FINAL ANALYSIS AND RECOMMENDATION FOR

ACPE

Meeting Date: 07/2022

Type of Submission:
Renewal Petition

Current Scope of recognition:

Scope of recognition: the accreditation and pre-accreditation within the United States of professional degree programs in pharmacy leading to the degree of Doctor of Pharmacy, including those programs offered via distance education. Geographic Area of Accrediting Activities: Throughout the United States.

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**Requested Scope of Recognition**

**Narrative:**
ACPE does not request a change in the scope of recognition granted by the Secretary.

**Analyst Remarks to Narrative:**
The agency has not requested any changes to its scope with the Department of Education.

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**Criteria: 602.10(a-b) Link to Federal Programs**

**Narrative:**
Established in 1932 and continuously recognized by the U.S. Department of Education since 1952, ACPE (formerly the American Council on Pharmaceutical Education, renamed the Accreditation Council on Pharmacy Education in 2003) is a programmatic agency that accredits Doctor of Pharmacy degree programs at colleges and schools of pharmacy in the United States, the District of Columbia, Puerto Rico and Lebanon (a single program, the parent institution for which is chartered in the state of New York). All U.S. programs are located within institutions that are accredited by or are seeking accreditation from an institutional (regional) accrediting agency recognized by the Secretary of Education. ACPE is linked to eligibility for recognition under 602.10 (b), in that it accredits pharmacy programs for the purpose of enabling them to establish eligibility to participate in non-HEA Federal programs. A few examples of non-HEA Federal grant programs offered by the Health Resources and Services Administration are presented in EXHIBIT 1 Link to Eligibility which provides grant opportunities established under Title VII, the Public Health Service (PHS) Act, in which a number of colleges and schools of pharmacy participate. Accreditation by the recognized programmatic accrediting agency is a requirement for eligibility for these grant programs. As noted in the Funding Opportunity Announcement provided in Exhibit 1, “For the purpose of this FOA, eligible applicants are accredited allopathic schools of medicine, osteopathic medicine, dentistry, pharmacy, and graduate programs in behavioral or mental health that meet the requirements of Section 736(c) of the PHS Act.” A few examples of ACPE-accredited colleges or schools of pharmacy that are deriving funds from non-HEA Federal Programs are provided as EXHIBIT 2 Examples of non-HEA Federal Program Participants. ACPE is neither an institutional accreditor nor a
gatekeeper of Title IV funds.

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**Analyst Worksheet - Narrative**

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests that it is a programmatic accreditor, therefore linked to non-HEA Federal grant programs (Ex. 1). The agency provides documentation of a program that has received funding from the Center of Excellence grant program and another program receiving funding from the National HCOP Academies grant, both grants are provided by the Department of Health and Human Services (Ex. 2). In addition, both grants require the educational program be accredited by an accrediting agency recognized by the Department of Education in order for the program to participate. (1)(b)(6)

The current HCOP recipient is currently an HCOP recipient. The current HCOP project period is from September 1, 2018 - August 31, 2023. The current Center of Excellence grant is from July 1, 2017 to June 30, 2022.

It appears that the agency latest federal grant expires in August 2023; therefore, the agency must provide additional information regarding extensions prior to the grant expiration.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:

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**Criteria: 602.11(a-c) Geographic Area of Accrediting Activities**

Narrative:

The geographic scope of ACPE’s accreditation is national. The responsibilities of the accreditation program, including national scope, are set forth in the “Scope of Accreditation,” located in EXHIBIT 3 ACPE Policies and Procedures (hereafter referred to as “ACPE Policies and Procedures”; also available on ACPE’s website at https://www.acpe-accredit.org/pdf/CS_PoliciesandProceduresAugust2020.pdf), P1.
(Note: ACPE’s Policies and Procedures are included here in their entirety. For ease and convenience of the reviewers, future exhibits will include only the specific section or policy referenced). The ACPE web-site (https://www.acpe-accredit.org/accredited-programs-by-state/) lists all accredited programs by location. EXHIBIT 4 Listing of ACPE Programs, provides a listing of ACPE programs.

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### Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency attests that it accredits programs on a national basis. The agency also provides documentation (Ex. 4) of its accredited programs which includes location of the program (Ex. 4).

### List of Document(s) Uploaded by Analyst - Narrative

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### Analyst Worksheet - Response

**Analyst Review Status for Response:**

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**Criteria: 602.14(a) Category of Agency**

**Narrative:**

ACPE falls into category 3 above. ACPE has voluntary membership. The Articles of Incorporation and the Bylaws of ACPE describe the organization as being exclusively for charitable, educational, and scientific objectives and purposes; the Bylaws Article II, Board of Directors, Section 13, entitled Compensation (located on page 10 in EXHIBIT 5 By-Laws), notes the voluntary character of the membership.

EXHIBIT 6 External Recognition of ACPE, provides ACPE’s policy on External Recognition which indicates that ACPE accreditation serves to establish eligibility for participation in a variety of federally funded programs, and states the limitation (i.e., not including eligibility for Title IV programs, Higher Education Act, 1965, as amended). EXHIBITS 1 and 2 illustrate that ACPE accreditation serves to establish eligibility for participation in a variety of non-HEA Federal Programs.
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**Analyst Worksheet - Narrative**

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests and meets the requirements under the third category as an accrediting agency that has voluntary membership (Ex. 5) and that its accreditation serves to establish eligibility for participation in non HEA federally funded programs in accordance with 602.14(a)(3).

**List of Document(s) Uploaded by Analyst - Narrative**

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**Analyst Worksheet - Response**

Analyst Review Status for Response:

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**Criteria: 602.15(a)(1) Staffing/Financial Resources**

Narrative:

ACPE has adequate staffing resources to effectively address the scope of its activities and the management of its finances now and for the foreseeable future. ACPE has 10 full-time and 1 part-time staff positions consisting of both professional and administrative support staff. Six of the professional staff are licensed pharmacists with doctoral degrees from accredited U.S. pharmacy programs and experience working in pharmacy education and practice settings, while one professional staff member received his pharmacy degree in Zimbabwe. The four full-time administrative support staff include a Director of Accounting and Human Resources, an Accreditation Associate, an Accreditation Coordinator, and one Program Coordinator/Manager of Office Operations. EXHIBIT 10 Staff, provides a brief biographical sketch for each staff member. EXHIBIT 11 Organizational Chart, provides ACPE’s organizational chart.

Staff with responsibility for oversight of the professional degree program accreditation process include
three full-time and one part-time staff members for a total of 3.6 FTE devoted to professional degree accreditation. Three staff, including two of the full-time staff and one part-time staff members, lead on-site evaluations. In addition, two other professional staff members have been trained in the professional degree program accreditation process and can participate, if needed, during unforeseen staff shortages. In addition, ACPE has three paid evaluation consultants amounting to roughly another 0.8 FTE that provide support to the professional degree program (total: approximately 4.4 FTE, with backup support if needed). Of note, since its founding in 1932, either a staff member or a consultant provider leadership for all on-site evaluations. The evaluation consultants have experience in academia or professional degree accreditation and are well qualified to support the accreditation program as noted by their prior experience as either an ACPE Board member (Spratto and Beardsley) or ACPE staff (Vlasses) (EXHIBIT 12 Consultant Qualifications).

Job descriptions for individuals providing support to the professional degree program accreditation process are provided in EXHIBIT 13 Staff Job Descriptions. Additionally, EXHIBIT 14 Summary of Job Responsibilities, provides a table indicating responsibility for each of the following: 1) review of self-studies; 2) coordination of site visits and reports; 3) conducting monitoring activities including focused and comprehensive on-site evaluations; 4) development and provision of site visitor training workshops and webinars; 5) ensuring data and records maintenance; 6) coordination and support of Board activities; 7) technical support; and 8) liaison to all stakeholders and members of the community.

ACPE’s staff has numerous years of service in pharmacy academia and accreditation. Dr. Janet P. Engle was appointed Executive Director effective September 2019, following the resignation of Dr. Peter H. Vlasses who had served in that capacity for 20 years. Dr. Engle comes to ACPE after extensive experience academia having served in many positions at her prior institution, including as chair of the Department of Pharmacy Practice and executive associate dean. Dr. Engle has been very involved in pharmacy leadership. She is past president of the American Pharmacists Association, the national professional society of pharmacists. Dr. Engle served as a voting member of the FDA Nonprescription Drug Advisory Committee and continues as a Special Government Employee Consultant to FDA. Dr. Engle is a past member of the Board of Pharmacy Specialties Board of Directors. She has also served on numerous committees for the American Association of Colleges of Pharmacy.

Dr. J. Gregory Boyer, Associate Executive Director and Director of the Professional Pharmacy Degree Accreditation Program has been with ACPE for 18 years and manages all activities of the Professional Degree Program Accreditation process. Additional staff working within the Professional Degree Program include Dr. Mary Kiersma, Associate Director of Professional Degree Program Accreditation (6 years); Dr. Dawn Zarembski, Assistant Director, Accreditation, (20 years); and Joanna Holub, Accreditation Associate (16 years). This experience attests to ACPE’s past and present effectiveness in fulfilling accreditation responsibilities and managing finances. In addition, the length of staff tenure provides for a high level of consistency throughout the accreditation process.

Internal administration and management of ACPE’s affairs are augmented by professional services provided on an ongoing basis by external consultants who provide services for information technology and legal matters. ACPE contracts for informational technology services with an individual on-site at ACPE several days a week.

ACPE staff members and evaluation consultants in the professional degree accreditation program have participated in ACPE’s site visitor training process and participate in periodic training activities related to ACPE’s standards, policies, and procedures to ensure ongoing competence. ACPE’s staff and site visitor training workshops are offered on two consecutive half-days. The sessions provide an intensive overview of the accreditation process including an in-depth review of ACPE’s standards and expectations of the on-
site evaluation. The workshops are interactive and require participants to apply what they are learning. An actual but blinded self-study, redacted to preserve confidentiality, is used to allow participants to fully participate in a mock evaluation of the standards. Role-playing exercises simulate on-site interactions with the Dean, faculty, students, and preceptors. EXHIBIT 15 Training Workshop, provides a copy of the slides utilized in the site visitor training workshop. EXHIBIT 16 Trained Visitors provides a list of individuals who have participated in ACPE’s site training workshops and are therefore eligible to serve as evaluation team members. Pre- and Post-tests are conducted to assess participant learning during the workshops (EXHIBIT 17 Pre- and Post-Test). Ongoing training of staff and evaluation consultants who have previously attended a workshop is conducted via periodic webinars that educate site visitors about updated accreditation guidelines and policies and procedures. Upon completion of a webinar, participants engage in a learning assessment activity and receive feedback regarding their performance (EXHIBIT 18 Webinar Learning Assessment).

ACPE staff members routinely participate in professional development activities, including attendance at meetings of the Association of Specialized and Professional Accreditors, the Council for Higher Education Accreditation, the American Association of Colleges of Pharmacy, and other professional pharmacy organizations as required to maintain licensure. In addition, staff attend NACIQI meetings to remain current with U.S. Department of Education policy requirements for accrediting agencies.

ACPE has adequate financial resources to perform its degree program accreditation functions efficiently and effectively at present and for the foreseeable future. ACPE’s budget is reviewed and updated on an annual basis. Grants from three sponsoring organizations, the American Association of Colleges of Pharmacy, the American Pharmacists Association and the National Association of Boards of Pharmacy are all applied as degree program revenue as are the actual interest and dividend income; this has been done historically to lessen the fees charged to colleges and schools. EXHIBIT 19 and 20, ACPE Financial Statement 2018 and 2019, respectively, provide documentation regarding the adequacy of ACPE’s financial resources.

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide its current audit and financial statements and resolve the discrepancy between J. Gregory Boyer's title.

Analyst Remarks to Narrative:

As discussed in its narrative and documentation, the agency has demonstrated the administrative and fiscal capability to carry out its accreditation activities in accordance with this criterion.

The agency maintains 1 part-time and 10 full-time employees (including an Executive Director and Associate Executive Director) that are responsible for professional and administrative support. The agency provides an Organizational Chart (Ex. 11), consultant qualifications (Ex. 12), staff job descriptions (Ex. 13), and a summary of job responsibilities (Ex. 14) all of which demonstrate staff qualifications to carry out their assigned roles.

The agency's narrative lists J. Gregory Boyer as the Associate Executive Director; however, Exhibit 11 lists Dr. Boyer as the Assistant Executive Director. Further clarity is needed to resolve this discrepancy. Additionally, the country may want to clarify the acronyms listed on the Org Chart to apprise Department Staff of the varying departments within the agency.

The agency receives grant support from the American Association of Colleges of Pharmacy, the American Pharmacists Association, and the National Association of Boards of Pharmacy. The funds from these grants help to lessen the fees charged to colleges and schools. The agency provided documentation of its 2018 (Ex. 19) and 2019 (Ex. 20) Financial Statements prepared by an independent accountant that demonstrates its sound fiscal capability. However, the agency must provide its current audit and financial statements in order for the Department staff to understand the agency's current financial position.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

Dr. J. Gregory Boyer was promoted to Associate Executive Director during the preparation of ACPE’s petition for continued recognition. ACPE concedes that Dr. Boyer’s accurate title was not included
throughout the report as certain exhibits were prepared prior to the promotion and the discrepancy was not identified.

ACPE has hired additional staff and had one staff member resign since submission of the petition for continued recognition in September 2020. ACPE staff now includes one part-time and thirteen full-time employees. EXHIBIT R1 ACPE Staff provides a listing of ACPE’s staff noting the individual member’s title and primary division. As noted in the updated organizational chart provided in EXHIBIT R2 Organizational Chart, two of ACPE’s new employees primarily support ACPE’s continuing professional education accreditation program which is not within the scope of the Secretary’s recognition. The staff member that resigned supported ACPE’s continuing professional education accreditation program not the professional degree accreditation program. The third new staff member, Mr. Steve Janis, provides IT support to all of ACPE’s programs. It should be noted that, in addition to Mr. Janis, ACPE continues to maintain a contractual relationship with RWK IT services to ensure comprehensive IT support. The acronyms included in the previously submitted organizational chart have been spelled out to further clarify ACPE’s different divisions. ACPE’s scope of recognition is limited to the College and School Professional Degree Program. ACPE’s Continuing Education, International Services Program, and Pharmacy Technician Education Accreditation Collaboration are specific units within ACPE that are outside the scope of the Secretary’s recognition. ACPE notes that staffing within the Professional Degree Program has been stable since the previous review by the Secretary in 2017 with no staff turnover in that time period.

ACPE continues to have sufficient financial resources to perform its degree program accreditation functions efficiently and effectively at present and for the foreseeable future. ACPE’s budget is reviewed and updated on an annual basis. EXHIBITS R3 and R4 Audited Financial Statement 2020 and 2021, provide documentation regarding the adequacy of ACPE’s financial resources. ACPE notes that these documents were not available at the time the original Petition for Continued Recognition was submitted in September 2020.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

Meets the requirements of this section

**Analyst Remarks to Response:**

The agency provides documentation of brief staff bios (Ex. R1) demonstrating each person’s administrative skills, experience, education, and abilities. As noted in the narrative, the agency’s Executive Director, Jan Engle, has extensive experience as a practicing pharmacist in the community, hospitals, long-term care, and pharmacy-directed ambulatory clinic settings. Additionally, the agency provides its Organizational Chart (Ex. R2) and clarified Dr. J. Gregory Boyer’s position in the agency as the Associate Executive Director and the Director of Professional Degree Program Accreditation. Dr. Boyer and the remaining 12 staff members are well qualified to carry out their assigned roles with the agency.

