives with a focus on student learning outcomes.

The report should be an analysis of the current status of the institution/program, its plans for future development, as well as the relationship between its plans and budgetary priorities. Because much of the information about an institution or program is readily available in catalogs and other institutional documents, the Self-Study should not be descriptive in nature.

The Self-Study Report should identify issues that require immediate attention, those needing further development, and a well-articulated plan for improvement. In addition to providing evidence of compliance with ACHENA’s accreditation standards and criteria, the Self-Study Report should be a useful and meaningful vehicle for further institutional and program development and the strengthening of program and student learning outcomes. An effective Self-Study Report provides documented evidence that the institution/program is achieving its mission, goals, objectives and outcomes.

The Self-Study Report demonstrates that the program/institution seeking initial accreditation or re-accreditation has engaged in a self-assessment process that involves all relevant program constituencies (e.g., staff, faculty, students, alumni, board members) and provides an assessment of the institution/program's achievements of its mission, goals, objectives and outcomes relative to ACHENA accreditation standards.

A Self-Study Report that does not meet ACHENA requirements may result in rejection of the report by the ACHENA, which may take adverse action consistent with its published policies. (See *ACHENA Policies and Procedures Manual*).

# 5 OVERVIEW OF THE SELF-STUDY PROCESS

Although the self-study process itself is unique to each homeopathic institution/program, the product of the self-study, the Self-Study Report, must appraise every aspect of each homeopathic program as articulated in the Standards and Criteria.[[1]](#footnote-1) The report must specifically address the degree to which it meets each of the ACHENA’s standards, particularly documenting the homeopathic programs’ success with respect to student achievement.

The self-study process and the documentation of outcomes are most effective when there is a broad and ongoing institutional and program commitment to self-examination as a basis of institutional/programmatic improvement. Effective leadership is essential to the self-study to ensure that self-assessment is well planned, organized and documented.

An effective self-study process normally begins with the establishment of a Self-Study Steering Committee appointed by the Chief Executive Officer. The Steering Committee may establish working groups or use existing committees to collect and analyze existing data and other relevant statistics and evaluative reports for analysis related to each of the Standards and related institution-specific issues or concerns. The Steering Committee and any workgroups should include representation from all stakeholders of the academic community: faculty, administration, students and governing body.

The self-study process relies on a range of research tools that should include both quantitative and qualitative approaches with the aim of providing useful information about the institution's mission, goals, objectives, operations, resources, faculty, students, programs, services, activities and the program's performance with respect to the ACHENA's accreditation standards. .

# 6 STRUCTURE OF THE SELF-STUDY

## 6.1 Mobilizing for the Self-Study Process

The self-study process should be initiated no less than 6-12 months in advance of submission of the Self-Study Report to ACHENA. Each institution/program should have a self-study plan, which outlines at a *minimum,* the following elements:

1. State the institution’s unique goals and priorities relative to the self-study.
2. Prepare a calendar and timeline for completing each phase of the Self-Study.
3. Establish the composition and structure of the Steering Committee that is responsible for providing leadership for the self-study process and, as needed, organize working/focus groups and define their role and scope with respect to the self-study process.
4. Establish a reasonable process for participation of the program’s relevant stakeholders (e.g., faculty, administration, staff, students and governance body), and the means by which the results of the self-study process can be communicated with the school community.
5. Identify the data, statistics, reports, surveys, and other relevant information that must be developed and analyzed as part of the self-study process.
6. Articulate the process for writing and finalizing the Self-Study Report, including the documentation of institutional/program and student learning outcomes.
7. Identify appendices to the Self-Study Report that are essential to a fuller understanding of the institutional/program responses to ACHENA standards. These include catalogs, handbooks, audited financial statements and budgetary documentation.
8. Articulate the process of obtaining institutional approval of a final Self-Study Report by the governing board before it is forwarded to the ACHENA.

## 6.2 Outline and General Requirements for a Self-Study Report

### 6.2.1 Expectations for Internal Assessment

Assessment of institutional/program and student learning outcomes must be an integral component of quality assurance and accreditation. As such, institutions must develop and implement a comprehensive assessment program that will result in documented program and student learning outcomes. Specifically, for homeopathic institutions, this means that the assessment process must cover both didactic and clinical competencies as well as assessment of overall institutional components such as administration, governance, finances, student services, faculty, and staff, among others. While it is essential for institutions/programs to comply with all ACHENA standards, the standards are not intended to be prescriptive with respect to particular formats, structures, processes or philosophical principles.

### 6.2.2 Legal and Regulatory Requirements

The Higher Education Act imposes certain requirements on accrediting agencies and on institutions that participate in Title IV student financial aid programs. Some requirements are effected through federal-mandates. In addition to federal laws and regulations governing institutions/programs that are already imposed through Standard 2 of ACHENA standards (e.g., OSHA, HIPAA), institutions and programs should keep in mind the additional requirements listed below. These will be important should ACHENA receive federal recognition from the US Education Department (USED) and the school participate in Title IV Student Aid programs.

1. Title IV Student Aid Cohort Default Rates should be monitored to ensure that they remain within federal limits. If the institution is subject to a pending review or other action by the U.S. Department of Education, the self-study should fully address the issues and plans for remediation.
2. Federal regulations require ACHENA to consider the actions of state agencies and other accreditors when rendering accreditation decisions. The self-study must include copies of state agency and accreditation reports that pertain to the institution/program.
3. Federal USED regulations also require that ACHENA review success with respect to student achievement in relation to the institution/program’s mission, goals and objectives. Self-Study Reports must include a comprehensive review of relevant program outcomes including, for example, course completion rates, graduation rates, pass rates on licensing and national certification exams, and other appropriate data to document student learning outcomes in homeopathic programs.
4. Institutions and programs must demonstrate that they meet relevant state requirements, including state laws and regulations governing licensure of program graduates and authorization to operate and to grant degrees or diplomas.
5. Institutions/programs should consult with ACHENA staff and keep abreast of changes in ACHENA policies, procedures and standards to document compliance with new requirements.

### 6.2.3 Self-Study Timetable

Developing a realistic timetable for the self-study process is critical to the preparation of a meaningful Self-Study Report. The institution/program should create the timetable early in the process, and ensure that it is realistic and takes into account events at the institution that might interrupt the self-study process. The timetable should also consider the current status of the institution/program, including challenges and opportunities. For example, it must allow adequate time to locate and generate relevant information and statistics, develop research questions and areas of inquiry, analyze results, write report drafts, seek comment from institution constituencies and finalize the report.

The ACHENA notifies the institution/program well in advance of the date for submission of its self-study and requires the institution/program accreditation representatives to attend the self-study workshop conducted by the ACHENA. This lead time is intended to provide institutions/programs with adequate time to prepare for and mobilize the self-study process and to submit to ACHENA the final Self-Study Report by the due date. The deadline dates will be scrupulously observed except under extenuating circumstances that require ACHENA’s prior approval. (See, *Policies and Procedures Manual*).

An institution/program begins planning for the (re)accreditation evaluation well in advance of ACHENA action on initial or re-accreditation. Research, assessment and writing the self-study may take 6 months to one year to complete. If the institution/program is encountering challenges or problems, the self-study process should focus on resolving these particular issues.

## 6.3 Planning and Organizing the Self-Study

### 6.3.1 Requirements of the Self-Study

Institutions and programs should rely on existing resources and identify the topics that will be most useful when preparing for the self-study. The self-study need not require the institution/program to ignore or postpone its needs and priorities in order to undergo the peer review process required for (re)accreditation.

The requirements for an effective self-study process include:

1. **Communication -**

A collegial environment of respect, communication and commitment among those who are involved in self-study is essential to the process. Self-study planning requires a consensual understanding of institutional/programmatic activities and priorities. It also requires a commitment to achieving measurable program and student learning outcomes.

1. **Institutional/Programmatic Resources -**

An effective self-study requires a significant commitment of time, collection and analysis of data, documentation of outcomes, as well as human and fiscal resources. Some institutions/programs may support the self-study process by adjusting the responsibilities and workloads of the faculty and staff who will perform critical roles in the self-study process.

1. **Assessment -**

Research, planning and assessment of student outcomes are required components of the self-study process. The assessment process should focus on data analysis and documentation of outcomes. Proper assessment requires institutions/programs to implement an ongoing program of data collection and institutional research, which documents institution/program effectiveness and student learning outcomes.

1. **Verifiable Evidence -**

Verifiable evidence must be included that illustrates how the institution/program meets ACHENA’s accreditation standards within the context of its mission, goals, objectives and outcomes.

### 6.3.2 Role and Functions of the Steering Committee

The Steering Committee is the primary institutional vehicle for leading the self-study process. It is typically composed of a small group of administrators, faculty, staff and students. Members should be selected or appointed based on their abilities, availability and commitment to the process and institutional/programmatic improvement. Members should be fully familiar with the institution’s mission, goals and objectives and with the critical functions of the institution/program. It is critical that the Steering Committee be given adequate time, resources and authority to carry out its functions relative to the self-study process. The committee should meet as early as possible to develop a self-study plan and to discuss the relevant issues that should be addressed in the self-study. The Steering Committee should work closely within the governance structure to ensure that the Self-Study Report’s recommendations are carried out at the conclusion of the self-study process.