The agency attests and provides documentation of its fiscal capability to carry out its accreditation activities (Ex. R3, R4). Specifically, the agency provides the financial statements for 2020 and 2021 that were audited by an independent accountant and reflect the agency’s revenue, expenses, net assets, other income, increase in net assets, and end of the year net assets. The additional information provided by the agency satisfies previous Department staff concerns.

**List of Document(s) Uploaded by Analyst - Response**
Narrative:

The ACPE Board of Directors is the entity that establishes and applies policies and makes all accreditation and preaccreditation decisions. The Board is composed of ten members, three each appointed by three pharmacy organizations representing pharmacy educators, practitioners, and regulators and one public member appointed by the American Council on Education. Appointment criteria are described in EXHIBIT 7 Board Appointment Criteria, while EXHIBIT 21 Board Qualifications, provides biographical sketches for current members of the ACPE Board (full credentials for Board members are provided in EXHIBIT 21A Board Curriculum Vitae should additional documentation be required). Board member terms are for 6 years with a six-month pre-service orientation. Board appointments typically begin in July of even-numbered years with board-designees receiving extensive training in the 6 months preceding the appointment to ensure a comprehensive understanding of Board roles and responsibilities, the ACPE standards, and policies and procedures. In accordance with this time-frame, training of board-designees begins at the preceding January Board meeting (January of even-numbered years). Board-designees are provided copies of ACPE’s bylaws, policies and procedures, and standards in advance of the meeting. At the January training meeting, Board-designees attend an orientation with the ACPE President and ACPE staff during which ACPE’s policies and procedures and standards are reviewed (EXHIBIT 22 Board Orientation). Board-designees participate as an observer at the January Board meeting as part of their training. Board-designees also attend a second Board meeting in June. Board-designees do not have voting privileges at these Board meetings and attendance is purely for training and observational purposes. This overlap enhances consistency in the decision-making process. Board-designees are encouraged to observe at least one on-site evaluation prior to beginning active service.

As described under 602.15 (a)(1), ACPE’s training workshops provide an overview of accreditation and an in-depth review of ACPE’s standards, the accreditation process and evaluation team member responsibilities. All Board members (including new appointees to the Board) must attend a workshop prior to assuming their responsibilities. The workshops are intensive, interactive, and include a detailed review of the standards, including those related to distance education. Participants receive required reading materials in advance of the workshop, including an actual, redacted self-study and a copy of the evaluation rubric, so workshop time can be used to apply learning. The mock self-study (EXHIBIT 23 Workshop Self-Study) involves a program offering both a traditional “bricks and mortar” pathway to deliver the curriculum and the use of distance learning technology to deliver the same curriculum to a “distant” or branch campus pathway. This is the most common form of distance education that ACPE accredited programs utilize. Board members receive training as to the use of the evaluation rubric and evaluation of the Standards and Key Elements including those relevant to distance education. Throughout the workshop, hands-on examples are utilized to demonstrate expectations regarding the review of accredited programs, including those using distance technology. Role-playing exercises simulate on-site interactions with the dean, faculty, students and preceptors. EXHIBIT 15 Training Workshop, provides a copy of the slides utilized in ACPE’s site visitor training workshop. As noted previously, pre- and post-tests are conducted to assess participant learning (EXHIBIT 17 Pre- and Post-Test). Ongoing training is conducted via periodic webinars to educate Board members about updated accreditation standards and policies and procedures.

The evaluation teams conduct the on-site evaluation but do not set policies nor make accreditation
decisions. The ACPE Board has developed policies describing specific qualifications of evaluation team members (EXHIBIT 24 Evaluation Team Policy). Evaluation teams include both educators and practitioners. The composition includes a member of the Board (where schedules allow), two or more other selected individuals qualified by experience and training, and either a member of the ACPE staff (most common) or an ACPE evaluation consultant. Evaluation team members are chosen to include deans or faculty from other pharmacy programs, including those utilizing distance education when appropriate (EXHIBIT 25 Evaluation Team Examples).

To be eligible to participate in the evaluator training workshops (and serve as an evaluation team member), participants must have either held an academic appointment in a program or been a practicing pharmacist for a minimum of 5 years (EXHIBIT 26 Registration Form). Curriculum vitae and a letter of recommendation are reviewed prior to acceptance of participants into the workshop to ensure these minimum qualifications are met (EXHIBIT 27 Sample Qualifications). ACPE currently has over 300 trained site visitors available to serve on evaluation teams (EXHIBIT 16 Trained Visitors). As evaluation teams are compiled using only individuals that have participated in the training workshops, ACPE staff ensures that qualified individuals are included on the evaluation team. ACPE has developed a customized program which captures demographic, programmatic and training information for each site visitor. EXHIBIT 28 Site Visitor Profile, documents the profile of one site visitor which includes their background, experience as a team member, and training history.

ACPE recently convened its first Appellate Commission. ACPE policy, EXHIBIT 29 Appeals Policy, requires that the Appellate Commission include the current chief elected officer of the American Association of Colleges of Pharmacy; the American Pharmacists Association; the National Association of Boards of Pharmacy; and two (2) members selected by ACPE from former members of the ACPE Board of Directors. The Commission must include an administrator (such as a dean of an ACPE accredited program), pharmacy educators, pharmacy practitioners, and a public member (such as a former member of the Public Interest Panel or a former ACE appointee to the ACPE Board). Additional members will be added to the panel if the individuals appointed to the panel under the guidelines outlined above do not provide such representation. In order to ensure currency, a special training session is held for all Appellate Commission members prior to convening the Commission. EXHIBIT 30 Appellate Commission, provides a listing of Appellate Commission members demonstrating adherence to ACPE’s policy. EXHIBIT 31 Appellate Commission Training, provides documentation of the training provided to the Appellate Commission.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide its training protocol for Board of Director and Appellate Commission members related to agency Standards, guidelines, and by-laws.

**Analyst Remarks to Narrative:**
The agency attests and provides documentation of its ten-member Board of Director appointment criteria (Ex 7) which requires members from the following professional organizations: the American Pharmacists Association; the National Association of Boards of Pharmacy; the American Association of Colleges of Pharmacy; and the American Council on Education to ensure they are competent to serve on the agency’s Board. The three directors appointed from the American Pharmacists Association must be licensed, registered pharmacists for at least 10 years; have a record of exemplary professional practice and/or leadership experience; have prior educator experience; and have a working knowledge of the broad array of pharmacy practice settings and contemporary issues. Three appointed members from the National Association of Boards of Pharmacy must have a minimum of 10 years of experience in pharmacy practice or education and be or have recent experience as a member or an executive of a state board of pharmacy. Three appointed members from American Association of Colleges of Pharmacy must have a minimum of 10 years’ experience as a member of the faculty or administration of a college or school of pharmacy with accredited program and be in a full-time academic position. The last (or tenth) Board member is appointed from the American Council on Education who is not an employee, student, member of the Board, shareholder or consultant to any agency accredited or preaccredited program (Ex. 7).

The agency provides a list (Ex. 21) of its Board of Directors including each member's curriculum vitae (Ex. 21A) that signals the education and experience each member possessed prior to their six-year Board appointment. Prior to the appointment, the agency attests that Board members are required a six-month pre-service term in which they are trained on agency (Ex. 15) standards, guidelines, by-laws, Board roles and responsibilities (Ex. 22), and at which time they observe existing Board meetings. Although the agency provides documentation of its Board Orientation, it did not provide the training provides on the agency standards, guidelines and by-laws or the names of the Board members who attended the training mentioned in 602.15(a)(1).

The agency uses Evaluation Teams (Ex. 25) to conduct on-site reviews of colleges and programs. Evaluation teams include educators and practitioners and may include a member of the Board, agency staff, and two or more other selected individuals, qualified by experience and training. Before evaluators go on an on-site review, they must complete training on the standards (including application thereof), policies and procedures, evaluation techniques, and their role in the evaluation process (Ex. 24). To be trained as an evaluator, an individual must have held an academic appointment in a college or school of pharmacy or be employed as a pharmacy practitioner for a minimum of five years. The agency provides documentation of its Registration Form (Ex. 26) and the Evaluator pre- and post-test (Ex. 17) which is not indicative of whether an evaluator has ascertained a requisite level of information to adequately evaluate a program on-site.

Lastly, the agency utilizes an Appellate Commission who reviews appeals submitted by the executive office of an institution (Ex. 29). The Appellate Commission must consist of the current chief elected officer of the American Association of College of Pharmacy; the American Pharmacists Association; the National Association of Boards of Pharmacy; and two (2) members selected by the agency who were former members Board of Directors. The agency provides documentation (Ex. 31) of its Appellate Commission member and training materials (Ex. 30); however, Department Staff is unable to determine which Commissioners attended the training or what their prior experience has been.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded.

Response:
ACPE ensures that Board members are trained on ACPE Standards, policies, and bylaws. As noted in the Bylaws, each Board member is “required to complete an orientation period and training as set forth in policy” (EXHIBIT R5 Bylaws). EXHIBIT R6 Training Policy provides ACPE policy regarding Board training which requires that appointees complete an orientation period and training in advance of serving as a Board member.

ACPE utilizes an extensive training process for new Board members in the months preceding the member’s active appointment. The extended training period is used to ensure a comprehensive understanding of Board responsibilities and ACPE’s Standards, Policies and Bylaws. The orientation session conducted in January provides an initial overview of ACPE’s Standards and Policies. During this orientation, as noted in EXHIBIT R7 Board Orientation, an overview of ACPE’s professional degree program is provided along with review of the Standards (see slides 8-13) and key policies and procedures (see slides 14-24). Orientation is also provided by ACPE’s legal advisors (EXHIBIT R7A Legal). An orientation manual is provided (EXHIBIT R8 Manual). Perspectives from current Board members are shared with new appointees and questions are addressed. Appointees are provided with foundational materials including ACPE’s Standards, Policies and Bylaws for review in advance of the orientation session. New appointees then attend the January and June Board meetings in an observational capacity to observe real-world application of ACPE’s standards and policies prior to their official appointment in July (EXHIBIT R9 Documentation of Observation of Appointees). Finally, all Board members who have not previously completed ACPE’s evaluation team member training process complete the site visitor training described below which provides a comprehensive overview of ACPE’s Standards, policies and evaluation process. EXHIBIT R10 Board Training demonstrates the extensive training completed by Board Members appointed during the current review period.

ACPE believes that Board training is an ongoing process. In this regard, at the June 2021 Board meeting, Board members were re-oriented to their responsibilities (EXHIBIT R11 Board Minutes June 2021). Principles of decision-making, conflict of interest, and confidentiality were reviewed. As noted under Agenda Item Number 1, all Board members were in attendance for the review of Board responsibilities. The Board also recently reviewed ACPE’s Bylaws.

Prior to participation in an on-site evaluation, all evaluation team members must complete training on the standards, policies and procedures, evaluation techniques, and the role of evaluation team members in the on-site evaluation (see Criterion 602.15(a)(4) for further discussion regarding Board members serving as a member of the evaluation team). ACPE’s training process for evaluation team members ensures that team members have ascertained a requisite level of information to adequately serve in their capacity as a member of the evaluation team. ACPE’s training process involves a two-day active-learning workshop in which the standards are reviewed and applied using active learning activities via a mock on-site evaluation (EXHIBIT R12 Training Workshop). This training includes scenarios requiring the application of the ACPE’s Standards and Guidelines and Policies and Procedures in the assessment of distance education programs. As noted on slide 9, ACPE staff provides an overview of accreditation, the Standards, and the evaluation process. A mock pharmacy program’s self-study is used (see slide 93 of presentation in EXHIBIT R12) as the basis for a series of role-play exercises as participants are split into groups to apply the standards through a mock evaluation visit (see slides 94-132). During the role play exercises, some workshop participants serve as evaluation team members, some as program representatives (faculty, students, preceptors, etc.) and some observe. For example, slide 121 indicates the role-play session conducted with students of the program where some participants serve in the role of the students and some serve in the role of the evaluation team members while others observe the interactions. Participants serving as evaluation team members explore the Standards, using ACPE’s Guidelines and Suggested Questions for the On-Site Evaluation (EXHIBIT R14 Suggested Questions). During the role-play exercise, ACPE staff evaluate participants’ comprehension and application of the Standards, intervening as needed to ensure all
Standards are addressed and that prospective evaluation team members have an accurate interpretation of the Standards. In this manner, the role-play process allows ACPE staff to ascertain if potential evaluation team members have ascertained the requisite level of information to serve in an evaluator capacity and ACPE staff can correct any misinterpretations of the Standards. Upon completion of the interview session between the mock students and evaluation team members, ACPE staff engage the entire group in discussion regarding the findings from the self-study and information gathered through the interview process in the determination of the program’s compliance with the respective standards. Use of the role-play process allows ACPE staff to ensure participants have attained the required level of comprehension of the expectations of the Standard. As noted on slide 132, at the completion of the “mock site visit” process participants complete a comparison of the final rubric with the actual visit’s final rubric to allow for assessment of participants' effectiveness as an evaluator and for staff to ensure prospective evaluators can adequately and consistently apply the Standards. Finally, as noted on slide 145, participants complete the post-test provided in EXHIBIT R15 Post-Test. ACPE notes that only individuals observed to have adequate knowledge of ACPE’s standards will be selected to serve as a member of the evaluation team. To remain eligible to serve as an evaluation team member, trained individuals must complete periodic web-based modules designed to provide training on changes to the evaluation process or Standards or any other information relevant to ACPE’s evaluation procedures. Follow-up training occurs periodically to ensure evaluators remain current. EXHIBIT R16 Evaluation Team Training provides a listing of training completed by evaluation team members.

ACPE convened its first and only Appellate Commission (Appeals Panel) in April 2020. Training of Appellate Commission members was provided by ACPE’s Associate Director of Professional Degree Program Accreditation and included a discussion of the Standards, the types of Accreditation Status, an overview of the evaluation process, types of monitoring utilized by ACPE and the duties and responsibilities of the Appellate Commission (EXHIBIT R17 Appellate Commission Training). As required by ACPE policy, ALL Appellate Commission Members were in attendance for the entire special appellate training session conducted on April 27, 2020, which immediately preceded convening of the Appellate Commission.