As the Self-Study Report must represent a consensus about the current status and future plans for the entire institution/program, the report must not be the work of a single individual, such as the institution’s President/CEO, Program Director or an outside consultant. In the event that the institution or program retains a consultant to assist with the self-study process, it must be understood that the consultant is to provide only technical assistance and does not provide the content for the Self-Study Report.

The Steering Committee should provide leadership for the self-study process, which includes:

1. Preparation of a written plan addressing the entire self-study process in advance of its implementation.
2. Identification of key issues for the self-study. This begins with a review of the mission, goals and objectives of the institution/program.
3. As needed, establishing working groups, appointing working group chairs, providing instructions for the identification of key issues and the development of appropriate analytical research questions to address them. In some cases, working groups may be assigned to study one or more of ACHENA’s Standards. The Steering Committee coordinates and provides feedback to the working groups on the key issues to be studied and the degree to which the institution/program is in compliance with ACHENA standards.
4. Reviewing, providing feedback on and approving reports prepared by any work groups.
5. Establishing the timetable for completion of the self-study process.
6. Promoting communication among the workgroups, administration, staff, faculty, students, the board and other relevant communities of interest.
7. Ensuring institution-wide review of all self-study drafts including the use website postings (if applicable).
8. Analyzing the draft and final reports from the working groups to assess whether the key issues and self-study research questions have been addressed.
9. Documenting institutional/program performance and student learning outcomes including the analysis of relevant statistics and evidence.
10. Overseeing the completion of the final report, including the identification and compilation of relevant appendices and exhibits; analyzing, editing and formatting draft and final reports.
11. Ensuring that recommendations for institutional/programmatic improvement are tied to the self-study findings.

The final Self-Study Report must address the degree of compliance with all ACHENA standards, the degree to which the institution/program is achieving its mission, goals, objectives, and expected outcomes, as well as provide recommendations for improvement based on these assessments.

### 6.3.3 The Self-Study Process

#### 6.3.3.1 Seeking Initial Accreditation vs Reaccreditation

Institutions and programs seeking initial accreditation must not only demonstrate compliance with ACHENA’s standards, they must also demonstrate that they have remediated any areas requiring additional strengthening that were identified by ACHENA immediately following the Eligibility submission. This may require devising research questions that specifically address these areas.

Schools seeking reaccreditation may employ research questions that differ somewhat from the self-study questions to be examined by schools seeking initial accreditation. Self-study questions for schools seeking reaccreditation should reflect the maturity of the program and thus focus on finer details or more focused aspects of each standard. The questions asked by schools seeking reaccreditation may focus less on the extent to which the school is meeting ACHENA standards and more on ways in which meeting the standards have evolved over time, particularly in relation to the findings of previous Self-Study Reports and Site Visit Reports. Schools seeking reaccreditation are also encouraged to explore questions that will help the institution or program address real world issues, questions or concerns that have come up during the period of accreditation. Hence, self-study questions for school seeking reaccreditation may focus on continued refinement of the program, relationships, policies and activities needed to prepare excellent professional homeopathic practitioners.

An effective Self-Study process does not merely seek to document compliance with ACHENA standards. An effective Self-Study Report documents that the various communities of interest of the institution/program have reached consensus on plans for further development and improvement. To properly achieve these objectives and outcomes, the institution/program must develop appropriate research questions that reflect the characteristics and circumstances of the institution and also document compliance with ACHENA standards.

#### 6.3.3.2 Self Study

It is the prerogative of the institution/program as to how it wishes to develop self-study questions; however, the guiding principle must be that they are both **analytical and descriptive in nature**. The Steering Committee may draft detailed questions in consultation with any established workgroups. The Steering Committee may decide to draft general questions with instructions that working groups will develop more specific questions relative to the institutional/programmatic issues and the accreditation standards that they have been assigned to address. If the working groups are to draft specific questions, it is prudent for the Steering Committee to review the questions to ensure that the questions are: both analytical and descriptive in nature; are not redundant with questions drafted by other working groups; and collectively address all the ACHENA’s standards and result in a comprehensive self-study.

The purpose of the questions is to focus the institution/program on the areas that are important to the institution, while documenting compliance with ACHENA standards. The questions must lead to a final Self-Study Report that results in a detailed plan for institutional/programmatic improvement. To be considered analytical in nature, self-study questions have the following characteristics:

1. They stimulate thinking about issues important to the institution/program.
2. They demonstrate compliance with each of the standards relative to developments and issues bearing upon the institution/program.
3. They address important issues bearing upon the institution/program that require evaluation and assessment.
4. They will result in a Self-Study Report that constitutes an effective plan for institutional/programmatic improvement.

Types of Questions that Should Be Avoided:

* Questions with yes/no answers;
* Questions with obvious answers;
* Questions that cannot be answered;
* Questions that begin with the words “What” and “Where,” among others.

Once the questions have been formulated, appropriate methods can be chosen that are suited to the questions. These methods can be either quantitative or qualitative.

Surveys are an example of a quantitative method. They can be simple, involving only a few well formulated questions with fixed responses, although “open-ended” or write-in responses can be included as well. Surveys are especially helpful when the range of possible responses is largely known ahead of time. Analysis of survey data can simply involve a tally of how many people responded to specific questions in a certain way.

Qualitative methods can also play a key role. One example is a focus group, which is a guided discussion (with detailed note-taking) of a group of diverse participants who represent a specific stakeholder group such as students, staff, or faculty. Focus groups are especially helpful when exploring new policy ideas or a deeper understanding of perceptions or experiences. Analysis of textual data generated by focus groups usually involves the identification of common themes. Again, there can be a small number of discussions questions so as make the analysis stage that follows as straightforward as possible.

#### 6.3.3.3 Sample Self-Study Questions

The following are examples of research questions that could be used as part of the self-study process, listed for each standard. These are examples only, since each school has its own unique history, mission, needs and path of development.

##### Sample questions applicable to Standard 1 – Mission Statement

For example, “what is our mission?” and “what are our educational objectives?” are not appropriate self-study questions. These can be addressed by reference to the school catalog or other relevant publications. Rather than seeking a simple description, the analytical questions might address such issues as:

1. How well does the mission provide direction for the institution, its programs, resources, services and activities?
2. For institutions with doctoral programs in homeopathy, how does the institution distinguish the goals and objectives of the doctoral program from those of its other homeopathic programs?

##### Sample questions applicable to Standard 2 -- Legal Organization

1. How does the legal structure of the institution facilitate or limit its autonomy to operate effectively as a school preparing professional homeopaths? How might the institution address any limitations?
2. How effective are the institution’s policies, procedures and practices for ensuring compliance with all federal, state and local laws and regulations applicable to its operations?
3. How effectively has the institution and its program addressed compliance with new state laws and regulations that impact the institution and/or its programs?

##### Sample questions applicable to Standard 3 – Governance

1. To what extent are members of the governance structure providing effective leadership for the institution and its programs and how might the composition of the governance structure be improved to strengthen effective institutional decision making?
2. How effective is the governance structure with respect to the following functions: establishing policy, engaging in effective planning, appointing and evaluating the performance of the President/CEO, ensuring financial stability, overseeing the budgetary process, approving major program changes, among others?
3. How effectively does the institution ensure that all of its relevant communities of interest, including faculty, students and administration, have opportunities for input into institutional/programmatic decision making?
4. How might the institution’s governing documents (e.g., Bylaws) be strengthened to be more effective and be in greater alignment with improved institutional decision making?

##### Sample questions applicable to Standard 4 – Administration

1. How might the institution’s overall administrative structure be improved to facilitate more effective management and supervision of the program?
2. How effective are various administrative functions as reflected in the current administrative structure? How and in what areas might the institution/program improve administrative effectiveness?
3. How effectively do the qualifications of administrative staff assist the institution in achieving its institutional/program effectiveness and student learning outcomes?
4. How effectively do members of the academic leadership of the program fulfill their roles and responsibilities as they relate to academic oversight (didactic and clinical), curriculum development and program assessment, assessing student performance, faculty development, and improving student learning outcomes?
5. How effective are professional staff development and training programs for better achieving mission, goals, objectives and student learning outcomes?
6. To what extent is the administration responsive to student needs and input?

##### Sample questions applicable to Standard 5 – Maintaining Record Keeping Systems

1. How effective are the policies, procedures and practices to ensure the accuracy, completeness, access and security of relevant categories of institutional/program records?
2. How effectively does the institution/program manage and safeguard clinical records consistent with generally accepted health care practices and national standards?
3. How effective are the program’s policies, procedures and practices for ensuring that record keeping practices meet relevant legal requirements (e.g., FERPA, HIPAA, state laws and regulations)?
4. How effective are the systems for maintaining data and statistics for institutional and program assessment processes? How effective are institution/program systems for using these data to assess and improve institutional/program effectiveness and student learning outcomes?

##### Sample questions applicable to Standard 6 -- Admissions

1. How might the admissions policies, procedures and practices be improved to ensure that only qualified applicants who are capable of achieving the program’s objectives are admitted to the program?
2. What do data analysis of student acceptance rates, retention rates, completion rates, and other relevant statistics reveal regarding areas that could be strengthened respecting admissions policies and procedures?
3. How might the program’s transfer credit and prior learning assessment policies, procedures and practices be improved to ensure that students have achieved the competencies expected from the program?
4. How might the program’s admissions policies be stated and described more clearly in institutional publications?