At the time of the submission of the petition for continued recognition, ACPE’s Appeals Policy (EXHIBIT 29 Appeals Policy), required that the Appellate Commission include the current chief elected officer of each of the American Association of Colleges of Pharmacy (educators), the American Pharmacists Association (practitioner/employers); and the National Association of Boards of Pharmacy (regulators). In addition, two (2) members of the Appeals Panel were selected by ACPE from former members of the ACPE Board of Directors. EXHIBIT R18 Appeals Panel Members provides a listing of Appellate Commission members for the only instance that the Appellate Commission was convened during the review period. Appellate Commission members' experience in the field of pharmacy is described. The Commission included members with extensive experience in practice and education, including former members of the ACPE Board of Directors. As this was ACPE’s first Appellate Commission, none of the members had prior experience serving on an Appellate Commission for ACPE. As noted above, all members of the Commission attended training immediately prior to the commission convening.

Following submission of the petition for continued recognition in September 2020, ACPE updated its Appeals Policy (EXHIBIT R19 Updated Appeals Policy). In the updated policy, terminology was changed from Appellate Commission to Appeals Panel. Under the new policy the Appeals Panel will consist of no more than five members and must include: two program administrators (a program administrator may include, but is not limited to, a dean of an ACPE-accredited program); one public member (such as a former member of the Public Interest Panel or a former ACE appointee to the ACPE Board); one pharmacy educator; and one pharmacy practitioner and/or employer. One member shall be selected by the CEO of the American Association of Colleges of Pharmacy; one member shall be selected by the CEO of the American
Pharmacists Association; one member shall be appointed by the National Association of Board of Pharmacy; and two members shall be selected by ACPE from former members of the ACPE Board of Directors or former members of ACPE’s Public Interest Panel (maximum of one former Public Interest Panel Member can be selected). ACPE will select the public member of the appeals panel. Other than the public member, each Appeals Panel member shall have prior experience in pharmacy practice or pharmacy education. Further, as required by the policy, prior to sitting as a member of the Appeals Panel, each member will be trained on ACPE’s Standards, policies and procedures. In order to ensure currency, a special training session is held for all Appeals Panel members prior to convening of the Appeals Panel.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

Meets the requirements of this section

**Analyst Remarks to Response:**

The agency provided documentation of the training it provides to new Board members on agency standards, policies, procedures, guidelines, and by-laws. Specifically, the agency conducts an orientation that covers Standards, key policies and procedures (Ex. R7), legal matters (Ex. R7A), along with an orientation manual for their perusal should (Ex. R8), and site visitor training. The agency provided documentation of the names of old and prospective Board members who attended training mentioned in the previous narrative (Ex. R10).

The agency provides documentation of its Appellate Commissioners training (Ex. R17) which includes Standards, accreditation status, evaluation procedures, monitoring, and appellate commission duties and responsibilities (Ex. R17). The agency also provides a list of appellate commission/appeals panel members who attended training and their prior experience (Ex. R12) as previously requested by Department staff.

The additional information provided by the agency satisfies previous Department staff concerns.

**List of Document(s) Uploaded by Analyst - Response**

No files uploaded

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**Criteria: 602.15(a)(4) Educator/Practitioner Representatives**

**Narrative:**

ACPE is a programmatic accreditation agency with an independent and autonomous Board of Directors. The same process has been utilized to appoint members to the Board of Directors since ACPE was established in 1932. The Board of Directors is the entity which establishes policy and makes all accreditation decisions. The ACPE Bylaws provide for representation of both educators, practitioners and/or employers on the policy and decision-making body (EXHIBIT 5 Bylaws). Each of ACPE’s sponsor organizations identifies members active in their own organization. Within the sponsor organization, a call is made to the respective memberships for volunteers to serve on the ACPE Board; Curriculum Vitaes are submitted and reviewed and appointees are then identified by each organization’s respective board of
directors or executive committee. This process ensures that ACPE Board members are experienced and respected individuals within their respective areas of the pharmacy profession. An additional Board member is appointed by the American Council on Education (ACE). The ACE appointee must be an academic from an institution without a pharmacy program. ACPE has developed and approved guidance regarding appointments to the ACPE Board of Directors to ensure the Board includes a diverse range of expertise and appropriate representation of practitioners and educators (EXHIBIT 7 Board Appointment Criteria). This guidance is provided to the appointing organizations to codify ACPE expectations for the appointments and to further guide these organizations in their appointment process.

ACPE’s three sponsor organizations include: 1) the American Pharmacists Association; 2) the American Association of Colleges of Pharmacy; and 3) the National Association of Boards of Pharmacy. The American Pharmacists Association (APhA) is a national professional society of pharmacists and is the first-established and largest professional association of pharmacists in the United States. APhA’s members primarily include practicing pharmacists, many of whom serve as employers. Appointment of ACPE Board members by APhA ensures representation of practitioners and/or employers on the Board. APhA’s appointments are made in consideration of various important sectors of pharmacy practice (e.g., community pharmacy, chain pharmacy, health system pharmacy, etc.). The current APhA appointees to the ACPE Board include: 1) the Director of Pharmacy and Clinical Pharmacist for a skilled nursing facility; 2) a pharmacy faculty member who is the Pharmacy Residency Administrator and oversees clinical pharmacy faculty services at an academic medical center; and 3) a community pharmacist.

The American Association of Colleges of Pharmacy (AACP) is the national organization representing the interests of pharmacy education and educators. Active AACP membership is only available to administrators, faculty members and librarians of ACPE accredited colleges or schools of pharmacy. Appointment of Board members by AACP ensures representation of educators on the ACPE Board. The current AACP appointments to the ACPE Board include: 1) a dean of an accredited pharmacy program (private); 2) a dean at an accredited pharmacy program (public) that includes branch campuses which utilize distance education delivery techniques; and 3) a Vice Dean at an accredited pharmacy program (public).

The National Association of Boards of Pharmacy (NABP) is the only professional association that represents regulatory boards of pharmacy in all 50 U.S. states, the District of Columbia and Puerto Rico. NABP includes members and executives of the individual boards of pharmacy. These individuals are usually practitioners but can be educators with no ties to pharmacy education. The current NABP appointees to the ACPE Board include: 1) a director of pharmacy practice for a pharmacy benefits management company; 2) an executive director of a state board of pharmacy; and 3) a vice president and associate general counsel for a healthcare solutions company who has also served as a member of a state board of pharmacy.

EXHIBIT 21 Board Qualifications provides a brief biographical sketch of the current members of the ACPE Board. The credentials and experience of the current members of the ACPE Board attests to the effectiveness of ACPE’s Board appointment process.

As previously noted, ACPE evaluation teams conduct the on-site evaluation but do not set policies nor do they determine accreditation actions. ACPE policy 11.3 On-Site Evaluation, states that evaluation teams include both educators (one of whom is a dean of an ACPE-accredited program) and practitioners (EXHIBIT 24 Evaluation Team Policy). Practitioners include individuals who are: 1) employed as a practicing pharmacist with no part of their employment funded by a college or school of pharmacy; 2) serve as an experiential director at an accredited college or school of pharmacy; or 3) employed by a national or state pharmacy organization such as a State Board of Pharmacy. EXHIBIT 25 Evaluation Team Examples,
documents that evaluation teams have consistently included educators and practitioners.

As noted in EXHIBIT 29 Appeals Policy, ACPE policy requires an educator and practitioner to serve on any appeal panel. ACPE convened its first Appellate Commission in spring 2020. EXHIBIT 30 Appellate Commission, provides a listing of Appellate Commission members demonstrating adherence to ACPE’s policy and the inclusion of educators, practitioners and/or employers. In addition, as noted in ACPE’s policy, in order to ensure currency, a special training session was held for all Appellate Commission members prior to the convening of the Commission. EXHIBIT 31 Appellate Commission Training, provides documentation of the training provided to the Appellate Commission.

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### Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section
Staff Determination:

The agency must provide a roster of site evaluator serving on a representative sample site-teams during the recognition period identifying the role for each member. The agency must provide additional policy that would prevent Board members from participating in accreditation decisions for programs for which the Board member served on the site team. The agency must amend its policy allowing site team to serve in an active evaluation role on site teams. This would allow agency staff to serve in both administrative and evaluation roles. This could also have the appearance of unfairness.

Analyst Remarks to Narrative:

Evaluation (On-site Reviewers)
The agency attests and provides documentation of its Evaluation Team Policy that requires evaluation teams to include both educators (one of whom is a dean of an ACPE-accredited program) and practitioners that may include a member of the Board, a member of the ACPE staff, and two or more other selected individuals, qualified by experience and training (Ex. 24). Although the agency provides the names of the on-site reviewers (Ex. 24), it is unclear which members are educators, practitioners, or employees. The agency must provide a roster of site evaluator serving on a representative sample site-teams during the recognition period identifying the role for each member. In addition, Department staff is concern regarding Board members and agency staff serving on site teams. Having a member of the agency’s decision-making body serve (playing an active role) on site team would be permissible, however, that Board member would not be permitted to participate in accreditation decisions for the program that he served as a site visitor. The Board member’s objectivity would be questioned by serving in both evaluation and decision-making roles. This could also have the appearance of unfairness. The agency must provide additional policy that would prevent Board members from participating in accreditation decisions for programs, for which the Board member served on the site team.

Agency staff serving on site teams is not commonly accepted practice. While it is common for agency staff to accompany site teams to provide administrative support, it is not common practice for agency staff to serve in an active evaluation role on site-teams. This action would allow agency staff to server in both administrative and evaluations roles. The purpose of the site team is to provide peer review, and allowing agency staff to serve on site teams does not represent the peer review process. The agency must amend its policy allowing its administrative staff to serve in an active evaluation role on site teams. This could also have the appearance of unfairness.

The agency’s Appellate Commission
According to agency policy (Ex. 29), the Appellate Commission is responsible for reviewing a program’s appeal that it believes was arbitrary, prejudiced, biased, capricious, or based upon incorrect facts or incorrect interpretation of facts. The Commission must consist of the current chief elected officer of the American Association of College of Pharmacy; the American Pharmacists Association; the National Association of Boards of Pharmacy; and two members selected by the agency from former members of the Board. The appeals panel must include an administrator, pharmacy educators, pharmacy practitioners, and a public member. Additional members may be added to the panel if the individuals appointed to the panel according to the policy do not provide such representation. The agency did not provide a list of Appellate Commission members during the review period, if applicable.

The Board (decision-making body)
The agency attests that it is a programmatic accreditation agency with an independent Board (Ex. 5) that establishes agency policy and makes accreditation decisions. Agency policy provides for a Board that is comprised of educators, practitioners, and employers of the agency, specifically three members appointed from the American Pharmacists Association that are licensed, registered pharmacist (practitioners); three members from the National Association of Boards of Pharmacy who have a minimum of 10 years’
experience in pharmacy practice or education (educators); three members form the American Association of College of Pharmacy who have a minimum of 10 years’ experience as a member of the faculty or admin of an agency accredited program; and one public representative appointed from the American Council on Education who is not an employee, student, member of the Board, shareholder or consultant to any agency accredited or preaccredited program (Ex. 7). Although the agency provided the names of the Board members (Ex. 21), it is unclear which members are educators, practitioners, or employees.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

ACPE policy requires that evaluation teams include both educators and practitioners. The policy has been updated to indicate that the evaluation team will “include both educators . . . and practitioners and/or employers” as required by the Secretary’s Criteria for Recognition (EXHIBIT R20 Updated Evaluation Team Policy). EXHIBIT R21 Evaluation Teams During Review Period provides a spreadsheet demonstrating that each comprehensive evaluation team during the review period included at least one educator and one practitioner/employer. These documents demonstrate that ACPE has consistently included the required members as a part of the evaluation team. ACPE ensures that all evaluation teams include representation required by the Criterion and ACPE policy. Additional or alternative forms of documentation can be provided upon request.

At the June 2021 ACPE Board meeting, the ACPE Board discussed Board member participation on evaluation visits and subsequent participation in the decision-making process for the program in question (EXHIBIT R22 Board Briefing Participation in Evaluation Visits). Following discussion, the Board voted to change ACPE policy to allow Board members to participate in evaluation visits and development of the evaluation team report but recuse that Board member from subsequent participation in discussion of the program at the Board meeting and voting on the Action and Recommendations for that program. This removes the decision-maker role for programs for which a Board member served in the evaluation member capacity. This requirement has been formalized in ACPE policy which states that “Any ACPE Board Member who has participated as a member of the evaluation team for a program will be recused from discussion and Board action on that program at the respective Board meeting” (EXHIBIT R23 Board Member Recusal Policy). This policy was implemented immediately, beginning with the June 2021 Board meeting, with recusal of any Board member that had served as a member of the evaluation team (EXHIBIT R24 June 2021 Board Minutes Demonstrating Board Recusal). ACPE will continue to adhere to this policy moving forward.

ACPE would like to clarify that ACPE staff members participate in the evaluation visit in an administrative capacity. The Evaluation Team Report has been reformatted to clearly indicate the role of ACPE staff or consultants is administrative.

Further, ACPE’s policies have been clarified to indicate that the ACPE staff member or consultant "participates in the on-site evaluation by only serving in an administrative capacity" (EXHIBIT R24A Updated On Site Evaluation Policy).

ACPE recently convened its first and only Appellate Commission in ACPE’s history. ACPE Policy in place at the time the Appellate Commission was convened, EXHIBIT 29 Appeals Policy, required that the Appellate Commission include the current chief elected officer of the American Association of Colleges of Pharmacy; the American Pharmacists Association; the National Association of Boards of Pharmacy; and two (2) members selected by ACPE from former members of the ACPE Board of Directors. EXHIBIT R18
Appeals Panel Members provides a listing of Appellate Commission members for the only instance that the Appellate Commission was convened during the review period. Appellate Commission members have been identified as educators, practitioners, and/or employers in the updated Appeal Panel Member EXHIBIT.

ACPE has updated the listing of Board members to further clarify which Board members are educators, practitioners, and/or employers. The updated documentation can be found in EXHIBIT R25 Board Member Designations. New Board members have been appointed and will begin their term of service on July 1, 2022, following a six-month training period (two additional members have been reappointed to a subsequent term). EXHIBIT R25 Board Member Designations also provides the updated designations for the Board of Directors that will be in service beginning in July 2022.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

Meets the requirements of this section

**Analyst Remarks to Response:**

The agency attests and provides documentation of its revised policy to allow Board members to participate in evaluation visits and development of the evaluation team report but said Board member must recuse him/herself from subsequent participation in discussion of the program at the Board meeting and voting on the Action and Recommendations for that program. This policy revision removes the decision-maker role for programs for which a Board member served in the evaluation member capacity. The revised policy now states “any Board Member who has participated as a member of the evaluation team for a program will be recused from discussion and Board action on that program at the respective Board meeting” (Ex. R23).

In response to previous Department staff concerns the agency reformatted its evaluation team report (Ex. R24A) to further clarify that staff members’ participation in evaluation visits are solely for administrative purposes and not in any active evaluative role as not to give the appearance of unfairness.

The agency provided a list of Board members indicating which members are educators, practitioners, or employees (Ex. R25). This additional information along with information and other clarifying points mentioned in this criterion satisfies previous Department staff concerns.

**List of Document(s) Uploaded by Analyst - Response**

No files uploaded

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**Criteria: 602.15(a)(5) Public Representatives**

**Narrative:**

Representation of the public on the decision-making body (the Board of Directors, the policy and decision-making body) is provided in the Bylaws (EXHIBIT 5 Bylaws). ACPE works very closely with the American Council on Education (ACE; a higher education umbrella organization) to identify a qualified appointee for the ACPE Board of Directors (EXHIBIT 32 ACE Correspondence). Typically, ACPE has
several interactions with ACE regarding characteristics of the individual appointed to the Board, including the requirement that the individual must meet ACPE’s requirements of a public member as described in ACPE’s Bylaws. The nomination process begins when the ACE and ACPE send out a call to identify potential candidates. Once potential candidates are identified, with ACE’s concurrence, ACPE’s Executive Director and members of the ACPE Board Executive Committee (consisting of the Board President, Vice President, Secretary/Treasurer and Executive Director) interview the individuals to determine their suitability for and understanding of the role and to ensure that they meet the requirements of a public member. The current public member is a Vice Dean for Education at a school of medicine in a university without a pharmacy program as noted in the biographical sketch provided in EXHIBIT 21 Board Qualifications. EXHIBIT 33 Public Member Attestation provides signed documentation from the public member of the Board noting that he meets all of the qualifications required to serve on the Board of Directors as set forth in the Bylaws. EXHIBIT 34 Public Member History provides a listing of the public members and their position over the last 20 years.

The Bylaws also provide, as noted in EXHIBIT 35 Public Interest Panel, for the Board of Directors to appoint a Public Interest Panel comprised of no fewer than two representatives of the public to assist in ACPE’s work. The Public Interest Panel (EXHIBIT 36 Public Interest Panel Members) presently consists of three individuals who assist in the decision-making process by reviewing, prior to Board action, evaluation team reports, communications received from the institutions, and any staff comments. The minutes of the Public Interest Panel meeting are provided to the Board for its consideration and deliberation prior to the Board taking accreditation actions. EXHIBIT 37 Public Interest Panel Responsibilities, illustrates the role of the public interest panel.

As noted in EXHIBIT 29 Appeals Policy, ACPE policy requires a public member to serve on any appeals panel. ACPE convened its first Appellate Commission in spring 2020. EXHIBIT 30 Appellate Commission, provides a listing of Appellate Commission members demonstrating adherence to ACPE’s policy and the inclusion of a public member. In addition, as noted in ACPE’s policy, in order to ensure currency, a special training session was held for all Appellate Commission members prior to the convening of the Commission.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide additional information related to the function of the Public Interest Panel in the way that they advise and make recommendations the Board who (by all accounts) has sufficiently trained on the agency's Standards, Guidance, and By-laws. The agency must indicate which members of the Board of Directors, Appellate Commission, and the Public Interest Panel are public representatives in accordance with the Department’s definition of public representative.

**Analyst Remarks to Narrative:**

As noted in the previous section, and in its narrative, the agency has a policy for including public representative to its decision-making body, the Board of Directors. Article III, Section 2 (Ex. 7) of the by-laws provides that The American Council on Education must appoint a public representative who is not an employee, student, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that either is accredited or preaccredited by the agency or has applied for accreditation or preaccreditation; a member of any trade association or membership organization related to, affiliated with, or associated with the agency; or a spouse, parent, child, or sibling of an individual appointed by another organization.

The agency’s other decision-making body, the Appellate Commission, is responsible for reviewing program appeals that were submitted if a program believes the Board’s decision was arbitrary, prejudiced, biased, capricious, or based upon incorrect facts or incorrect interpretation of facts. The appeals panel must include an administrator, pharmacy educators, pharmacy practitioners, and a public member (Ex. 29). Although the agency provided documentation (Ex. 30) of the Appellate Commission members, Department Staff is unable to ascertain what members are public representatives.

The agency’s public members must sign attestation (Ex. 33) confirming they meet by all qualifications to serve as described in the by-laws which include not being an employee, student, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that either is accredited or preaccredited by the agency or has applied for accreditation or preaccreditation; not a member of any trade association or membership organization related to, affiliated with, or associated with the agency; or not a spouse, parent, child, or sibling of an individual identified serving in another capacity in ACPE.
Lastly, the Public Interest Panel (Ex. 35) provides a public perspective in policy and decision-making processes. The Panel serves in an advisory capacity, meeting with agency staff before the January and June meetings of the Board of Directors. The Panel reviews the Evaluation Team Reports, and staff recommendations to be forwarded to the Board regarding accreditation actions and recommendations. The comments of the Public Interest Panel are then provided to the Board. The Public Interest Panel also may serve a role in the resolution of complaints lodged against the agency by any institution, student, faculty or third party in respect to the application of agency standards, policies, and procedures, where the complaining party is directly affected (Ex. 37). Panel members are members of the public as they are not pharmacists and are not directly involved in the education and training of pharmacy students. Although the agency by-laws stipulate the function and number of public representatives required of this criterion, the use of a Public Interest Panel begs question for Department Staff as the Panel looks to be the guiding force behind Board decisions, thereby weakening the Board function and power.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

As noted in the Staff Analysis, ACPE policy requires that an Appellate Commission (referred to as the "Appeals Panel" under the revised policy), must include a public member. ACPE has only convened a single Appellate Commission since being recognized by the Secretary in 1952. ACPE has updated the list of Appellate Commission Members to clearly designate the public member that served on the only Appellate Commission convened by ACPE (EXHIBIT R18 Appeals Panel Members).

As noted in ACPE's petition for recognition, ACPE's Public Interest Panel serves in a purely advisory capacity to the ACPE Board of Directors and does not serve in a decision-making capacity. ACPE has utilized a Public Interest Panel through much of its history of recognition by the U.S. Department of Education. The Public Interest Panel provides a means through which the Board, ACPE's decision-making body, gathers additional public input on programs under review. ACPE initiated a bylaws review process in July 2020 with appointment of a Bylaws Revision Subcommittee of the Board. Revised Bylaws were drafted and approved at the June 2021 Board meeting (EXHIBIT R26 June 2021 Board Minutes Bylaws). As noted in the briefing document provided to the Board regarding the proposed Bylaws revisions, the Bylaws Revision Subcommittee identified that language in the prior Bylaws was too broad and did not reflect current practice (EXHIBIT R27 Board Briefing Document Bylaws Revision). As stipulated in the revised Bylaws, the Public Interest Panel serves in an advisory capacity, as requested by the Board of Directors (EXHIBIT R28 Bylaws Public Interest Panel) and does not have any decision-making ability. Minutes from the June 2021 Public Interest Panel are provided to demonstrate the nature of Public Interest Panel comments provided to the Board (EXHIBIT R29 Public Interest Panel Minutes). The Board may refer to perspectives provided by the Public Interest Panel during their decision-making process.

Analyst Worksheet - Response

Analyst Review Status for Response:

Meets the requirements of this section

Analyst Remarks to Response:
As noted in the agency’s narrative and documentation the Public Interest Panel (PIP) does not serve in any decision-making role within the agency and only serves to gather additional public input on programs under review, in turn, making a recommendation to the Board. At the January 2021 Board Meeting, the Board reasoned that the Public Interest Panel be removed from the bylaws to avoid confusion acknowledged by Department staff and language in the Bylaws. The Board, along with Department staff, felt that while use of the PIP is essential, the wording in previous bylaws is too broad and potentially subjects the agency to risk. The Bylaws previously stated that the PIP assists “in the work of the Board” and could be interpreted as sharing the decision-making authority with the Commission (Ex. R27). The Bylaws were later amended at the June 2021 Board meeting and provide that the PIP shall be comprised of not less than two (2) representatives of the public to act in an advisory capacity to the Board of Directors, as requested by the Board of Directors (Ex. R29). The agency further provided documentation of its PIP meeting minutes whereby the panel provided an advisory opinion to the Board (Ex. R29). The revised policy and documentation of practice resolves previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

No files uploaded

Criteria: 602.15(a)(6) Conflict of Interest

Narrative:

ACPE’s policy on conflict of interest, EXHIBIT 8 Conflict of Interest Policy, provides for the maintenance of policies regarding conflicts of interest or the appearance thereof by Board Members (Commissioners), evaluation team members, consultants, staff, and other agency representatives. ACPE maintains clear and effective controls against conflicts of interest, or the appearance of conflict of interest, by the parties listed in 602.15(a)(6) through the use of signed conflict of interest forms. ACPE requires all individuals involved in the agency’s accreditation activities to sign a conflict of interest form. Conflict of Interest statements are signed yearly by Board members, staff, evaluation consultants and members of the Public Interest Panel. All evaluators participating in an on-site evaluation are instructed that, by accepting the invitation to participate in the on-site evaluation, they are confirming that they have no conflicts of interest with the program under review (EXHIBIT 38 Sample Invitation to Participate in an On-Site Evaluation). Before an evaluation team is finalized, the dean of the program to be evaluated is also asked to confirm that there are no known conflicts of interest among the selected team members. Additionally, each volunteer member of an on-site evaluation team is required to sign the conflict of interest form at the start of each visit. EXHIBIT 39 Sample Signed Conflict of Interest Form, includes a sampling of signed conflict of interest forms for Staff, Board Members, Evaluation Consultants, and evaluation team members. Completion of these forms indicates that Board, staff, evaluation consultants and volunteer evaluation team members agree to diligently carry out their responsibilities in a non-discriminatory manner and do not have a prior affiliation or other conflicts of interest in evaluating the program.

In the event that an Appeals Commission must be convened, ACPE policy requires that each member of the Commission sign an agreement attesting to the fact that there are no conflicts of interest with the program submitting the appeal. EXHIBIT 40 Appellate Commission Conflict of Interest Forms provide copies of the signed conflict of interest forms from Appellate Commission members.

ACPE Board and staff members routinely recuse themselves and physically exit the room during Board
discussions of pharmacy programs in which they have declared a conflict of interest (EXHIBIT 41 Evidence of Recusal from Meeting minutes).

Conflict of interest and confidentiality policies are reviewed by ACPE’s legal counsel at the start of each Board of Directors meeting (EXHIBIT 42 Conflict of Interest Presentation at Board Meeting). In addition, ACPE’s legal counsel remains present throughout the relevant portions of Board meetings and monitors that the conflict of interest policies are properly followed.

ACPE does not have any agency representatives who are not considered volunteer evaluation team members, Board members, staff or evaluation consultants.

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

As discussed in its narrative and provided documentation, the agency’s conflict of interest policy is applicable to Board members, Commissioners, evaluation team members, professional staff, consultants, and other representatives participating in or observing the program accreditation process.

Board members, staff, evaluation consultants and member of the Public Interest Panel are required to sign conflict of interest statements on a yearly basis. Prior to the start of an on-site review, and as a condition of acceptance for the position, evaluators must confirm that no conflicts exist (Ex. 38). Appeals Commission member must sign a conflict of interest form (Ex. 40) attesting there are no conflicts with the submitted that submitted the appeal. Additionally, the agency’s legal counsel reviews conflict and confidentiality policies (Ex. 42) at the start of the meeting and is in attendance to monitor issues should they arise.

The agency provided documentation of its conflict of interest policy (Ex. 8) that requires recusals of participation in site visits, or in discussions or voting at board meetings along with a Board meeting recusal
Electronic files are maintained by ACPE providing a complete portfolio of accreditation or preaccreditation program reviews. The accreditation and preaccreditation history of programs begins at the time of initial application. Each program’s electronic file includes all on-site evaluation team reports, all of the Board’s Action and Recommendations documents (decision letter), all communications and responses from the institutions or programs, reports based on periodic or special reviews conducted during the accreditation or preaccreditation periods, the most recent self-study report and all communications regarding Board accreditation and preaccreditation decisions, which includes adverse actions. This established record keeping practice is codified in an ACPE policy as noted in EXHIBIT 43 Record Keeping Policy. Off-site backup systems are used to ensure that records will be readily available in case of fire or natural disaster at the ACPE office.

The agency attests that it maintains complete and accurate electronic records of all accreditation or preaccreditation program reviews, in addition to storing the files off-site to ensure records are persevered in the event the ACPE office is destroyed. The agency also provided documentation of its Record Keeping Policy (Ex. 43) that requires safekeeping of evaluation team reports (ETR), reports of periodic or special reviews conducted during the accreditation period, all action and recommendation documents (including all adverse actions, e.g., accredited with probation status, withdrawal, or denial), a copy of the most recent
application/self-study, and all correspondence regarding the ETR or ACPE decisions.

List of Document(s) Uploaded by Analyst - Narrative
No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.16(a)(1)(i) Student Achievement

Narrative:

The ACPE Board approved revised standards in January 2015 which became effective July 1, 2016 (hereafter referred to as “Standards 2016”). The standards revision process yielded two distinct documents: Standards and Guidance. The Standards document includes the 25 standards, required (key) elements, assessment elements, and required documentation for each individual standard. The Guidance document was developed to support colleges’ and schools’ efforts to enhance the quality of their Doctor of Pharmacy programs and includes suggested strategies, additional examples of compliance evidence, and other important information to facilitate meeting the standards. ACPE expects programs to be in compliance with all elements outlined in the Standards document and to use the information within the Guidance document to improve the quality of the program. In other words, the Standards document contains required elements that all accredited Doctor of Pharmacy programs must meet, while the Guidance document contains clarifying statements and suggested strategies for improvement.

Standard 2016 is comprised of 25 standards, and within each standard are a number of key elements that further define unique expectations for compliance with the standard. The educational outcomes that have been deemed essential to the contemporary practice of pharmacy are described in the standards (EXHIBIT 44 Educational Outcomes Standards). Standard 1 and its associated Key Elements outline the expectation that the professional degree program will develop the foundational knowledge, skills, abilities, behaviors, and attitudes necessary for the provision of patient-centered care. Key Element 6.2 of Standard 6 provides the expectation that the program’s mission statement will be consistent with achievement of its Educational Outcomes.

Appendix 3 of Standards 2016 outlines the minimum outcomes data and documentation that programs must provide as evidence of achievement of the Standards and Key Elements. Required documentation for Standard 1 includes: 1) data related to student academic performance throughout the program (e.g., progression, academic probation and attrition rates); 2) annual performance of students nearing completion of the didactic curriculum on the Pharmacy Curriculum Outcomes Assessment which provides an assessment of the essential curricular content areas as described in Appendix 1; 3) performance of graduates on the North American Pharmacist Licensure Examination (NAPLEX), an exam which measures graduate’s knowledge of the practice of pharmacy and is a component of the licensure process used by all state pharmacy boards as part of the assessment of competence to practice pharmacy; 4) performance of graduates in the three NAPLEX competency areas; and 5) performance of graduates on the Multistate Pharmacy Jurisprudence Examination and/or other state required law examination (EXHIBIT 45 Appendix 3 Student Achievement).
Standards 2016 require programs to annually evaluate and report to constituents the extent to which the program’s goals are met. Further, insights gained from the valid and reliable assessment of outcomes related to the mission, strategic planning, educational programs, and other key institutional initiatives should be used to enhance program quality. Standard 24 (EXHIBIT 46 Standard 24) states that a program must develop, resource and implement a plan to assess attainment of educational outcomes to ensure that graduates are prepared to enter practice. Key Element 24.1 requires programs to incorporate systematic, valid and reliable knowledge-based and performance-based formative and summative assessments within the program’s assessment plan. Key Element 24.2 requires that the assessment plan measure student achievement at defined levels of the professional competencies that support attainment of the Educational Outcomes in aggregate and at the individual level. Key Element 24.4 requires that programs use the analysis of assessment measures to improve student learning and achievement of the educational outcomes. As noted above, Appendix 3 of Standards 2016 outlines the minimum outcomes data and documentation that programs must provide as evidence of achievement of the Standards and Key Elements. Documentation required to demonstrate compliance with Standard 24 includes: 1) the curricular assessment plan; 2) a description of the formative and summative assessment tools used for student learning and professional development; 3) a description of the standardized and comparative assessments of student learning and professional development used by the program; and 4) a description of how the program uses information generated to advance program quality. ACPE Policy stipulates programmatic information that must be provided on each program’s website including on-time graduation rate and NAPLEX performance (EXHIBIT 47 Programmatic Information Policy).