##### Sample questions applicable to Standard 7 – Evaluation of Student and Programmatic Assessment, Achievement and Satisfaction

1. To what degree is the institution/program achieving its stated mission, goals, objectives and outcomes? Based on this, what can the institution do better to fulfill its mission, goals, objectives and achieve its outcomes?
2. How effective are the institution/program’s current systems for ensuring that its mission, goals, objectives and outcomes are reviewed by its relevant communities of interest and revised, when necessary, to ensure their continued relevance and accuracy?
3. How effective are the program’s processes for curriculum development and program assessment based on analyses of program and student learning outcomes?

1. How effective is the program in ensuring that student performance is assessed consistently at all training locations, including externships?
2. How effectively do academic and support systems document that students in programs are achieving the professional competencies (didactic and clinical) and student learning outcomes expected by the program? To what degree do they provide clear and tangible evidence that documents the achievement of the required professional competencies and institutional/program and student learning outcomes?
3. How effective are the program policies, procedures and practices for academic progress and grading? Could they be more clearly stated in institutional publications?
4. How well are program graduates performing on national certification exams? How effectively has the program used these data to assess areas of program strength and areas requiring further development?
5. How effective is institutional/program follow-up with graduates to determine the relationship between program and student learning outcomes and graduate success?

##### Sample questions applicable to Standard 8 -- Program of Study

1. To what extent does the program meet the accreditation standards respecting program length, residency requirements, minimum and maximum time for program completion, core curriculum and competency requirements? How might the program be improved to better meet these standards?
2. How effectively does the program demonstrate and document that program content and rigor are appropriate to the degree or credential offered upon program completion in all relevant program areas?
3. To what extent are class size, instructional load, the nature and purpose of didactic and clinical program components, the adequacy of facilities and learning resources (e.g., faculty) and student learning outcomes taken into consideration in planning for effective instruction?
4. How effectively are the program’s courses sequenced to ensure that students are academically prepared to take more advanced program courses? To what extent do foundational courses provide adequate preparation for more advanced didactic and clinical program components? How might educational components be better integrated and sequenced to achieve these objectives?
5. How appropriate are the objectives for each phase of clinical training to the knowledge, skills and abilities expected of a safe and effective practitioner? How well are students achieving these objectives?
6. To what extent is the level of clinical supervision, variety of clinical supervisors, patient populations, and variety of medical conditions among patients appropriate to support quality clinical training consistent with mission, goals, objectives and student learning outcomes?
7. How effective are program systems for tracking student progress regarding clinical observation requirements, supervision and clinical contact hours?
8. For programs that conduct training at off-site locations, how effectively does the program ensure that all educational components and services are sufficient in quality?
9. How might course syllabi be improved to better articulate course purpose, objectives, prerequisites, content, lab instruction, methods of instruction, course requirements, grading system, and reading requirements?
10. For post-graduate doctoral programs, how effectively does the program demonstrate and document that students are achieving the competencies and student learning outcomes in the clinical specialty areas designated by the program? What does that documentation reveal in terms of program strengths and areas that require further development? To what extent are various program components consistent with and meet mission, goals, objectives and student learning outcomes for the doctoral program?

**Programs Using Distance Education**

1. To what extent are faculty and students comfortable and proficient in managing distance learning technologies?
2. To what extent are distance education students able to participate in the full range of classroom/ educational activities?
3. What is done to ensure that students participating via distance education have the equal opportunities to participate in all educational activities?
4. What resources and processes are in place to rapidly address any difficulty with access or connectivity related to distance education?
5. What practices are in place to assess the impact of use of distance education on students who participate in classroom?
6. How does the achievement level of distance learning students compare to the achievement levels of classroom students?
7. How does the program verify the identity of distance education students, including verifying program attendance and identity of students with regard to testing and student assessment?
8. How does the program assure quality assessment by clinical supervisors of student casework?
9. How does the program assure confidentiality of clinical records in its communication protocols?

##### Sample questions applicable to Standard 9 – Faculty Qualifications

1. How effectively do the qualifications of faculty assist the program in achieving its program and student learning outcomes? For doctoral programs, how effectively has the program documented faculty competence to teach at the doctoral level?
2. To what degree do program faculty: i) function as an integral part of the program, including curriculum development and assessment; ii) possess the qualifications appropriate to the program’s mission, goals and objectives; iii) provide continuing evidence of keeping abreast of developments in the fields in which they teach; and, iv)
3. How effectively do faculty provide sufficient guidance to assist students in the timely completion of course and program requirements?
4. To what degree do the conditions of faculty services, including salary, benefits, academic freedom, and opportunities for professional growth promote or hinder the program goals for the recruitment and retention of well qualified faculty to deliver the curriculum?
5. How effective are program provisions for regular, systematic communication among faculty and between the faculty and administrative officers of the institution?
6. How effectively does the program document the formal deliberations of its faculty in terms of faculty decision making?

##### Sample questions applicable to Standard 10 -- Student Services

1. How effective is the institution in providing a range of student services that reflect program objectives, create good student morale, and assist students in the achievement of professional growth?
2. How effective are program student services relative to: orientation, counseling, academic advisement, placement and career development? How might these be further developed to better support program goals, objectives and student learning outcomes?
3. How does the program provide support to students who are having academic difficulty? How effective are these support services?
4. How effective are student policies related to: rights and responsibilities, academic progress and grading; disciplinary proceedings; grievances; fair and equitable refunds; as well as access to student support services and clarity of expectations for students?
5. How effective are program provisions for ensuring student input into institutional decision making? How might these provisions be improved and strengthened?

##### Sample questions applicable to Standard 11 – Infrastucture

1. To what extent do institutional facilities and equipment resources support program goals, objectives and student learning outcomes?
2. How effective are institutional policies, procedures and practices for ensuring compliance with applicable laws and regulations, including federal, state, and local; fire, safety, and health standards? What are the institution’s plans to address code violations, if any?

##### Sample questions applicable to Standard 12 -- Financial Resources

1. How does the institution/program effectively document that it continually maintains sufficient financial resources to carry out its objectives, complete the instruction of all enrollees, and to support adequately its programs and activities now and in the foreseeable future?
2. How effective are the institutional and program financial management and budgeting systems? How effective are the procedures and practices for addressing a significant, unexpected drop in revenue or unexpected increases in expenditures? To what degree are institution and program budget projections consistent with year-end financial reports? How might these systems be improved?
3. How effectively is the institution allocating the financial resources necessary to support program goals, objectives and student learning outcomes? How realistic is the program budget relative to supporting adequately program goals, objectives and student learning outcomes?
4. How effectively has the institution addressed any findings in the CPA management letter that accompanied the most recent audit, including recommendations with respect to internal controls, financial management and “reportable conditions” (if any)?

##### Sample questions applicable to Standard 13 – Publications and Advertising

1. To what extent do program catalogs, manuals, handbooks, advertising and other publications accurately portray accreditation status, program goals and objectives, student services, academic policies, admissions requirements, refund policies, program offerings, faculty and staff, national certification opportunities and employment opportunities?

##### Sample questions applicable to Standard 14 -- Library and Learning Resources

1. To what extent do physical and digital learning resources support the mission, goals, objectives and student learning outcomes of the institution/program?
2. To what degree do program plans for continued library development strengthen the achievement of program goals, objectives and student learning outcomes?
3. To what degree does the program provide student access to library and learning resources sufficient to support objectives and student learning outcomes?
4. How effective is the program in providing training to students, faculty and staff in the appropriate utilization of information resources, with a particular emphasis on information literacy?

### 6.3.4 Analyzing Data

Once an institution/program has collected data to answer the questions, it must systematically analyze these data. This will require rudimentary quantitative analysis of survey responses and/or analysis of qualitative data such as open-ended question responses or focus group notes. Data analysis can be conducted by working groups or by the Steering Committee itself.

The next step would be drafting summaries of the findings for each of the ACHENA standards (and additional areas of interest to the institution) in order to determine what the data directly communicate about the degree of compliance with standards, strengths and weaknesses. Please note this step does not substitute for the report narrative, since it deals only with answers to the questions.

## 6.4 Other Documents Required for the Self-Study Process

In addition to any surveys and qualitative studies conducted in order to answer questions, the Self-Study Steering Committee and any working groups will need to identify and assemble existing institutional/program documentation relevant for each of the 14 standards.

## 6.5 Pulling it All Together for the Narrative

All the existing documentation assembled and summaries of the findings generated during the self-study process need to be interpreted and distilled into a concise, effective and integrated narrative that analyzes compliance, identified areas that need strengthening and outlines plans for improvement. The narrative must be written so that it is supported by the evidence provided by both the answers to the self-study questions as well as existing institutional documentation.

# 7 MANAGING THE SELF-STUDY PROCESS AND WRITING THE REPORT

The Self-Study Report must summarize the institution/program’s self-analysis and translate the findings into recommendations and plans for improvement. The report is not only a critical document that will be used as a foundation for the site visit evaluation team’s assessment of the institution and its program, but it also serves as a strategic plan for institutional/program development.

## 7.1 Seven Potential Pitfalls

It is important that *all* program administrators, staff, faculty, students, alumni and board members collectively support the self-study process so that the following common pitfalls can be avoided, which may require an initial orientation and regular updates from the Self-Study Steering Committee:

1. **Viewing the self-study as a drain on resources or as irrelevant to the institution/program’s work.**

**Suggestion:** The self-study should focus on matters of importance to the institution/program. The process of self-assessment and accreditation review identifies opportunities for development, which can assist the institution in improving the quality of its programs.

2. **Describing the institution/program’s attributes rather than analyzing strengths and opportunities for development.**

**Suggestion:** Analyze how well the institution/program fulfills its mission, goals, objectives and student learning outcomes in relation to ACHENA standards.

3. **Making conclusory assertions that are unsupported by data.**

**Suggestion:** Integrate the results of data analysis into the report and explain how these data were used to assess institution, program and student learning outcomes.

4. **Submitting unexplained data that is confusing or inconsistent with the report.**

**Suggestion:** Ensure that the report narrative is analytical and explains what was revealed regarding institutional/program effectiveness in relation to outcomes. Verify that all supporting data submitted contains consistent information.

5. **Providing nebulous, un-measurable aspirations in strategic plans and plans for curriculum improvement.**

**Suggestion:** Plans should state specific, measurable institutional/program goals in relation to resources, mission, goals, objectives and student learning outcomes. Assessment results should be used to establish plans and strategies for improvement.

1. **Assuming that the institution or program is so unique that it need not use readily accessible benchmarks.**

**Suggestion:** Consider the use of relevant benchmarks to establish goals for the institution/program and use those goals to establish a foundation for assessment purposes. If suitable criteria or benchmarks are unavailable, consider other methods such as achievement of other goals and objectives, progress over time, etc.

1. **Permitting one institutional/program group such as faculty or administrators to dominate the self-study process.**

**Suggestion:** Ensure that there is diversity of representation among the communities of interest at all levels of the self-study process.

## 7.2 Report Organization

The self-study is organized to include the following components:

1. **Cover Sheet Form** (see enclosed Template for further details)
2. **Table of Contents** (see Template)
3. **Introduction** (see Template)
4. **Narrative on the 14 Standards**

This portion of the Self-Study Report **may not exceed 130 single-spaced pages.**

Because the Self-Study Report drafts will likely have multiple authors, it is important that the narrative speaks with “a single voice” and is properly edited. Narratives determined to be deficient in readability or navigability may be rejected.

Using the Template, a narrative will be prepared for each of the 14 standards and consist of the following three sections. Please consult the following guidelines for the three sections in preparing each of the 14 chapters:

* 1. ***Analytical Narrative***

The analytical narrative is a critical self-assessment and must present the results of the institution/program’s careful analysis of the sufficiency and effectiveness of its policies, procedures, practices, programs, activities, resources, structures and outcomes relative to the accreditation standards. Due regard must be made to the recognition of achievements as well as the identification of areas that warrant improvement.

Appraisals of program strengths and areas that warrant further development relative to the standards assist the program with analyzing and assessing its processes, structures, activities and resources relative to the achievement of mission, goals, objectives and student learning outcomes and compliance with ACHENA standards.

* 1. ***Plans and Recommendations for Future Development***

The narrative must address under each Standard plans and recommendations for future development. Recommendations should be briefly stated, realistic and specific. To be meaningful, these recommendations must be part of the program's overall planning process, representing a definite commitment by the Board, administration, faculty and other constituencies to improve the quality of its educational services over the next years. It is at this point that the results of self-study are translated into practice. For this reason, the recommendations for improvement **must** be linked or tied directly to the specific findings identified in the analytical narrative.

* 1. ***Documents Listed for Each Standard and Appended to the Report***

Appendices used to support the self-study narrative should be carefully selected for relevance and to avoid redundancy. While a Self-Study Report is a comprehensive report that addresses all aspects of a program, the narrative and data should not be obscured by large volumes of marginally relevant information. Overly inclusive reports make it difficult for the Review Team members to distill the essence of a program, which in turn makes it difficult for them to fairly evaluate it.

1. **Summary**

In this final part of the Self-Study Report, the institution/program must bring together all of the plans and recommendations from each of the preceding chapters and present them in summary form for its own use and for use by the Site Visitors. The programs’ plans and recommendations for future development should be considered and presented in three ways, which:

1. Summarize the recommendations from each of the 14 Standards;
2. Synthesize and prioritize the recommendations from all 14 Standards into realistic short and long-range timetables for implementation; and,
3. Assess the recommendations and their effect on one another.

The summary should also articulate the ongoing structure for long-range planning of the program and how it relates to the recommendations identified as a result of the self-study. Because the timetables and priorities for implementing the recommendations must have support of the Board, administration and faculty, this support must be demonstrated and documented in the summary chapter.

Attach a table that summarizes short-term and long-term implementation of improvements.

## 7.3 Course Syllabi and Other Evidence Appendices

Two separate appendices in \*.pdf format accompany the Self-Study Report: Course Syllabi and Other Evidence. Both are attached to the report Template below.

The following list includes various documents that can be included in the Other Evidence appendix. The institution/program may include other documents, but must provide a rationale in the narrative for why these are essential.

**Items on this list that are marked with an asterisk (\*) MUST be appended to the Self-Study Report in the Other Evidence appendix. Items that are in bold are forms that are provided by ACHENA and must also be appended.** Required documents are listed for each standard in the narrative, and will be listed along with their respective locations in the **Other Evidence appendix** and assembled into a single \*.pdf format document.

*Documents Referred to in More than One Standard*:

* Program Catalogs**\*** and program brochures
* Most recent annual report submitted to the ACHENA (minus attachments)**\*** Handbooks/manuals for faculty, staff, students and committees**\***
* Institutional/program Assessment plans
* Strategic plans
* Summary results of surveys of students, faculty and alumni
* Budget information
* Minutes of relevant meetings (governance, staff, faculty)

*Documents that can be appended with Standard 1:*

* Catalog or other comparable document that includes a statement of the Institution/program’s mission, goals and educational objectives**\***
* Meeting minutes that document review by relevant communities of interest the statement of mission, goals and objectives
* The program’s outcome data and statistics that document achievement of mission, goals, objectives and outcomes

*Documents that can be appended with Standard 2:*

* Documentation of state authorization to operate or grant degrees in the state\*
* Your state’s laws and regulations regarding the practice of homeopathy\*
* If applicable, the most recent accreditation or pre-accreditation action letters and site visit reports by other accrediting agencies\*
* If applicable, the most recent state agency reports on the institution/program\*
* HIPAA/OSHA Manuals\* and forms if applicable
* Articles of Incorporation for the institution
* Legal compliance audits

*Documents that can be appended with Standard 3:*

* Bylaws, rules and policies of the governance structure, including for advisory boards, if any\*
* List of current members of the governance structure with summary biographical information; the list must indicate who are public members**\***
* Meeting minutes and agendas of the governance structure documenting functioning
* Summary results of studies and evaluations of governance effectiveness

*Documents that can be appended with Standard 4:*

* Organizational chart for the institution and the program, which details by position, title, and incumbent’s name the institution/program’s ownership, management, and administrative organization**\***
* Job descriptions\* and brief curriculum vitae for all key administrative and academic leadership staff
* Brief list of backgrounds and experience of key administrative staff\*
* Administrative manuals and handbooks**\***
  + Staff files, including performance evaluations
  + Staff meeting minutes and meeting minutes of the academic leadership team
  + Summary results of studies and evaluations of administrative effectiveness

*Documents that can be appended with Standard 5:*

* Handbooks, which include the policies and procedures for the maintenance and security of academic and clinical records (e.g., FERPA and HIPAA policies)\*
* Enrollment agreement
* Institutional profiles showing the number of students enrolled, graduated and readmitted for the past three years
* Student demographic profiles including average ages, educational and professional backgrounds, and racial/ethnic composition for the past three years
* Control inventory record used to monitor students’ satisfactory academic progress towards graduation requirements
* Student, faculty, staff, curriculum and other records
* Summary results of studies and evaluations of the institution’s record keeping systems

*Documents that can be appended with Standard 6:*

* Catalog, which includes published policies, procedures and protocols for admission, transfer credit, prior learning assessment, challenge exams, student recruitment and prerequisites**\***
* Admissions data showing the number of applications received and the number accepted over the past 2 years
* Data showing the number of students who transferred into or out of the program in the past 3 years
* Data showing the number of students accepted into the program and the credit they were given for prior learning in the past three years
* Program completion rates based on student backgrounds
* Summary results of studies and evaluations of the effectiveness of the program’s admissions policies, procedures and practices

*Documents that can be appended with Standard 7:*

* Policies and procedures governing curriculum development and program assessment, including program assessments and plans**\***
* Policies and procedures for the assessment of student academic performance (didactic and clinical) and for portfolio assessment, if applicable**\***
* Documentation related to the methods and instruments by which student performance is assessed and verified
* Completed student assessments (i.e., year-end, pre-clinic, graduation exams; course exams; papers, clinic evaluations and other tools that are used to document success with respect to student achievement
* Assessments of instruments for documenting student achievement
* Sample minutes documenting the curriculum development and program assessment process
* Clinical competencies assessment forms
* If applicable, the policies and procedures for assessing student research projects and student-completed research projects