Guidance with regards to the Standards and Key Elements and the data and documentation required to demonstrate compliance is provided to programs in the Guidance Document (EXHIBIT 48 Guidance). ACPE has developed a standardized Self-Assessment Instrument to guide development of the self-study (EXHIBIT 49 Rubric 2016). EXHIBITS 50A, 50B, and 50C Self-Study Standards for Achievement, provide examples of programs’ self-studies related to the Standards for student achievement. EXHIBITS 51A, 51B and 51C Evaluation Team Report Achievement, provide excerpts from Evaluation Team Reports that demonstrate the evaluation of the programs against the relevant standards. A program using distance education to deliver the curriculum to a distant (branch) campus has been included in these examples.

In addition to the evaluation of student achievement during the periodic review of each program, annual monitoring of student achievement outcomes occurs through review of graduates’ performance on the NAPLEX; student progression data; and job placement rates for each program (EXHIBIT 52 Annual Monitoring Policy). Aspects of annual monitoring data are reviewed by the Board at each board meeting. ACPE receives NAPLEX data directly from the National Association of Boards of Pharmacy (EXHIBIT 53 NAPLEX). Programs whose graduates obtain a percentage pass rate greater than two standards deviations below the national average are cited and requested to provide explanation and outline steps for improvement. ACPE uses two standard deviations as a cut-off value as this provides assurance that the monitoring is addressing lower performing programs given that 95% of data values lie within two standard deviations. This also adjusts for year-to-year variation in NAPLEX scaling scores. Review of this data and the program’s response can lead to additional monitoring or a finding of partial or non-compliance with an accreditation standard. EXHIBIT 54 Achievement NAPLEX Example, provides documentation of ACPE’s use of NAPLEX data in the annual monitoring process. Examination results are obtained for each pathway for programs using distance education so as to evaluate each pathway individually as well as the program as a whole (EXHIBIT 55 Pathway).

ACPE routinely monitors student progression data provided by the American Association of Colleges of
Pharmacy (AACP) which has been submitted to AACP by the individual programs (EXHIBIT 56 Enrollment Data and EXHIBIT 57 Graduation Data). A letter requesting an action plan to correct any negative trends is sent to any program for which the numbers of academic dismissals, withdrawals, students delayed in graduating, or total attrition from the program meet established benchmarks which historically have been calculated as approximately twice the national average (EXHIBIT 58 Achievement Progression Examples).

Any program that repeatedly raises the concerns of the Board in one or more of ACPE’s annual monitoring areas is subject to further action by the Board. If a program has met any of the criteria for annual monitoring in 3 or more years within a 5-year period, representatives of the program may be invited to meet with the Board (EXHIBIT 59 Achievement Repeat Annual Monitoring Concerns).

Historically ACPE had not collected job placement data as a job shortage did not previously exist. Given recent accreditation recognition and employment trends, ACPE has modified its annual monitoring policy to include monitoring related to job placement/gainful employment. The first reporting of job placement rates began in July 2016 (EXHIBIT 60 Job Placement Data) and has continued annually. ACPE continues to gather job placement data to determine a threshold benchmark.

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The agency attests that its Standards 2016 (Ex. 44) sets forth the expectations institutions and programs must adhere to as it relates to student achievement. The Standards document includes 25 elements that the agency believes (with input from stakeholders) are necessary for quality-assured professional education based on evidence and experience. The accompanying Guidance document outlines the required data and documentation to demonstrate compliance with the Standards (Ex. 48) to clarifying statements and provide strategies for improvement.

The agency provided documentation of Standard 1 (Ex. 44) which requires that the graduate be able to develop, integrate, and apply knowledge from the foundational sciences (i.e., biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient-centered care. Standard 6.2 requires the mission statement must be consistent with a commitment to the achievement of the Educational Outcomes. The agency has also put forth a Guidance document that supports colleges’ and schools’ efforts to enhance their Doctor of Pharmacy programs by providing suggested strategies, examples of compliance evidence and other pertinent information to ensure the agency’s Standards are adhered to.

The Standards Appendix 3 outlines the outcomes data and documentation colleges and schools must provide to demonstrate the standards and key elements have been met. Foundational knowledge such data includes graduate passing rate on the North American Pharmacist Licensure Examination (NAPLEX), performance of graduates in the various NAPLEX competency areas, and performance of graduates on Multistate Pharmacy Jurisprudence Examination (MPJE) and/or other state required law examination. As it relates to college or school vision, mission, and goals outcome data from assessments summarizing the extent to which the college or school is achieving its vision, mission, and goals is also required in accordance with this guideline.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

List of Document(s) Uploaded by Analyst - Response

No files uploaded

Analyst Worksheet - Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests that its Standards 2016 (Ex. 44) sets forth the expectations institutions and programs must adhere to as it relates to student achievement. The Standards document includes 25 elements that the agency believes (with input from stakeholders) are necessary for quality-assured professional education based on evidence and experience. The accompanying Guidance document outlines the required data and documentation to demonstrate compliance with the Standards (Ex. 48) to clarifying statements and provide strategies for improvement.

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List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

List of Document(s) Uploaded by Analyst - Response

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:
Criteria: 602.16(a)(1)(ii) Curricula

Narrative:

Standards 2016 expectations related to the curriculum are outlined in Standards No. 10-13 in Subsection IIB: Educational Program for the Doctor of Pharmacy Degree (EXHIBIT 61 Curriculum Standards). Standard 10 outlines ACPE’s expectations regarding curriculum design, delivery and oversight including faculty responsibility for the curriculum. As noted in Standard 10, the curriculum should ensure students achieve the requisite breadth and depth of knowledge and skills. The curriculum should emphasize active learning pedagogy, knowledge acquisition, skill development, and the application of knowledge.

Key Element 10.1 stipulates the expectation that the curriculum will be a minimum of four academic years of full-time study or the equivalent. Key Element 10.2 outlines the expectation that curricular oversight will involve a collaboration between faculty and the administration. Key Element 10.6 stipulates that all courses will be taught by individuals with academic credentials and expertise appropriate for their teaching responsibilities. Key Element 10.7 stipulates the expectation that programs will document, through mapping or other comparable methods, the breadth and depth of exposure to curricular content areas deemed essential to education at the doctoral level as outlined in Appendices 1 and 2. Key Element 10.11 outlines the expectation that the curriculum design, delivery and sequencing will be regularly reviewed and revised as needed to ensure optimal achievement of the educational outcomes. Key Element 10.12 outlines the expectation that the curriculum will be delivered via teaching/learning methods that: 1) facilitate achievement of learning outcomes; 2) actively engage learners; 3) promote student responsibility for self-directed learning; 4) foster collaborative learning; and 5) are appropriate for the student population (i.e., campus-based vs. distance-based). Key Element 10.17 stipulates that, to ensure the credibility of the degree awarded, the validity of individual student assessments, and the integrity of student work, programs should assure that assignments and examinations take place under circumstances that minimize opportunities for academic misconduct. The college or school ensures the correct identity of all students (including distance students) completing proctored assessments.

Standard 11 describes the expectation that the curriculum will prepare all students to provide entry-level, patient-centered care as a member of an interprofessional team. Standard 12 describes the expectation that the curriculum will provide a rigorous foundation in the biomedical, pharmaceutical, social/administrative/behavioral, and clinical sciences and allow students to develop the knowledge, skills, abilities, attitudes and behaviors that underpin the Educational Outcomes described in Standards 1-4. Standards 12 also outlines the expectation that students will participate in Introductory Pharmacy Practice Experiences which will provide exposure to common contemporary U.S. practice models in preparation for the Advanced Pharmacy Practice Experiences. Standard 13 describes the Advanced Pharmacy Practice Experiences.

Appendix 3 of Standards 2016 outlines the minimum outcomes data and documentation that programs must provide as evidence of achievement of the Standards and Key Elements related to the curriculum (EXHIBIT 62 Appendix 3 Curriculum). Documentation to support compliance with Standard 10 includes: 1) a description of curricular and degree requirements; 2) syllabi for all required and elective courses; 3) documentation that the curriculum has been mapped to the required curricular content and experiential education expectations; 4) the curriculum vitae of faculty teaching within the curriculum; 5) a tabular display of courses, faculty members assigned to each course and their role, and credential supporting their teaching assignments; 5) a list of curriculum committee members indicating their position/affiliation within the program; 6) a list of charges, assignments, and accomplishments of the curriculum committee over the
last 1-3 years; 7) examples of tools used by students to document their professional growth and development; 8) sample documents used to evaluate learning experiences and provide formative and summative feedback; 9) policies related to academic integrity; and 10) examples of instructional methods used to deliver the curriculum.

Guidance with regard to the Standards and Key Elements and the data and documentation required to demonstrate compliance with the standards is provided to programs in the Guidance Document (EXHIBIT 48 Guidance). The self-study guidance provided by ACPE in the Self-Assessment Instrument for the Professional Degree Program of Colleges and Schools of Pharmacy directs self-appraisal of all aspects of the curriculum based on the standards (EXHIBIT 63 Rubric 2016 Curriculum). The on-site evaluation provides opportunity for detailed review of compliance with curricular standards through dedicated time for document review, including course syllabi and curricular maps, as well as meetings with various faculty committees, individual faculty members, and preceptors (EXHIBIT 64 Sample On-site Evaluation Schedule). EXHIBITS 65A, 65B, and 65C Sample Self-Study Standards for Curriculum, provide examples of programs’ self-studies related to the Standards for Curriculum. EXHIBITS 66A, 66B, and 66C Sample Evaluation Team Report Standards for Curriculum, illustrate the evaluation of the programs’ curricula in relation to the standards.

**Document(s) for this Section**

| Exhibit Title                                      | File Name                                                      | Analyst Comments | Agency's Exhibit Comments |
|----------------------------------------------------|                                                               |                  |                          |
| EXHIBIT 48 Guidance                               | EXHIBIT 48 Guidance.pdf                                       | None             | None                     |
| EXHIBIT 61 Curriculum Standards                    | EXHIBIT 61 Curriculum Standards.docx                         | None             | None                     |
| EXHIBIT 62 Appendix 3 Curriculum                   | EXHIBIT 62 Appendix 3 Curriculum.docx                        | None             | None                     |
| EXHIBIT 63 Rubric 2016 Curriculum                  | EXHIBIT 63 Rubric 2016 Curriculum.docx                       | None             | None                     |
| EXHIBIT 64 Sample On-site Evaluation Schedule      | EXHIBIT 64 Sample On-site Evaluation Schedule.docx            | None             | None                     |
| EXHIBIT 65A Sample Self-Study Standards for Curriculum | EXHIBIT 65A Sample Self-Study Standards for Curriculum.pdf | None             | None                     |
| EXHIBIT 65B Sample Self-Study Standards for Curriculum | EXHIBIT 65B Sample Self-Study Standards for Curriculum.docx | None             | None                     |
| EXHIBIT 65C Sample Self-Study Standards for Curriculum | EXHIBIT 65C Sample Self-Study Standards for Curriculum.docx | None             | None                     |
| EXHIBIT 66A Sample Evaluation Team Report Standards for Curriculum | EXHIBIT 66A Sample Evaluation Team Report Standards for Curriculum.docx | None | None                     |
| EXHIBIT 66C Sample Evaluation Team Report Standards for Curriculum | EXHIBIT 66C Sample Evaluation Team Report Standards for Curriculum.docx | None | None                     |

**Analyst Worksheet- Narrative**

Analyst Review Status:
Meets the requirements of this section.

Analyst Remarks to Narrative:

The agency attests and provides documentation (Ex. 61) of its Standards relating to the curriculum design, delivery and oversight expectations of colleges and programs. The Curriculum Design, Delivery, and Oversight (Standard 10) require curriculums be designed, delivered, and monitored by faculty to ensure breadth and depth of requisite knowledge and skills, the maturation of professional attitudes and behaviors, and the opportunity to explore professional areas of interest. The curriculum also must emphasize active learning pedagogy, content integration, knowledge acquisition, skill development, and the application of knowledge and skills to therapeutic decision-making. While Standard 11 prepares students to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team. Standard 11 requires colleges and programs prepare students to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team.

Appendix 3 of the Standards (Ex. 62) provides a list of outcomes data and documentation necessary to support each Standard. Documents for the Curriculum Design, Delivery, and Oversight (Standard 10) include description of curricular and degree requirements, including elective didactic and experiential expectations; all required and elective didactic and experiential course syllabi; mapping of required curricular content and experiential education expectations to individual courses; curriculum vitae of faculty teaching within the curriculum; and policies related to academic integrity and experiential learning. Documents for Interprofessional Education (IPE) (Standard 11) include outcome data from assessments summarizing students’ overall achievement of expected interprofessional educational outcomes prior to the Advanced Pharmacy Practice Experience (APPE) and APPE curriculum and relevant syllabi for required and elective didactic and experiential education courses that incorporate elements of interpersonal education to document that concepts are reinforced throughout the curriculum and that IPE-related skills are practiced at appropriate times during pre-APPE. Documents for the Pre-APPE Curriculum (Standard 13) include outcome data from assessments summarizing overall student achievement of pre-APPE educational outcomes. Lastly, the APPE Curriculum (Standard 13) requires outcome data from assessments summarizing students’ overall achievement of APPE educational outcomes.

The agency also provided documentation (Ex. 66A, 66B, 66C) from evaluation team reports assessing the level to which three colleges/programs are applying the Standards noted above in addition to three self-study’s (Ex. 65A, 65B, 65C) in accordance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.16(a)(1)(iii) Faculty

Narrative:
Standards 2016 expectations related to faculty are outlined in Standards No. 18-20 in Subsection IID: Resources (EXHIBIT 67 Standards related to Faculty). ACPE Standards for Faculty and their Key Elements enable the comprehensive assessment of faculty, including volunteer faculty and preceptors of experiential education. These Standards address expectations for quantity, quality, faculty evaluation, and faculty continuing professional development. Standard 18 sets forth the expectations for a sufficient number of full-time faculty and staff to effectively deliver and evaluate the professional degree program as required by a program’s didactic model. It is expected that there be a sufficient number of full-time faculty to allow adequate time for teaching (including didactic, simulation, and experiential), professional development, research and other scholarly activity, assessment activities, service, intraprofessional and interprofessional collaboration, student advising, faculty mentoring, pharmacy practice and other responsibilities. As indicated in Standard 19, faculty are expected to have academic and professional credentials and expertise commensurate with their responsibilities. Furthermore, as noted in Key Element 19.1, faculty are expected to have the capability and demonstrate a continuous commitment to be effective educators and be able to effectively use contemporary educational techniques to promote student learning in all offered pathways. As outlined in Key Element 19.5, it is expected that the program will provide opportunities for career and professional development to enhance faculty role-related skills, scholarly productivity and leadership. Expectations for a sufficient number of preceptors (practice faculty or external practitioners) are outlined in Standard 20.

Appendix 3 of Standards 2016 outlines the minimum outcomes data and documentation that programs must provide as evidence of achievement of the Standards and Key Elements related to faculty (EXHIBIT 68 Appendix 3 Faculty). Documentation to support compliance with Standard 18 includes: 1) an organizational chart depicting all full-time faculty by department/division; 2) a list of full-time staff in each department/division and areas of responsibility; 3) ACPE documents (e.g., resource reports) related to the number of full-time and part-time faculty; 4) a list of faculty turnover for the past five years by department/division with reasons for departure; 5) a description of coursework mapped to full-time and part-time faculty teaching in each course; and 6) results from standardized surveys regarding the adequacy of quantitative strength of faculty and staff. Note: standardized surveys have been developed through a joint effort between ACPE and the American Association of Colleges of Pharmacy and offer programs the opportunity to compare their results at both a national and peer-group level.

EXHIBIT 69 Rubric 2016 Faculty Standards directs the program to complete a comprehensive self-analysis and self-appraisal of faculty based on the expectations outlined in the standards. The on-site evaluation, in accord with guidance provided to evaluation team members provides the opportunity to assess compliance with the standards for faculty through review of faculty Curriculum Vitae, standardized reports outlining the quantitative strength of the faculty as well as individual faculty member qualifications, and documentation regarding faculty development plans (EXHIBIT 70 Sample Standardized Faculty Report). EXHIBIT 71A, 71B, and 71C Sample Self-Study Standards for Faculty, provide examples of programs’ self-studies related to Standards for Faculty. EXHIBITS 72A, 72B, and 72C Sample Evaluation Team Report Standards for Faculty and Staff, presents excerpts from evaluation team reports illustrating the evaluation of programs’ faculty in relation to ACPE’s standards.

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EXHIBIT 70 Sample Standardized Faculty Report
EXHIBIT 71A Sample Self-Study Standards for Faculty
EXHIBIT 71B Sample Self-Study Standards for Faculty
EXHIBIT 71C Sample Self-Study Standards for Faculty
EXHIBIT 72A Sample Evaluation Team Report Standards for Faculty and Staff
EXHIBIT 72B Sample Evaluation Team Report Standards for Faculty and Staff
EXHIBIT 72C Sample Evaluation Team Report Standards for Faculty and Staff

EXHIBIT 70 Sample Standardized Faculty Report.pdf
EXHIBIT 71A Sample Self-Study Standards for Faculty.pdf
EXHIBIT 71B Sample Self-Study Standards for Faculty.docx
EXHIBIT 71C Sample Self-Study Standards for Faculty.docx
EXHIBIT 72A Sample Evaluation Team Report Standards for Faculty and Staff.docx
EXHIBIT 72B Sample Evaluation Team Report Standards for Faculty and Staff.docx
EXHIBIT 72C Sample Evaluation Team Report Standards for Faculty and Staff.docx

Analyst Worksheet- Narrative

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:
The agency attests that its Standards (Ex. 68) sets forth requirements colleges and schools must adhere to as it relates to faculty. Specifically, Standard 18 requires faculty and staff have requisite qualifications and experience needed to effectively deliver and evaluate the professional degree program. Standard 19 requires faculty and staff have academic and professional credentials and expertise commensurate with their responsibilities to the professional program and their academic rank. Standard 20 requires colleges or schools have enough preceptors (practice faculty or external practitioners) to effectively deliver and evaluate students in the experiential component of the curriculum. Preceptors have professional credentials and expertise commensurate with their responsibilities to the professional program.

To demonstrate compliance with these standards the agency requires results from the Advanced Pharmacy Practice Experience (APPE) faculty survey regarding adequacy of quantitative strength of faculty and staff; data from AACP faculty survey regarding qualitative faculty factors; and results from AACP preceptor surveys (Ex. 68).

The agency also provided documentation of self-study (Ex. 71A, 71B, 71C) decision letters, and Evaluation Team reports (Ex. 72A, 72B, 72C) to demonstrate applicable review of college and schools standards for faculty and staff in accordance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative
No files uploaded
Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.16(a)(1)(iv) Facilities, equipment, and supplies

Narrative:

Standards 2016 expectations related to facilities, equipment, and supplies are outlined in Standards No. 21-22 in Subsection IID: Resources (EXHIBIT 73 Standards for Facilities). The ACPE Standards and Key Elements enable assessment of the adequacy and appropriateness of the facilities, equipment, educational resources, and supplies in keeping with programmatic objectives. As outlined in Standard No. 21, the program is expected to have adequate facilities to achieve its mission and goals. The facilities must meet legal and safety standards. Faculty office space should be sufficient to permit faculty to accomplish their responsibilities. Educational space should include sufficient classroom space to accommodate the student body, laboratories suitable for skills practice and competency evaluation, and access to simulation capabilities. Access to scientific resources and librarian resources is expected. Standard No. 22 outlines the expectations related to practice facilities including that the number and type of facilities will accommodate the student body. It is expected that the practice settings will be licensed, will be selected based on quality criteria and will be routinely evaluated by program staff.

Appendix 3 of Standards 2016 outlines the minimum outcomes data and documentation that programs must provide as evidence of achievement of the Standards and Key Elements related to facilities (EXHIBIT 74 Appendix 3 Facilities). Standard reports (EXHIBIT 75 Sample Experiential Capacity Chart) are used to evaluate the capacity of practice facilities used by a program. The self-study guidance provided by ACPE in the Instrument for Self-Assessment for the Professional Degree Programs of Colleges and Schools of Pharmacy (EXHIBIT 76 Rubric 2016 Facilities and Resources) directs self-analysis and self-appraisal of the facilities, equipment, supplies, and other resources available to the program based upon standards. EXHIBITS 77A, 77B, and 77C Sample Self-Study Standards for Facilities provide examples of programs’ self-studies related to Standards 21-22. The on-site evaluation, in accord with the guidance provided to evaluation team members and a structured evaluation schedule, including surveys of practice facilities and on-site interviews with preceptors and students (EXHIBIT 64 Sample On-site Evaluation Schedule), provides an opportunity to assess compliance with standards for facilities, equipment, supplies, library, educational and/or learning resources, including those related to distance education. EXHIBITS 78A, 78B, and 78C, Sample Evaluation Team Report Standards for Facilities presents excerpts from evaluation team reports illustrating the evaluation of the programs’ facilities in relation to the corresponding ACPE standards.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide decision letters in response to the self-study and evaluation team reports.

**Analyst Remarks to Narrative:**

The agency attests that its Standards (Ex. 73) sets forth expectations related to facilities, equipment, and supplies. Specifically, Standard 21 requires colleges or schools to have adequate and appropriately equipped physical and educational facilities to achieve its mission and goals. Standard 22 requires college or school have the appropriate number and mix of facilities to accommodate required and elective practice experiences conducted by students. Practice sites must also be appropriately licensed and selected based on quality criteria to ensure the effective and timely delivery of the experiential component of the curriculum.

The agency ensures colleges or schools are adhering to these standards (Ex. 74) with a showing of floor plans for college or school’s facilities and descriptions of the use(s) of available space; description of shared space and how such space promotes interprofessional interaction; an analysis of the quantity and quality of space available to the program and plans to address identified inadequacies; documentation of Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) or other nationally recognized accreditation of animal care facilities; results from AACP faculty, alumni, and graduating...
student surveys related to facilities; description of educational resources available to faculty, preceptors, and students (library, internet access, etc.); policies and procedures related to site selection, recruitment, and assessment; and examples of quality improvements made to improve student learning outcomes as a result of site/facility assessment.

The agency also provided documentation of self-study (Ex. 77A, 77B, 77C) and Evaluation Team reports (Ex. 78A, 78B, 78C) to demonstrate its review of college and programs’ adherence to Standards 21 and 22; however, the agency did not provide decision letters in response to the self-study and evaluation team reports.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

EXHIBIT R30A, R30B, R30C provides the corresponding Action and Recommendations (decision letter) in response to the self-study and evaluation team report. As noted in the Board’s Action and Recommendations, the Board’s “review was based upon due consideration of the Evaluation Team Report” from the evaluation visit, the program’s self-study, and other communications received from the institutions. These Action and Recommendations correspond to the self study examples (EXHIBITS 77A, 77B and 77C) and Evaluation Team Report examples (EXHIBITS 78A, 78B and 78C) which were previously submitted. As noted in the Action and Recommendations documents, the Evaluation Team Report describes “important needs and developmental issues in keeping with Standards 2016. It should be noted that this Accreditation Action and Recommendations document and the Evaluation Team Report are companion documents and should be used together to guide the College’s continuing developmental efforts.” The Board's determination of compliance with ACPE’s Standards is provided within the section entitled, Summary of Compliance with All ACPE Standards. Further, for Standards found to be "Compliant with Monitoring" and "Partially Compliant" or "Non-Compliant" any additional reporting requirements are listed by Standard.

Analyst Worksheet - Response

Analyst Review Status for Response:

Meets the requirements of this section

Analyst Remarks to Response:

The agency attests and provides documentation of decision letters in response to the self-study and evaluation team reports. Specifically, the decision listed the compliance of the three schools in which the self-study that was previously provided. The decision letters rated the schools either Compliant or Compliant with Monitoring for Standard 21 and 22- the Standards that address facilities, equipment, and supplies (Ex. R30A, R30B, R30C) and it also provided the school with follow-up information to be submitted to the agency for monitoring. The additional information provided by the agency satisfies previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

No files uploaded
Criteria: 602.16(a)(1)(v) Fiscal and administrative capacity

Narrative:
 Standards 2016 expectations related to fiscal resources are outlined in Standard 23: Financial Resources and its Key Elements which requires that the pharmacy program will have adequate financial resources to support the stability of the program and accomplish its mission, goals, and strategic plan (EXHIBIT 79 Standard for Financial Resources). Key Element 23.1 states that student enrollment will be commensurate with resources. Per Key Element 23.2, it is expected that the program will provide input into the development and operation of a budget that is planned, executed, and managed in accordance with sound and accepted business practices. Key Element 23.3 states that tuition and fees for pharmacy students will not be increased to support other educational programs if it compromises the quality of the professional degree program while Key Element 23.4 states that the program will ensure that funds are sufficient to maintain equitable facilities across all program pathways (including distance education). EXHIBIT 80 Appendix 3 Finances, outlines the minimum outcomes data and documentation that programs must provide as evidence of achievement of Standard 23 including: 1) a detailed budget plan; 2) a description of the program’s budgetary processes; 3) tuition compared to peer schools; and 4) results from a standardized faculty survey regarding the adequacy of financial resources. These surveys have been developed through a joint effort between ACPE and the American Association of Colleges of Pharmacy (AACP) and offer programs the opportunity to compare their results at both a national and peer-group level.

Additionally, ACPE Policies and Procedures (EXHIBIT 52 Annual Monitoring Policy) outline the procedure by which data relating to the financial resources available to a program will be annually reviewed by the ACPE Board. As noted in the policy, the Board reviews data provided by programs relating to the financial resources available to the program for the purposes of identifying changes and trends in its fiscal viability that may impact the ability of the program to remain in compliance with the standards. ACPE sends a letter requesting that the program identify the cause of the change and provide an action plan for correcting any negative changes to any program that experiences: 1) a 10% decrease in its annual budget; and 2) a net loss for two consecutive years. EXHIBIT 81 Example Financial Letter, provides an example of the implementation of ACPE’s annual monitoring policy related to financial resource monitoring.

ACPE Standard 8: Organization and Governance (EXHIBIT 82 Standard for Administrative Capacity) and its Key Elements enable the assessment of a program’s administrative capacity. The Standard outlines the expectations that the program will be organized and staffed to ensure advancement of its vision and achievement of its mission and goals. It is expected that the dean will be qualified to provide leadership in pharmacy professional education and practice, research and scholarship, and professional and community service. Furthermore, the dean and other administrative leaders will have credentials and experience needed to effectively manage the educational program. Additionally, the dean is responsible for the timely submission of all reports to ACPE, including notification of all substantive changes as defined by ACPE Policies and Procedures (EXHIBIT 83 Substantive Change Policy). Appendix 3 of Standards 2016 outlines the minimum outcomes data and documentation that programs must provide as evidence of achievement of the Standards and Key Elements (EXHIBIT 84 Appendix 3 Administrative Standards) including: 1) the curriculum vitae of the dean and others on the administrative leadership team; 2) an organization chart for the program; 3) a description of the responsibilities of the dean and other administrative leadership team members; 4) faculty governance documents; 5) a list of committees and designated charges; 6) evidence of faculty participation in university governance; 7) policies and procedures related to system failures, data security and backup, and contingency planning; and 8) outcomes data from standardized surveys.
summarizing the effectiveness of the organizational structure and governance. These surveys have been
developed through a joint effort between ACPE and the American Association of Colleges of Pharmacy
(AACP) and offer programs the opportunity to compare their results at both a national and peer-group
level.

The self-study guidance provided by ACPE in the Instrument for Self-Assessment for the Professional
Degree Programs of Colleges and Schools of Pharmacy (EXHIBIT 85 Rubric 2016 Fiscal and
Administrative) directs self-analysis and self-appraisal of the financial resources and administrative
capacity available to the program based upon standards. EXHIBITS 86A, 86B, and 86C Sample Self-
Study, Fiscal and Administrative Capacity demonstrate examples of three programs’ self-studies related to
the respective standards. The on-site evaluation, in accord with the guidance provided to evaluation team
members (EXHIBIT 64 Sample On-Site Evaluation Schedule), provides an opportunity to assess
compliance with standards for financial resources and administrative capacity. EXHIBITS 87A, 87B, and
87C, Evaluation Team Report Fiscal and Administrative Capacity present excerpts from evaluation team
reports illustrating the scope of evaluation regarding the quality of fiscal and administrative capacity.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide decision letters in response to the fiscal and administrative rubric evaluation.

**Analyst Remarks to Narrative:**

The agency attests that its Standard (Ex. 79) sets forth fiscal expectations of colleges and programs. Specifically, Standard 23 requires colleges and programs to have current and anticipated financial resources to support the stability of the educational program and accomplish its mission, goals, and strategic plan. The agency looks at previous, current, and subsequent years detailed budget plans as defined by AACP; descriptions of college or school’s budgetary processes; in-state and out-of-state tuition compared to peer schools; and results from AACP faculty survey’s regarding adequacy of financial resources to demonstrate financial soundness and capability (Ex. 80).