*Documents that can be appended with Standard 8:*

* **Course syllabi \* (this is a separate appendix document)**
* **Standard 8 Curriculum Content Areas\***
* **Standard 8.12 Professional competencies**\*
* Catalog, which lists the full curriculum outline, including course sequencing, prerequisites and course descriptions**\***
* Class and clinic schedules for the current term\*
* Documents that articulate each phase of the clinical training experience (observation, case-taking, case analysis, case management), their educational objectives and standards for satisfactory performance\*
* Clinical Manuals and Handbooks (including OSHA and HIPAA) and which list objectives and requirements for each phase of clinical training**\***
* Curriculum documents (including syllabi, lesson plans, etc) regarding the content of each clinical phase
* Studies and assessments of student achievement of clinical and didactic competencies
* Summary results of studies and assessments of the curriculum, curriculum breadth and depth, quality of instruction, instructional methods, and other materials documenting program quality and achievement of competencies by students

*Documents that can be appended with Standard 9:*

* Catalog or other document, which lists full and part-time faculty for the current academic year with an outline of their professional and educational credentials as well as their length of service with the program**\***
* Faculty Manual, which includes policies and procedures for faculty appointment**\***
* Faculty governance documents, if applicable (e.g., Bylaws)\*
* Faculty files, including evaluations, CVs, I-9’s, documentation of professional development, etc.
* Faculty contracts
* Faculty committee assignments
* Faculty meeting minutes
* Summary results of studies and assessments of faculty qualifications, competence and effectiveness

*Documents that can be appended with Standard 10:*

* Handbook for students that explains the policies and procedures governing students**\***
* Documents respecting student services provided to enrollees and how they are administered
* Assessments and credentials of student services personnel
* Summary results of studies and assessments of the adequacy of student support services (orientation, counseling, advising, discipline, placement, etc)

*Documents that can be appended with Standard 11:*

* A floor plan for facilities used to conduct training**\***
* Lease for facilities\*
* Documents of compliance with health, fire and safety standards
* Inventories of equipment
* Assessments of facilities and equipment relative to whether they are sufficient to support the program

*Documents that can be appended with Standard 12:*

* 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 Profit & Loss statements (may be prepared by bookkeeper or accountant)\*
* Fiscal plans, particularly if the institution/program is experiencing financial difficulty**\***
* Documentation showing the percentages of expenditures for different items in the current fiscal year budget
* Financial trend data

*Documents that can be appended with Standard 13:*

* **Standard 13 Publications and Advertising**\*
* Current catalog**\***
* Copies of other institutional and program publications (e.g., handbooks, manuals, brochures, advertisements)**\***
* Sample recruiting materials
* The program’s foreign language publications and their translations, if applicable**\***
* Minutes reflecting review of institutional publications.

*Documents that can be appended with Standard 14:*

* List of library holdings, including professional journals, broken out by subject area and language
* Assessment plans for continued library and learning resources development
* Contracts with other entities providing student access to learning resources
* Information literacy programs
* Assessments of library holdings, organization and management relative to the achievement of mission, goals, objectives and outcomes

## 7.4 Submission of the Final Self-Study Report

After the institution/program has prepared a final draft of the Self-Study Report, the final report must be approved by the governance structure of the institution before it is submitted to the ACHENA.

Please ensure that only a complete Self-Study Report is submitted to ACHENA, **the Commission will not review Self-Study Reports that are submitted in stages**. **The official Self-Study submission date will be the date at which the submission is complete.**

The institution must upload the Self-Study Report, Other Evidence and Course Syllabi \*.pdf documents to an agreed upon confidential file sharing site.

# 8 ONGOING INSTITUTIONAL/PROGRAM ASSESSMENT

The hallmark of the self-study process is self-examination as a basis for institutional/programmatic improvement. The self-study should not be viewed as a single purpose, one-time event required to achieve initial or renewed accreditation. Rather, the self-study process and the documentation of outcomes are most effective when there is a broad and ongoing institutional and program commitment to assessment.

Accordingly, an ongoing commitment to assessment provides an opportunity for the institution to determine its progress and to document program and student learning outcomes. For the self-study to be meaningful, it must be clear in its content and recommendations and be made available to the institution’s communities of interest who are involved in implementing recommendations and plans for improvement.

The institution/program should ensure that the recommendations generated as a result of the self-study process are used to assess and improve the achievement of mission, goals, objectives and student learning outcomes by taking the following steps:

1. Maintaining the Steering Committee or some equivalent entity to continually assess effectiveness and implement recommendations for improvement.
2. Assigning responsibility among designated members of administration and faculty the task of carrying out the self-study recommendations along agreed upon timelines.
3. Incorporating the recommendations into the charges to institutional committees, task forces, or other work groups that already exist.
4. Using appropriate administrative staff to support and track progress towards implementing institutional/program priorities and recommendations.

Tracking progress in the implementation of the recommendations should be integrated into the institution/program’s systems for ongoing assessment and planning.

# 9 THE ACCREDITATION PROCESS FOLLOWING SUBMISSION OF THE SELF-STUDY REPORT

The accreditation process following the submission of the Self-Study Report is fully described in relevant sections of the *ACHENA Policies and Procedures Manual.* These processes are summarized, as follows:

1. **ACHENA Review of the Self-Study Report:** The review of the Self-Study Report is conducted by an ACHENA Review Team consisting of members of the ACHENA commission as well as other Peer Reviewers, all of whom are vetted and trained in the review process.

As with most other accrediting agencies overseeing professional education in North America, homeopathic education employs a self-governance model. ACHENA membership therefore consists of administrators and faculty members of homeopathic schools, practitioners, students and members of the general public. ACHENA is well aware of and takes seriously the sensitive nature of the information that is shared with it by homeopathic schools during both the initial accreditation and re-accreditation process. To this end, ACHENA strictly guards both confidentiality of this information as well as the need to protect homeopathic schools from potential threats of conflict-of-interest that are inherent to the self-governance model.

Members of self-study Review Teams are carefully chosen to ensure that all team members are free from conflict-of-interest with specific schools being reviewed. During the Self-Study Report review process, working documents and progress reports are circulated only within the Review Team membership. Both informal and formal communication between Review Team members and other ACHENA Commissioners is kept to a minimum to ensure that Review Teams can operate independently in order to protect the confidentiality of homeopathic school information and to guard against any undue influence of conflict-of-interest.

The vetting and training for both ACHENA Commissioners and other Peer Reviewers includes a review of ACHENA’s confidentiality and conflict-of-interest policies, as well as informal and formal communication and data management protocols that protect both these principles. The training also emphasizes recognition and encouragement of flexibility, creativity and innovation among homeopathic schools rather than prescriptive micromanagement of how they can achieve compliance with standards. A standardized rubric is used during the review process in order to ensure consistency of assessment across different Review Teams.

It is expected that once the Self-Study Report is submitted, the next communication with the school will be ACHENA’s formal response. However, in the event of a need for clarification of information, or an unintended oversight or technical error, a single Request for Information letter may be sent to the school following an initial assessment.

If a school’s Self-Study Report is rejected by ACHENA, the institution may appeal that decision.

1. **Site Visit:** A team of Peer Reviewers is appointed for the purpose of assessing on site the institution/program’s achievement of its mission, goals, objectives and outcomes and compliance with ACHENA standards. The proposed team is presented to the institution for approval and a visit is scheduled and conducted. A fuller description of how a school can best prepare for the site visit is included in the *Site Visit Manual for School Administrators*.
2. **Site Visit Report:** The team prepares a draft site visit report which is provided to the institution by the team chair to provide an opportunity to point out factual errors. The team chair will update the report to reflect confirmed factual errors. A final copy of the report will be submitted to ACHENA and the institution. The team also submits to ACHENA a confidential recommendation on accreditation status. The institution is required to submit a formal institutional response (FIR) to the site visit report not exceeding 15 pages. The FIR should be uploaded to the agreed upon confidential file sharing site.

1. **ACHENA Accreditation Review:** ACHENA reviews the entire record for the program seeking initial or renewal of accreditation. A private hearing with ACHENA prior to an accreditation decision may be held at the request of either ACHENA or the program to clarify the record.
2. **ACHENA Action on Accreditation:** ACHENA renders an accreditation decision consistent with the record and hearing testimony, if any. The program is notified of the action, and the basis for the action, in writing within 30 days.

1. **Acceptance of Accreditation:** Within 30 days of receiving notification of initial accreditation status, the program submits one-time, non-refundable accreditation acceptance dues, which constitutes formal acceptance of ACHENA accreditation status.

All accredited institutions and programs agree, as a condition of continued membership in ACHENA, to abide by all ACHENA policies, procedures and requirements published in the Accreditation Handbook.