The agency’s administrative expectations are outlined in Standard 8 which requires the college or school be organized and staffed as to advance its vision and facilitate the accomplishment of its mission and goals. The ensure this standard is adhered to the agency looks at whether the University leadership and the college or school dean collaborate to advance the program’s vision and mission and to meet ACPE accreditation standards; the Dean’s qualifications to lead; credentials and experience of the Dean and other college or school admin; proper lines of authority; use of updated bylaws, policies and procedures; and whether the administrators and faculty are effectively represented in the governance of the university (Ex. 82).

The agency provided documentation of the rubric it uses to evaluate fiscal and administration (Ex. 85) in addition to a sampling of three self-study’s (Ex. 86A, 86B, 86C) and three evaluation team reports (Ex. 87A, 87B, 87C); however, the agency did not provide the accompanying decision letters related to these documents.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**

EXHIBIT R30A, R30B, R30C provides the corresponding Action and Recommendations (decision letter) in response to the self-study and evaluation team report. As noted in the Board’s Action and
Recommendations, the Board’s “review was based upon due consideration of the Evaluation Team Report” from the evaluation visit, the program’s self-study, and other communications received from the institutions. These Action and Recommendations correspond to the self study examples (EXHIBITS 86A, 86B and 86C) and Evaluation Team Report examples (EXHIBITS 87A, 87B and 87C) which were previously submitted. As noted in the Action and Recommendations documents, the Evaluation Team Report describes “important needs and developmental issues in keeping with Standards 2016. It should be noted that this Accreditation Action and Recommendations document and the Evaluation Team Report are companion documents and should be used together to guide the College’s continuing developmental efforts.” The Board provides its determination of compliance with ACPE’s Standards within the section entitled, Summary of Compliance with All ACPE Standards. Further, for Standards found to be "Compliant with Monitoring" and "Partially Compliant" or "Non-Compliant" any additional reporting requirements are listed by Standard.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

Meets the requirements of this section

**Analyst Remarks to Response:**

The agency attests and provides documentation of decision letters in response to the rubric it used to evaluate the fiscal and administration capacity of three programs. The decision letters (Ex. R30A, R30B, R30C) demonstrate the agency’s assessment of its Standard 23 that speaks specifically to the financial resources that support the college or program and Standard 8 which speaks to the college or programs administrative capacity. Of the three college or programs that were evaluated by the agency, one college or program was found compliant with both Standards, the second was compliant with monitoring for both Standards, and the third was compliant with Standard 8 and compliant with monitoring of Standard 23. The additional information provided by the agency satisfies previous Department staff concerns.

**List of Document(s) Uploaded by Analyst - Response**

No files uploaded

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**Criteria: 602.16(a)(1)(vi) Student Support Services**

**Narrative:**

ACPE Standard No. 14, Student Services (EXHIBIT 88 Standard for Student Support Services) and its Key Elements enable assessment of the adequacy and appropriateness of student support services. As noted in the Standard, it is the expectation that the program will have an appropriately staffed and resourced organizational element dedicated to providing a comprehensive range of services that promote student success and well-being. It is expected that the college or school maintain secure, confidential student records, in accordance with the Family Educational Rights and Privacy Act (FERPA). The Key Elements outline the expectations that the program will provide students with financial aid information, offer students access to adequate health and counseling services and provide academic, curricular and career advising. Programs offering multiple degree pathways must ensure that all students have access to a comparable
Appendix 3 of Standards 2016 outlines the minimum outcomes data and documentation that programs must provide as evidence of achievement of the Standards and Key Elements regarding student support services (EXHIBIT 89 Appendix 3 Student Services) including: 1) an organizational chart depicting the student services unit and responsible administrators; 2) a synopsis of the curriculum vitae for student services administrative officers and staff; 3) the student handbook and/or catalog and copies of any additional information distributed to students regarding student services elements; 4) copies of policies that ensure nondiscrimination and access to allowed disability accommodations; 5) student feedback on the program’s self-study; and 6) results from a standardized survey of graduating students. This survey has been developed through a joint effort between ACPE and the American Association of Colleges of Pharmacy (AACP) and offers programs the opportunity to compare their results at both a national and peer-group level.

The self-study guidance provided by ACPE in the Instrument for Self-Assessment for the Professional Degree Programs of Colleges and Schools of Pharmacy (EXHIBIT 90 Rubric 2016 Student Services) directs self-analysis and self-appraisal of the student support services available to the program based upon the standard. EXHIBITS 91A, 91B, and 91C Sample Self Study Student Services, provide examples from self-studies related to the standards for students for three different programs. The on-site evaluation, in accord with the guidance provided to evaluation team members (EXHIBIT 64 Sample On-Site Evaluation Schedule) provides an opportunity to assess compliance with the standard for student support services. EXHIBITS 92A, 92B, and 92C Sample Evaluation Team Report Student Support Services, presents excerpts from evaluation team reports that illustrate the scope of evaluation regarding the quality of student support services.

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### Analyst Worksheet - Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide documentation of its decision letters in response to rubrics used to evaluate student services.

**Analyst Remarks to Narrative:**

As discussed in its narrative and provided documentation the agency’s Standard 14 which requires colleges or schools to have an appropriately staffed and resourced organizational element dedicated to providing a comprehensive range of services that promote student success and well-being. The key elements include financial aid, healthcare, advising, disability accommodation, student services access and be nondiscriminatory and in compliance with the Family Educational Rights and Privacy Act.

The agency looks at several documents to demonstrate compliance with this standard including Student Services unit organizational charts; synopsis of curriculum vitae of Students Services administrative officer(s) and staff; student handbooks/catalogs that are distributed to students showing available student services; results from AACP graduating student survey; and student feedback on the college/school’s self-study.

The agency provided documentation of the rubric it uses to evaluate student services (Ex. 90) in addition to a sampling of three self-study’s (Ex. 91A, 91B, 91C) and three evaluation team reports (Ex. 92A, 92B, 92C); however, the agency did not provide documentation of its decision letters in response to rubrics used to evaluate student services.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**

EXHIBIT R30A, R30B, R30C provides the corresponding Action and Recommendations (decision letter) in response to the self-study and evaluation team report. As noted in the Board’s Action and Recommendations, the Board’s “review was based upon due consideration of the Evaluation Team Report” from the evaluation visit, the program’s self-study, and other communications received from the institutions. These Action and Recommendations correspond to the self study examples (EXHIBITS 91A, 91B and 91C) and Evaluation Team Report examples (EXHIBITS 92A, 92B and 92C) which were
previously submitted. As noted in the Action and Recommendations documents, the Evaluation Team Report describes "important needs and developmental issues in keeping with Standards 2016. It should be noted that this Accreditation Action and Recommendations document and the Evaluation Team Report are companion documents and should be used together to guide the College’s continuing developmental efforts." The Board provides its determination of compliance with ACPE's Standards within the section entitled, Summary of Compliance with All ACPE Standards. Further, for Standards found to be "Compliant with Monitoring" and "Partially Compliant" or "Non-Compliant" any additional reporting requirements are listed by Standard.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

Meets the requirements of this section

**Analyst Remarks to Response:**

The agency attests and provides documentation of its decision letters (Ex. R30A, R30B, R30C) related to Standard 14 which requires colleges or programs to have adequate range of student support services including financial aid, healthcare, advising, disability accommodation, student services access and for the college or program to be nondiscriminatory and in compliance with the Family Educational Rights and Privacy Act. All three colleges or programs were found compliant with Standard 14. The additional information provided by the agency satisfies previous Department staff concerns.

**List of Document(s) Uploaded by Analyst - Response**

No files uploaded

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**Criteria: 602.16(a)(1)(vii) Recruiting & Other Practices**

**Narrative:**

ACPE Standard No. 16, Admissions (EXHIBIT 93 Standards for Admissions and Academic Environment) and its Key Elements enable assessment of the adequacy and appropriateness of recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising. As outlined in Key Element 16.5, the admission materials must clearly provide the expectations for graduation from the program. An interview prior to acceptance into the professional program is required. Programs are expected to routinely assess admission criteria as a component of the program's evaluation plan. Key Element 16.8 sets forth the expectation that a program must implement policies and procedures for the evaluation of student transfer credit and course-waiver requests. Key Element 16.3 requires a program to make available to students and the public a complete and accurate description of the professional degree program, including its accreditation status. Program websites are routinely monitored to ensure all information regarding a program's accreditation is accurate (EXHIBIT 94 Example Programmatic Information Monitoring).

Key Element 15.1 of Standard No. 15 Academic Environment outlines the expectation that the program will produce and make available to enrolled and prospective students updated information of importance, such as governance documents, policies and procedures, handbooks and catalogs. Key Element 15.1
stipulates the requirements that, for programs offering distance learning opportunities, admissions information should clearly explain the conditions and requirements related to distance learning, including full disclosure of any requirements that cannot be completed at a distance.

Appendix 3 of Standards 2016 outlines the minimum outcomes data and documentation that programs must provide as evidence of achievement of the Standards and Key Elements related to admissions and academic environment including: 1) an organizational chart depicting the admissions unit and responsible administrators; 2) enrollment data for the past 5 year period; 3) enrollment projections for the next 5 years; 4) Pharmacy College Aptitude Test scores, if required, for the past three admitted classes; 5) GPA scores for preprofessional coursework for the past three admitted classes; 6) GPA scores for preprofessional science courses for the past three admitted classes; 7) comparisons of PCAT scores and preprofessional GPAs with peer schools for the last three admitted classes; 8) a list of admission committee members; 9) policies and procedures regarding the admissions process including selection of admitted students, transfer of credit, and course waiver policies; 10) professional and technical standards; 11) a list of preprofessional requirements for admission; 12) copies of instruments used during the admissions process; 12) the section of the student handbook and/or catalog regarding admissions; and 13) the link to the program’s website that provide to the public information on indicators of quality (see EXHIBIT 93). In addition, for Standard No. 15, the following items must be provided: 1) Student Handbook and/or Catalog (college, school, or university), and copies of additional information distributed to students regarding the academic environment; 2) URL or link to program information on college or school’s website; 3) Copy of student complaint policy related to college or school adherence to ACPE standards; 4) Number and nature of student complaints related to college or school adherence to ACPE standards (inspection of the file by evaluation teams during site visits); 5) List of committees involving students with names and professional years of current student members; and 6) College or school’s code of conduct (or equivalent) addressing professional behavior.

The self-study guidance provided by ACPE in the Instrument for Self-Assessment for the Professional Degree Programs of Colleges and Schools of Pharmacy (EXHIBIT 95 Rubric 2016 Standard for Admission) directs self-analysis and self-appraisal of the recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising based upon the standards. EXHIBITS 96A, 96B, and 96C Sample Self Study Standard for Admission, provide examples self-studies from three programs regarding the respective standards. The on-site evaluation, in accordance with the guidance provided to evaluation team members (EXHIBIT 64 Sample On-Site Evaluation Schedule), provides an opportunity to assess compliance with these standards through document review and meetings with students and admissions personnel. EXHIBITS 97A, 97B, and 97C Evaluation Team Report Standards for Admission, present excerpts from evaluation team reports illustrating the scope of evaluation regarding the quality of recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must include decision letters related the college or school's recruiting and other practices listed in the report.

**Analyst Remarks to Narrative:**

As noted in the narrative, the agency provided its standards related recruiting and admission practices, academic calendars, catalogs, publication, grading, and advertising. Standard 15 requires colleges or school develop, implement, and assess its policies and procedures that promote student success and well-being. Standard 16 requires colleges and programs develop, implement, and assess its admission criteria, policies, and procedures to ensure the selection of a qualified and diverse student body into the professional degree program.

The agency looks at college and programs Student Handbooks and/or Catalogs and copies of additional information distributed to students regarding the academic environment; organizational chart depicting Admissions unit and responsible administrator(s); enrollment data for the past five years by year; and by branch campus or pathway (if applicable); and enrollment projections for the next five years (amongst others) as evidence of adherence to Standards 15 and 16 respectively.

The agency provided documentation of the rubric it uses to evaluate recruiting and other practices (Ex. 95) in addition to a sampling of three self-study’s (Ex. 96A, 96B, 96C) and three evaluation team reports (Ex.
97A, 97B, 97C); however, the agency did not include decision letters related the college or school's recruiting and other practices.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

EXHIBIT R30A, R30B, R30C provides the corresponding Action and Recommendations (decision letter) in response to the self-study and evaluation team report. As noted in the Board’s Action and Recommendations, the Board’s “review was based upon due consideration of the Evaluation Team Report” from the evaluation visit, the program's self-study, and other communications received from the institutions. These Action and Recommendations correspond to the self study examples (EXHIBITS 96A, 96B and 96C) and Evaluation Team Report examples (EXHIBITS 97A, 97B and 97C) which were previously submitted. As noted in the Action and Recommendations documents, the Evaluation Team Report describes "important needs and developmental issues in keeping with Standards 2016. It should be noted that this Accreditation Action and Recommendations document and the Evaluation Team Report are companion documents and should be used together to guide the College’s continuing developmental efforts." The Board provides its determination of compliance with ACPE's Standards within the section entitled, Summary of Compliance with All ACPE Standards. Further, for Standards found to be "Compliant with Monitoring" and "Partially Compliant" or "Non-Compliant" any additional reporting requirements are listed by Standard.

Analyst Worksheet - Response

Analyst Review Status for Response:

Meets the requirements of this section

Analyst Remarks to Response:

The agency attests and provides documentation of its decision letters (Ex. R30A, R30B, R30C) related to Standard 15 and 16. Standard 15 requires colleges or program develop, implement, and assess its policies and procedures that promote student success and well-being. Standard 16 requires colleges and programs to develop, implement, and assess its admission criteria, policies, and procedures to ensure the selection of a qualified and diverse student body into the professional degree program. All three colleges or programs were found to be compliant with Standard 15 and 16. The additional information provided by the agency satisfies previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

No files uploaded

Criteria: 602.16(a)(1)(viii) Program Length

Narrative:
Key Element 10.1 within Standard No. 10 Curricular Design, Delivery, and Oversight specifies “the professional curriculum is a minimum of four academic years of full-time study or the equivalent.” Additional guidance is provided within Key Element 12.6 of Standard 12: Pre-Advanced Pharmacy Practice Experiences Curriculum, regarding expectations for experiential education, namely introductory pharmacy practice experiences must consist of no fewer than 300 clock hours of experiences which are purposely integrated with the didactic curriculum. Key Element 13.5 of Standard 13: Advanced Pharmacy Practice Experiences Curriculum, further stipulates that the Advanced Pharmacy Practice Experiences must include no less than 36 weeks (1440 hours). These standards can be found in EXHIBIT 61 Curriculum Standards.

Appendix 3 of Standards 2016 outlines the minimum outcomes data and documentation that programs must provide as evidence of achievement of the Standards and Key Elements (see EXHIBIT 62 Appendix 3 Curriculum). EXHIBITS 65A, 65B, and 66C Sample Self-Study Standards for Curriculum, provide excerpts from recent self-studies demonstrating the expectation that the program addresses the relevant standards for the curriculum, including program length. EXHIBITS 66A, 66B, and 66C Sample Evaluation Team Report Standards for Curriculum demonstrates the evaluation of relevant standards by an on-site evaluation team including measures of program length.