# 10 SELF-STUDY REPORT TEMPLATE

*This section of the Self-Study Guide is to be used as the template for submission of the Self-Study Report. The Self-Study Report should be submitted as a single \*.pdf document accompanied by two separate \*.pdf documents (***Course Syllabi** *and* **Other Evidence***). Before final submission, please remove from the document all instructions, which are in red.*

1. **Cover Sheet Form**

*The current version of the cover sheet form can be downloaded from ACHENA’s website* [*www.ACHENA.org*](http://www.achena.org) *under the documents and forms link, or can be forwarded, upon request, by ACHENA staff.*

1. **Table of Contents**

*The table of contents must include clear references to page numbers where specific standards are addressed. (Supporting evidence is listed for each standard in the narrative and compiled in the separate documents* **Other Evidence** *and* **Course Syllabi***, each of which has its own table of contents).*

1. **Introduction**

***This section of the Self-Study Report may not exceed 1,000 words.*** *The introduction briefly describes the background and history of the institution and its homeopathic programs(s). The chapter must provide the names and affiliations of all individuals who served on the self-study Steering Committee and* *in each work group. Also required is a concise overview of the self-study process, including a description of how data were collected, analyzed, summarized, and the collective process of interpretation and implementation into future improvements and plans.*

1. **Narrative**

***The narrative portion of the Self-Study Report******may not exceed 130 single-spaced pages, including the Template itself.***

*The page-limit will require targeted focus on the most important elements of the self-study that are supported by evidence and are directly relevant to each of the standards. It will also require allocation of document space proportional to those standards requiring more or less explanation, and judicious use and reference to appended documentation that supports the narrative.*

*Documents required by ACHENA are included in the appendix list for each standard*. *Documents listed in bold are forms provided by ACHENA.* *Schools can choose to include other documents, but these must be referred to in the narrative.*

*The current version of the* ACHENA Eligibility and Accreditation Manual*, found on the ACHENA website, should also be thoroughly studied and referred to since it contains important supplementary information and is updated from time to time. In order to conserve space, not all of the Manual is copied into this Template.*

***Do not delete portions of the* ACHENA Eligibility and Accreditation Manual *copied into this Template in blue****, which are included in the 130 page-limit. Also, please indicate if a specific section of this Template is not relevant for your school rather than deleting the section.*

*Please remove all instructions in red italics before submitting the Self-Study Report.*

***Standard 1—Mission Statement***

*The institution or program shall have a concise mission statement that provides clear direction for the institution and its programs in the training of professional practitioners of classical homeopathy.*

*Institutional, programmatic and course level goals and objectives flow from the mission statement and serve as a benchmark against which all organizational outcomes can be measured to ensure fulfillment of the mission.*

### *Criterion 1.1 - Description*

*The mission statement should be precise and describe the fundamental purpose the program fulfills, the philosophies it represents, the community it serves and the social, cultural and economic needs of the institution and its community. Clearly specified programmatic and/or educational goals and objectives reflect how the mission statement is to be achieved~~.~~*

### *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.*

### *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 (such as grades, clinical progress and supervision reports) provide the requisite key performance indicators to fulfill this requirement.*

*Provide an explanation of how your program meets this standard and each of the Criterion and guidelines outlined in the Accreditation manual.*

*Identify any areas that need strengthening.*

*Describe plans and recommendations for future development and improvement:*

***Standard 2 -- Legal Organization***

*The program shall be delivered by a legally organized institution in the United States or Canada, authorized to conduct its operation under the laws of the United States or Canada and shall be in compliance with all local, provincial, state and federal regulations applicable to it.*

### *Criterion 2.1 - Off-campus control*

*The institution carries all responsibility for its off-campus educational activities to the same degree that such requirements must be met with respect to on-campus activities.  This applies regardless of whether the activity has been arranged within the institution or by agreement with other organizations or individuals.*

### *Criterion 2.2 - Organizational types eligible for accreditation*

*To be eligible for accreditation, the institution must be one of the following: a public or private nonprofit educational institution, a proprietary institution of higher education, or a public or private non-profit post-secondary vocational institution.*

*Provide an explanation of how your program meets this standard and each of the Criterion and guidelines outlined in the Accreditation Manual.*

*Identify any areas that need strengthening.*

*Describe plans and recommendations for future development and improvement:*

***Standard 3 -- Governance***

*The institution shall have a clearly defined governance structure that includes a governing body. The governing board exercises ultimate and general control over the institution's affairs. The governing board consists of qualified individuals that are guided by a set of bylaws and an appropriate Conflict of Interest policy. The program conducts its operations with honesty and integrity.*

### *Criterion 3.1 - Membership*

*The membership of the governing body is clearly identified by the institution.*

### *Criterion 3.2 - Role*

*The governance structure allows for general oversight and stability in the institution’s efficient and effective deployment of resources. This includes ensuring that a qualified Chief Executive Officer, Executive Director, Chief Administrator or President 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.*

### *Criterion 3.3 - Bylaws, Policies and Procedures*

*The governing/advisory board presides over a set of bylaws and a clearly defined set of board and operational policies that explain the power, duties, meeting schedule, membership requirements, terms of office, and responsibilities of the governing bodies. These address all facets of the operation of the institution including the minimization of legal, operational and financial risk.*

*Provide an explanation of how your program meets this standard and each of the Criterion and guidelines outlined in the Accreditation Manual.*

*Identify any areas that need strengthening.*

*Describe plans and recommendations for future development and improvement:*

***Standard 4 -- Administration***

*The program has an appropriately qualified and dedicated Chief Executive Officer, Executive Director, Chief Administrator or President 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 and the Leadership Team*

*The Chief Executive Officer, Executive Director, Chief Administrator or President 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.*

### *Criterion 4.2 - Organization of staff*

*The administrative staff have adequate qualifications and clearly defined roles and responsibilities.*

### *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 leaders demonstrate appropriate academic qualifications.*

*Provide an explanation of how your program meets this standard and each of the Criterion and guidelines outlined in the Accreditation Manual.*

*Identify any areas that need strengthening.*

*Describe plans and recommendations for future development and improvement:*

***Standard 5 -- Records***

*The program shall maintain complete record keeping systems.*

### *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.*

### *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.*

### *Criterion 5.3 - Data*

*The program must maintain the following data:*

1. *Number of students who applied and were accepted, enrolled, graduated and readmitted.*
2. *Age, gender, educational background, and racial origins (optional) of the student body.*

*Provide an explanation of how your program meets this standard and each of the Criterion and guidelines outlined in the Accreditation Manual.*

*Identify any areas that need strengthening.*

*Describe plans and recommendations for future development and improvement:*

***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. Admissions criteria align with the institution’s mission and target student population.*

*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 likelihood to be successful in the program and/or successful in a distance education environment if used as a mode of delivery.*

### *Criterion 6.1 - General Admissions*

*The entry criteria is successful completion of at least two academic years (60 semester credits/90 quarter credits) 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.*

### *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.*

### *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, catalog 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 - 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 6.5 - 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 6.6 - English language competency*

1. *The institution’s admissions criteria disclose procedures for verifying appropriate language proficiencies. 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);*
2. *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 6.7 - 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.*

### *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%).*

*Provide an explanation of how your program meets this standard and each of the Criterion and guidelines outlined in the Accreditation Manual.*

*Identify any areas that need strengthening.*

*Describe plans and recommendations for future development and improvement:*

## 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 educational achievements of the institution.*

*Course level goals and objectives describe the intended educational achievements at the course level.*

***Outcomes***

*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. Student 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 7.1 - 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.*

### *Criterion 7.2 - Measurement of Student Satisfaction*

*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, state or provincial licensing and or duly recognized certification examinations and job placement rates (where applicable).*

*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*

*Graduate success is measured by achievement levels on certification exams and job placement (gainful employment in the profession), including self-employment rates, if reliable and readily available. Data sources must be provided.*

### *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 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.*

### *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.*

*Provide an explanation of how your program meets this standard and each of the Criterion and guidelines outlined in the Accreditation Manual.*

*Identify any areas that need strengthening.*

*Describe plans and recommendations for future development and improvement:*

**Standard 8 -- Program of Study**

*Please complete the appendix document entitled* **Standard 8 Curriculum Content Areas***.* *Note that curriculum content is different from professional competencies (Standard 8.12). This document is not included in the 130-page limit.*

***Criterion 8.1 -- (a) Program length/ Minimum time frame***

*The minimum length of the program shall be 1,000 hours including a minimum of 500 classroom hours and a minimum of 500 hours of clinical training which includes clinical observation, supervised case-taking, case analysis and case management.*

***Criterion 8.1 -- (b) Maximum time frame***

*The maximum time frame for a full time program should be no more than 3 academic years. A part time program should be no more than 6 academic years.*

*Provide an explanation of how your program meets Criterion 8.1a and b, as well as any areas that need strengthening. For ease of review, please include a chart summarizing how the curriculum meets both the didactic and clinical (broken down to observation, supervised case-taking, case analysis and case management) total-hour requirements for part-time and/or full-time study:*

***Criterion 8.1 -- (c) Clock to credit hour conversion***

*One semester credit is granted: for each 15 hours of classroom contact plus appropriate outside preparation or the equivalent; for each 30 hours of supervised laboratory or clinical instruction plus appropriate outside preparation; and for each 45 hours of clinical externship or independent study. One quarter credit is granted: for each 10 hours of classroom contact plus appropriate outside preparation or the equivalent; for each 20 hours of supervised laboratory or clinical instruction plus appropriate outside preparation; and for 30 hours of clinical externship or independent study.*

***Criterion 8.2 -- Completion Designation***

*To each person successfully completing the professional program, the program must award a certificate, diploma, or degree following both the general practices of higher education and the requirements of individual state jurisdictions.*

***Criterion 8.3 -- Consistent with purpose***

*The professional masters’ level homeopathy program must offer a program of study that is*

*consistent with and clearly related to its statement of purpose and educational objectives.*

***Criterion 8.4 -- Appropriate Level of Instruction***

*The program must be appropriate to an institution of higher education offering a professional master's level homeopathy program. The program must be sufficiently rigorous in breadth and depth and appropriate to the education and training of independent practitioners in the field of homeopathy. For a program taught in multiple languages or locations, the level of instruction must be consistent.*

***Criterion 8.5 -- Off-Campus Training***

*If components of the program are conducted at sites geographically separated from the main campus, the academic leadership of the program must ensure that all educational components and services of the program are sufficient in quality. The academic leadership shall be responsible for the conduct and maintenance of quality of the educational experiences offered at the geographically separated sites and for identification of faculty at all sites.*

***Criterion 8.6 -- Use of Distance Education***

*ACHENA accredited institutions and programs that employ distance education should clearly*

*delineate the type of distance learning technology to be employed.*

***Note:*** *Teaching clinics that use a camera in one room and have students observe in the next room via video feed or that employ a one way mirror are not considered to be employing distance education.*

***Criterion 8.6 -- (a) Verifying student identity***

*Institutions and programs which employ distance education technologies as part of their program of study must have processes in place through which the institution establishes that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit.*

***Criterion 8.6 -- (b) Inform ACHENA of significant increase in student enrollment***

*If inclusion of distance learning into the course of study results in an increase in student enrollment of greater than 50 percent, the institution or program must report this increase to ACHENA within 10 days of the increased level of student registration.*

***Criterion 8.6 -- (c) Inform students of additional fees for distance education***

*Institutions or programs employing distance learning technologies must inform students during*

*the application process of any required equipment for participating in distance learning activities, for example, computer, speakers, microphone, internet access, etc. Any additional fees should also be explained as part of the application process and in all cases before student enrollment.*

***Criterion 8.7 -- Syllabi***

*A syllabus must be prepared for each course or major unit of instruction in the program and must be distributed to each student in the course and must be maintained in the program's curriculum files. A syllabus must contain at least the following: the purpose of the course; the objectives of the course in specific terms; the prerequisites of the course; an outline of the course and laboratory instruction in enough detail to permit the student's to see its full scope; the method(s) of instruction; the requirements of the course with the important dates (e.g., papers, projects, examinations); the type of grading system used; and the required and recommended reading.*

*Please complete the document entitled* **Course Syllabi** *and attach all course syllabi to this single\*.pdf document. The document is not included in the 130-page limit.*

***Criterion 8.8 -- Clinical training***

*Clinical education and training must consist of clinical observation and the supervised care of clients which leads the student through gradually increasing levels of responsibility for client treatment, resulting in the ability to function independently by graduation. The program must provide a clinical education program of sufficient length, variety and quality to fulfill its educational purposes.*

***Criterion 8.9 -- Clinical observation***

*The institution or program must assure that each student fulfill at least 250 hours observing clinical practice. This may include a mix of clinical observation via use of: 1) asynchronous distance learning technologies or video cases of expert practitioners taking and managing cases, 2) synchronous distance learning technology to observe experienced practitioners and senior students performing case taking and managing cases, and 3) live, direct in-person observation of experienced clinicians or senior students in the school’s teaching clinic.*

***Criterion 8.10 -- Supervised clinical practice***

*The program must assure that each student participate in a minimum of 250 hours in the supervised care of clients. The clinical training should progress in such a manner that affords students with increasing responsibility for live, in-person individual case-taking, case analysis and case management with appropriate supervision.*

***Criterion 8.10 – (a) – Case-Taking, Analysis or Management Outside of a School Clinic Setting***

*In cases where students are responsible for selecting individuals for case taking, case analysis or*

*case management outside of a school clinic setting, schools shall have policies and procedures to provide guidance to students and clinical supervisors regarding:*

*1. Ensuring students select individuals appropriate for student case-taking, case analysis and case management*

*2. Ensuring students have an opportunity to take a wide range of different types of cases, as would be representative of the student’s practice upon graduation*

*3. Ensuring students accurately describe their status as a student to all prospective clients*

*4. Ensuring students have all clients sign an appropriate disclaimer statement prior to beginning case-taking, case analysis or case management*

*5. Ensuring that all clinical records, including those kept by students, are maintained in a secure and confidential manner, consistent with HIPAA requirements*

*6. Ensuring that clinical records, digital files, video files, and all other forms of recording of student clinical work are transmitted between students and clinical supervisors in a secure and confidential manner*

*7. Ensuring clinical supervisors directly observe an adequate volume of student case-taking to provide clinical mentoring and evaluate student competencies*

*8. Ensuring supervisor feedback and assessment of skills, including ensuring that there are evaluation criteria to determine when a student is prepared to accept greater levels of responsibility in case-taking, case analysis and case management*

*9. Ensuring supervisors are versed in best practices for review and evaluation of video-taped or digitally recorded cases submitted by students*

*10. Ensuring policies and procedures are in place for supervisor approval prior to giving the client a remedy*

*11. Ensuring supervisors meet with students either in person or virtually at least four times prior to graduation to*

*(a) review the student’s experience with casetaking, case analysis and case management,*

*(b) to ensure student is progressing through the course of study,*

*(c) to ensure that the breadth of experience is consistent with programs standards, and*

*(d) to ensure that the student has mastered all required clinical competencies prior to graduation.*

***Criterion 8.11 – Student Participation in Provings***

*Institutions and programs should establish clear policies and procedures regarding student*

*participation in provings conducted by the institution/ program.*

***Guideline:*** *Student participation in school sponsored provings should be voluntary. Student*

*agreement to participate in a proving should be documented via a written informed consent process that includes a clear description of the risks and benefits of participating in the proving.*

***Criterion 8.12 -- Professional Competencies***

*The homeopathy program of study must lead to the following professional competencies to be*

*attained through learning experiences included in the curriculum or approved adjunct*

*programs.*

*Please use the document* **Standard 8.12 Professional Competencies** *to demonstrate how the professional competencies listed in 8.12 are being met. This document is not included in the 130-page limit.*

***Criterion 8.13 -- Continuing Education***

*When continuing education programs and special instructional activities are offered, provision*

*for such activities must include an adequate administrative structure, a sound financial base, and appropriate facilities. Continuing education courses cannot be converted to usable hours that will meet the program’s graduation requirements.*

***Criterion 8.14 -- Licensure and Certification Exam Rates***

*If the program's national certification exam pass-rate falls below seventy percent (70%), ACHENA shall review the program to determine if it remains in compliance with the*

*accreditation criteria.*

*Provide an explanation of how your program meets this standard and each of the Criterion and guidelines outlined in the Accreditation Manual.*

*Identify any areas that need strengthening.*

*Describe plans and recommendations for future development and improvement:*

***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*

*The program maintains a sufficient number of faculty to meet program needs.*

### *Criterion 9.2 - Faculty Qualifications*

*All faculty members demonstrate an appropriate level of education and experience to support the institution’s achievement of its educational objectives.*

### *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.*

### *Criterion 9.4 - Faculty Training*

*Continuous training on policies, student needs, instructional methods and technologies is available and required.*

### *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.*

*Provide an explanation of how your program meets this standard and each of the Criterion and guidelines outlined in the Accreditation Manual.*

*Identify any areas that need strengthening.*

*Describe plans and recommendations for future development and improvement:*

***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 - 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.*

### *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.*

### *Criterion 10.3 - Inclusion of Student Voice*

*Provision is made for obtaining student perceptions in the decision- making process of the institution.*

### *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.*

*Provide an explanation of how your program meets this standard and each of the Criterion and guidelines outlined in the Accreditation Manual.*

*Identify any areas that need strengthening.*

*Describe plans and recommendations for future development and improvement:*

***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 institution provides an in-person and/or virtual 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 - 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 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 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 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.*

### *Criterion 11.5 - Clinic space and equipment*

*The program provides an in-person and/or virtual clinic space with sufficient and well-maintained equipment and facilities.*

*Provide an explanation of how your program meets this standard and each of the Criterion and guidelines outlined in the Accreditation Manual.*

*Identify any areas that need strengthening.*

*Describe plans and recommendations for future development and improvement:*

***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 institution has sufficient planning for, management and allocation of the resources necessary to achieve its mission.*

### *Criterion 12.2 - Control*

*The institution has control of its financial resources and budgetary processes and is 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 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, 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.*

### *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:*

1. *A current Financial Review (prepared by a licensed CPA).*
2. *Three years’ most recent tax returns (prepared by a licensed CPA).*
3. *Current budget and two years projected budgets (may be prepared by bookkeeper or accountant).*
4. *Current Balance Sheet and two preceding years Balance Sheets (may be prepared by bookkeeper or accountant).*
5. *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 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 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 - 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 clearly defines and uniformly follows a fair and equitable refund policy for unearned tuition that complies with applicable state and federal laws and regulations.*

*Provide an explanation of how your program meets this standard and each of the Criterion and guidelines outlined in the Accreditation Manual.*

*Identify any areas that need strengthening.*

*Describe plans and recommendations for future development and improvement:*

***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.*

*Please complete the* **Standard 13 Publications and Advertising Chart***, indicating where all of the items in Standard 13. are listed. This document is not included in the 130-page limit.*

***Criterion 13.1 -- Completeness and Accuracy***

*The institution publishes, and makes available to students and to the general public (where applicable), an Academic 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, 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 13.3 -- Representation of opportunities***

*Publications and advertising must not misrepresent employment, career, or licensure 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.*

*Provide an explanation of how your program meets this standard and each of the Criterion and guidelines outlined in the Accreditation Manual.*

*Identify any areas that need strengthening.*

*Describe plans and recommendations for future development and improvement:*

***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 - 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.*

### *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.*

*Provide an explanation of how your program meets this standard and each of the Criterion and guidelines outlined in the Accreditation Manual.*

*Identify any areas that need strengthening.*

*Describe plans and recommendations for future development and improvement:*

*List of documents appended for Standard 14:*

1. **SUMMARY**

*The final chapter of the Self-Study Report should: (1) summarize the recommendations that arose from the self-study process; (2) synthesize and prioritize these recommendations into realistic short- and long-range timetables for implementation; and, (3) assess how the recommendations fit into a cohesive whole. Please indicate whether the Board, program administrators, faculty and students have approved of these recommendations.*

*List of documents appended for Summary:*

* Table summarizing short-term and long-term implementation of improvements

**COURSE SYLLABI**

*Use this page as the Table of Contents for the Course Syllabi and attach all syllabi to make a single* ***SEPARATE \*.pdf document****.*

*List syllabi for all courses, organized in increasing course numerical order. Include the full course title, course number and page number where the syllabi can be found. Red italics should be deleted from your final document.*

|  |  |  |
| --- | --- | --- |
|  | | Page Number |
| **Full Course Title and Abbreviation** | | |
| 1 | Example: Repertory 1A REP1A | 2 |
|  |  |  |
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**OTHER EVIDENCE**

*Use this page as the Table of Contents for a* ***SEPARATE \*.pdf*** *, which includes two types of documents that provide supporting evidence of compliance with the Standards. The first is a list of documents that are referred to in more than one standard, the second is a list of documents supporting specific standards. Please list documents in ascending order by standard. Append all documents to this form to make a single \*.pdf. Red italics should be deleted from your final document.*

|  |  |
| --- | --- |
| **Document title (referred to in more than 1 standard)** | **Page Number** |
| *Example: Program catalogue* | *2* |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Title of Document** | **Evidence related to Standard?** | **Page Number** |
| *Example: Job descriptions* | *Standard 4* | *1* |
|  |  |  |
|  |  |  |

**STANDARD 8 CURRICULUM CONTENT AREAS**

*Please use the* **ACHENA Eligibility and Accreditation Manual** *for a full description of the subject area components of Standard 8: A-N. Note curriculum content is different from professional competencies (Standard 8.12), which is assessed separately. Use full course titles (e.g. Repertory 1A), as referred to in the Course Syllabi list rather than assigned course abbreviations or numbers (e.g. REP 1A). Red italics should be deleted from your final document.*

1. **History, Development & Current Affairs in Homeopathy**

|  |  |
| --- | --- |
|  | *Full title(s) of course(s) covering content area* |
| 1. History of Medicine: Hippocrates to Galen and Paracelsus |  |
| 2. History of Vitalism: Paracelsus to Hahnemann |  |
| 3. History of Homeopathy |  |
| 4. World History of Homeopathy |  |
| 5. History of Homeopathy in North America |  |
| 6. Current Affairs in Homeopathy in the US and Canada |  |
| 7. Current Legal & Political Affairs: US |  |
| 8. Current Legal & Political Affairs: Canada |  |
| 9. Awareness of other forms of holistic medicine |  |
| 10. National Healthcare Landscape |  |

B. **Homeopathic philosophy, principles and methodology**

|  |  |
| --- | --- |
|  | *Full title(s) of course(s) covering content area* |
| 1. Fundamental Concepts |  |
| 2. Symptoms and signs |  |
| 3. Classification of diseases |  |
| 4. Theory of Case Management |  |

1. **Homeopathic case-taking**

|  |
| --- |
| *Please list the courses in the program that meet the curriculum content requirements of Standard 8C:* |

1. **Case analysis**

|  |
| --- |
| *Please list the courses in the program curriculum that meet the curriculum content requirements of Standard 8D:* |

1. **Case management**

|  |
| --- |
| *Please list the courses in the program curriculum that meet the curriculum content requirements of Standard 8E:* |

1. **Repertory**

|  |
| --- |
| *Please list the courses in the program curriculum that meet the curriculum content requirements of Standard 8F:* |

1. **Materia medica**

|  |  |
| --- | --- |
|  | *Full title(s) of course(s) covering content area* |
| 1. Sources for homeopathic remedies - using aspects like biology, botany, chemistry, physics, doctrine of signatures, mythology, folklore, culture, applications, and use in other forms of healing |  |
| 2. Clinically confirmed symptoms |  |
| 3. Repertory rubrics |  |
| 4. Etiology |  |
| 5. Different approaches to symptomatology |  |
| 6. How materia medica applies to other approaches or aspects of remedy study - |  |
| 7. Clinical application - |  |
| 8. Awareness of how Materia Medica is constantly evolving |  |

1. **Posology**

|  |
| --- |
| *Please list the courses in the program curriculum that meet the curriculum content requirements of Standard 8H:* |

1. **Required remedies**

|  |
| --- |
| *Please list the courses in the program that meet the curriculum content requirements of Standard 8-I (250-word limit):* |

1. **Homeopathic provings and research**

|  |  |
| --- | --- |
|  | *Full title(s) of course(s) covering content area* |
| 1. Fundamental knowledge of homeopathic proving methods |  |
| 1. *Research* |  |

1. ***Clinical training***

|  |
| --- |
| *Please list the courses in the program curriculum that meet the curriculum content requirements of Standard 8K:* |

1. **Ethics & legality**

|  |
| --- |
| *Please list the courses in the program curriculum that meet the curriculum content requirements of Standard 8L:* |

1. **Practice development and personal development**

|  |
| --- |
| *Please list the courses in the program that meet the curriculum content requirements of Standard 8M:* |

1. **Biomedical clinical sciences & complementary medicine**

|  |
| --- |
| *If the program includes instruction for biomedical sciences (not included in the required 1,000 hours of coursework), please describe how the curriculum meets the requirements of Standard 8N and explain how it is the equivalent of a 3-credit college course in anatomy and physiology and a 3-credit college course in pathology and disease (500-word limit):* |

**STANDARD 8.12 PROFESSIONAL COMPETENCIES**

*Please use the* **ACHENA Eligibility and Accreditation Manual** *for a full description of the professional competencies listed in Standard 8.12. Note professional competency is different from curriculum content (Standard 8: A-N), which is assessed separately.*

*Do not provide course descriptions. Rather, illustrate how student work such as assignments, essays, written cases, tests, quizzes, (etc.) help students develop mastery of the competencies referred to in each element of Standard 8.12.*

*Red italics should be deleted from your final document.*

|  |
| --- |
| 1. History and development of homeopathy *(250-word limit)* |

|  |
| --- |
| 1. Homeopathic philosophy, principles and methodology *(250-word limit)* |

|  |
| --- |
| 1. Homeopathic Materia Medica *(250-word limit)* |

|  |
| --- |
| 1. Homeopathic provings and research *(250-word limit)* |

|  |
| --- |
| 1. Homeopathic repertory *(250-word limit)* |

|  |
| --- |
| 1. Posology *(250-word limit)* |

|  |
| --- |
| 1. Homeopathic case taking *(250-word limit)* |

|  |
| --- |
| 1. Homeopathic case analysis *(250-word limit)* |

|  |
| --- |
| 1. Homeopathic case management *(250-word limit)* |

|  |
| --- |
| 1. Assessment of effectiveness of treatment *(250-word limit)* |

|  |
| --- |
| 1. Record keeping *(250-word limit)* |

|  |
| --- |
| 1. Conventional medicine and complementary alternative medicine *(250-word limit)* |

|  |
| --- |
| 1. Clinical competencies *(250-word limit)* |

|  |
| --- |
| 1. Ethical and legal competencies *(250-word limit)* |

|  |
| --- |
| 1. Compliance with practices established by the profession and society at large *(250-word limit)* |

**STANDARD 13 PUBLICATIONS AND ADVERTISING CHART**

*Please list the locations and/or documents where the publications/advertising item can be found as well as the specific page or url. Bear in mind some of this information may need to be accessible to prospective and current students, faculty and the general public. Please assure consistency of information across different information sources. Red italics should be deleted from your final document.*

|  |  |  |
| --- | --- | --- |
| **Publications/Advertising Item** | **Location(s)** | **Page/Website url** |
| Current purposes and educational objectives |  |  |
| Entrance requirements and procedures |  |  |
| Admissions and transfer credit policies |  |  |
| Rules and regulations for conduct and attendance |  |  |
| Opportunities & requirements for financial aid (if applicable) |  |  |
| Procedures for discipline and/or dismissal |  |  |
| 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 |  |  |
| Members of the governing and advisory boards |  |  |
| Non-discrimination policy |  |  |
| Curriculum with course descriptions of each course |  |  |
| Academic calendar |  |  |
| Course schedules |  |  |
| Description of each academic program and course of study |  |  |
| Description of the learning and other physical resources |  |  |
| Information on certification and entry into the profession |  |  |

1. In free-standing institutions of homeopathy for which the ACHENA provides institutional, as contrasted with programmatic, accreditation the Self-Study must also address the institution’s compliance with ACHENA standards. [↑](#footnote-ref-1)