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### Analyst Worksheet- Narrative

Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation of its decision letters as a result of the self-study and evaluation team reports related to program length.

Analyst Remarks to Narrative:

As discussed in its narrative and provided documentation, the agency has standards for measuring program length and accessing the objectives of the degrees or credentials offered. Standard 10 requires that the curriculum be designed, delivered, and monitored by faculty to ensure breadth and depth of requisite knowledge and skills, the maturation of professional attitudes and behaviors, and the opportunity to explore professional areas of interest. The curriculum also must emphasize active learning pedagogy, content integration, knowledge acquisition, skill development, and the application of knowledge and skills to therapeutic decision-making (Ex. 61). Standard 11 prepares students for entry-level, patient centered care in practice settings and a sound member of the interprofessional team. Standard 12 speaks to the Pre-Advanced Pharmacy Practice Experience (Pre-APPE) curriculum whereby a foundation in the biomedical, pharmaceutical, social/administrative/behavioral, and clinical sciences, incorporates an Introductory Pharmacy Practice Experience (IPPE) and is established to create life-long learners in APPE.

The agency looks at descriptions of curricular and degree requirements, including elective didactic and experiential expectations; required and elective didactic and experiential course syllabi; mapping of required curricular content and experiential education expectations to individual courses; curriculum vitae of faculty teaching within the curriculum; outcome data from assessments of student preparedness to progress to APPE, student APPE evaluation data documenting extent of exposure to diverse patient populations; and interprofessional, team-based patient care to measure whether a college or school is adhering to Standard 10 (Ex. 62).

The agency provided documentation of three self-study’s (Ex. 65A, 65B, 65C) and three evaluation team reports (Ex. 66A, 66B, 66C) to demonstrate how it evaluates colleges and programs; however, the agency did not provide documentation of its decision letters as a result of the self-study and evaluation team reports.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

EXHIBIT R30A, R30B, R30C provides the corresponding Action and Recommendations (decision letter) in response to the self-study and evaluation team report. As noted in the Board’s Action and Recommendations, the Board’s “review was based upon due consideration of the Evaluation Team Report” from the evaluation visit, the program’s self-study, and other communications received from the institutions. These Action and Recommendations correspond to the self-study examples (EXHIBITS 65A, 65B and 65C) and Evaluation Team Report examples (EXHIBITS 66A, 66B and 66C) which were previously submitted. As noted in the Action and Recommendations documents, the Evaluation Team Report describes “important needs and developmental issues in keeping with Standards 2016. It should be noted that this Accreditation Action and Recommendations document and the Evaluation Team Report are companion documents and should be used together to guide the College’s continuing developmental efforts.” The Board provides its determination of compliance with ACPE’s Standards within the section.
entitled, Summary of Compliance with All ACPE Standards. Further, for Standards found to be "Compliant with Monitoring" and "Partially Compliant" or "Non-Compliant" any additional reporting requirements are listed by Standard.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

Meets the requirements of this section

**Analyst Remarks to Response:**

The agency attests and provides documentation of its decision letters (Ex. R30A, R30B, R30C) related to Standard 10 and 12 which requires a minimum of four academic years of full-time study for professional curriculums and 300 clock hours required for the curriculum. Of the three college or programs evaluated, the agency found one program to be compliant with monitoring for Standard 10 and 12. The additional information provided by the agency satisfies previous Department staff concerns.

**List of Document(s) Uploaded by Analyst - Response**

No files uploaded

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**Criteria: 602.16(a)(1)(ix) Student Complaints**

**Narrative:**

Key Element 15.2 sets forth expectations that a program will develop, implement and make available to students a complaints policy that includes procedures for how students may file complaints both within the program and directly with ACPE regarding the program's adherence to ACPE's Standards. The program must maintain a record of student complaints including the process used to resolve each complaint (EXHIBIT 93 Standards for Admissions and Academic Environment). Appendix 3 of Standards 2016 outlines the minimum outcomes data and documentation that programs must provide as evidence of achievement of the Standards and Key Elements (see EXHIBIT 93) including a copy of the program's student complaint policy related to adherence to ACPE's Standards and a description of the number and nature of student complaints related to the program's adherence to the ACPE Standards. EXHIBITS 96A, 96B, and 96C Sample Self Study Standard for Admissions and Academic Environment, provide examples from the self-studies of three programs related to these requirements. In addition, Guidelines for the On-Site Evaluation for Evaluation Teams and Board of Pharmacy Members Working with the Team indicate that Evaluation Team Members should review the student complaint files and the information obtained should be used as a component of the evaluation team report where appropriate. These procedures ensure that the information contained in the pharmacy program's student complaint file is reviewed as a component of the on-site evaluation and that the findings will be noted in the Evaluation Team Report, thus establishing a link between review of complaints and evaluation of a program in the accreditation process (EXHIBITS 97A, 97B, and 97C Sample Evaluation Team Report Standard for Admission). This review also includes consideration of both the nature and magnitude of complaints received by a College or School as described in the self-study and as observed during the on-site evaluation.
ACPE has developed a complaint form that is available on ACPE’s website (https://acpe-accredit.formstack.com/forms/complaint_form_copy). The form collects pertinent information to assist ACPE in addressing any complaints against an accredited program including contact information of the complainant, program information and standard(s) believed to be not in compliance at the program. A full description of the issues is requested. Complaints regarding a professional program received by ACPE are processed by reviewing the complaint to determine if it relates to specific standards, or in a broader sense, if the complaint involves unethical action or misrepresentation on the part of the program (EXHIBIT 98 Complaint Regarding an Accredited Program Policy). Review of a complaint includes inspection of the allegations and the opportunity for the program to respond. Follow-up action is taken appropriate to the nature of the complaint. Complaints that are submitted anonymously will not be considered by ACPE although it should be noted that, depending on the circumstances and severity of the complaint, the complaint may or may not be forwarded to the program for informational purposes only. The decision to forward a complaint is made by the ACPE Director of Program Accreditation or the ACPE Executive Director. In addition, during the eight-year cycle between each program’s self-studies, a record of anonymous complaints received for the program is maintained.

For all other complaints a response is made by the Executive Director or his/her designate, with opportunity for subsequent consideration by the Board (EXHIBIT 99 Sample Complaints Received Against an ACPE Accredited Program). Complaints are reviewed by the Board at each Board meeting (EXHIBIT 100 Summary of Complaints for Board Review). ACPE sends a letter to each program for which a complaint has been received once the complaint has been fully processed so that programs may know that a complaint has been received and it is closed.

ACPE’s policy stipulates the requirement that evaluation teams receive information pertaining to any complaint (open or closed) against the program under review that has been received since the prior comprehensive evaluation (EXHIBIT 101 Summary of Complaint Information to Evaluation Team Members). Evaluation teams receive information regarding the nature of the complaint and a description of any actions taken to date.

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide decision letters related to its evaluation of student complaints.

Analyst Remarks to Narrative:

As noted in the narrative, the agency provided its student complaint standards for ensuring students know how to file complaints with the program. Standard 15 requires colleges or schools develop, implement, and make available to students a complaints policy that includes procedures for how students may file complaints within the college or school, and also directly to ACPE regarding their college or school’s adherence to ACPE standards. The college or school must also maintain a chronological record of such student complaints, including how each complaint was resolved.

The agency provided documentation of three self-study’s (Ex. 96A, 96B, 96C) and three evaluation team reports (Ex. 97A, 97B, 97C) to demonstrate how it evaluate colleges and programs and a submitted student complaint (Ex. 990 and its resolution (Ex. 100); however, the agency did not provide decision letters related to its evaluation of student complaints.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

EXHIBIT R30A, R30B, R30C provides the corresponding Action and Recommendations (decision letter)
in response to the self-study and evaluation team report. As noted in the Board’s Action and Recommendations, the Board’s “review was based upon due consideration of the Evaluation Team Report” from the evaluation visit, the program’s self-study, and other communications received from the institutions. These Action and Recommendations correspond to the self study examples (EXHIBITS 96A, 96B and 96C) and Evaluation Team Report examples (EXHIBITS 97A, 97B and 97C) which were previously submitted. As noted in the Action and Recommendations documents, the Evaluation Team Report describes "important needs and developmental issues in keeping with Standards 2016. It should be noted that this Accreditation Action and Recommendations document and the Evaluation Team Report are companion documents and should be used together to guide the College’s continuing developmental efforts." The Board provides its determination of compliance with ACPE's Standards within the section entitled, Summary of Compliance with All ACPE Standards. Further, for Standards found to be "Compliant with Monitoring" and "Partially Compliant" or "Non-Compliant" any additional reporting requirements are listed by Standard.

ACPE is also providing a sample response to programs demonstrating review of a complaint received by ACPE (EXHIBIT 30D Sample Complaint Response).

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Meets the requirements of this section

**Analyst Remarks to Response:**
The agency attests and provides documentation of its decision letters (Ex. R30A, R30B, R30C) related to Standard 15. This Standard requires colleges or schools to develop, implement, and make available to students a complaints policy that includes procedures for how students may file complaints within the college or school, and directly to the agency. The agency included a decision letter (Ex. R30D) related to a school’s handling of a student complaint. The agency found that the school’s response and discussion to a student’s complaint to be adequate to ensure that no accreditation standard(s) were compromised. The additional information provided by the agency satisfies previous Department staff concerns.

**List of Document(s) Uploaded by Analyst - Response**

No files uploaded

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**Criteria: 602.16(a)(2) Preaccreditation Standards**

**Narrative:**

ACPE's preaccreditation (precandidate and candidate) standards are, as set forth in ACPE’s policies, "the same as those for accredited status, however preaccreditation involves planning in accord with the standards and provisions of reasonable assurances for a quality outcome.” Evaluation of compliance with standards is based on expectations for a given stage of development. EXHIBIT 102 Preaccreditation Policies indicates the terms for precandidate and candidate status and states that "the preaccreditation status shall be limited to an aggregate of no more than five years.” All programs preaccredited by ACPE are listed
on ACPE’s website (https://www.acpe-accredit.org/accredited-programs-by-status/) and the accreditation status for each is clearly indicated.

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**Analyst Worksheet- Narrative**

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests and provided documentation that its preaccreditation standards are the same as colleges or programs seeking accredited status (Ex. 102). Additionally, the Preaccreditation Status (the combination of Precandidate and Candidate Status) of a program shall be limited to an aggregate of no more than five years.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:

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**Criteria: 602.16(d) Distance/Correspondence Education**

Narrative:

ACPE’s Standards and policies and procedures address alternative pathways to degree completion, including distance education. ACPE has adopted the definition of distance education developed by the United States Department of Education to involve the use technology to deliver a significant portion of the didactic component of the Doctor of Pharmacy curriculum to students who are geographically separated from the instructor and to support regular and substantive interaction between students and the instructor, either synchronously or asynchronously. The technologies used to support distance education may include: 1) the internet; 2) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communication devices; 3) audio conferencing; or 4) video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMS are used in a course in conjunction with any of the technologies listed in 1) through 3) above. Delivery of the didactic curriculum to students at a distant (branch) campus is the primary form of distance education used within accredited pharmacy programs. ACPE policies define a distance (branch) campus as “a site other
than the main (original) campus from which faculty deliver significant components of the Doctor of Pharmacy didactic curriculum either live and/or via distance education or at which a group of students receive didactic instruction in any format during any of the early years of the Doctor of Pharmacy Program (i.e., P1-P3 years).”

ACPE’s Standards outline expectations related to distance learning including: 1) the didactic curriculum be delivered via teaching/learning methods that are appropriate for the student population (i.e., campus-based vs. distance-based); 2) the program ensures the correct identity of all students (including distance students) completing proctored assessments; 3) the program ensures that all students have equitable access to a comparable system of individualized student services (e.g., tutorial support, faculty advising, counseling, etc.); 4) the program has a sufficient number of faculty and staff to effectively address programmatic needs related to supporting distance students and campuses; and 5) the assessment plan include a variety of assessments that will allow comparison and establishment of educational parity of alternative program pathways to degree completion, including geographically dispersed campuses and online or distance learning-based programs. Further, ACPE policies describe the expectation that faculty, staff, and students at any distance campus will be integrated fully into the academic, professional, and social life of the college or school.

As noted under ACPE Policy 11.3 and described under Criterion 602.15(a)(2), training of evaluation team members includes “the application of the Standards and Guidelines and Policies and Procedures in the assessment of distance education programs”. During the comprehensive on-site evaluation all locations at which a program’s Doctor of Pharmacy curriculum is delivered are visited during an on-site evaluation (EXHIBIT 64 Sample On-site Evaluation Schedule). ACPE evaluates programs with multiple locations or pathways as a single program and grants one accreditation; programs offering multiple pathways must demonstrate compliance with all standards across all pathways in order to be granted and maintain ACPE accreditation. EXHIBIT 103 Evaluation Team Report Excerpt Distance Education provides an example of excerpts from an Evaluation Team Report for a recently evaluated program utilizing distance education to deliver the curriculum to a geographically distant campus. EXHIBIT 104 Action and Recommendations Distance Education provides the corresponding Action and Recommendations outlining the Board’s findings for the program as well as requirements for subsequent reports from the program.

Should programs utilize multiple campuses/pathways for degree completion, in accordance with ACPE’s annual monitoring policies, performance on the national licensure examination is reviewed for each campus/pathway so as to evaluate outcomes for each campus as well as the program as a whole (EXHIBIT 55 Pathway).

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**Analyst Worksheet - Narrative**
Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:
As noted in the narrative, the agency has policies and procedures for distance education and the agency’s definition of distance education is synonymous with the Department’s.

The agency applies the same accreditation standards to distance education programs to those in colleges or schools including access to student support services, program length, faculty, and curriculum. The accreditation review process applies to the Doctor of Pharmacy program in its entirety. Non-compliance or partial compliance with the standards at one site (main campus or distance campus) will impact the accreditation status of the entire program.

The agency provided documentation of an evaluation team report (Ex. 103) along with the action and recommendations from the same evaluation visit (Ex. 104).

List of Document(s) Uploaded by Analyst - Narrative
No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.16(e-g) Separate Standards for Curriculum or Faculty

Narrative:
ACPE is a programmatic accreditor. Expectations for accreditation by a regional or national accreditation agency are outlined in Key Element 5.4 Regional/institutional Accreditation which states that, “the institution housing the college or school, or the independent college or school, has (or, in the case of new programs, is seeking) full accreditation by a regional/institutional accreditation agency recognized by the U.S. Department of Education.”

To achieve and maintain ACPE accreditation, professional Doctor of Pharmacy degree programs must meet ACPE’s standards (https://www.acpe-accredit.org/pdf/Standards2016FINAL.pdf). ACPE standards are minimum requirements, and it is expected that programs will exceed the standards through initiatives designed to ensure continuous quality improvement. The standards describe the various elements needed for quality-assured professional education and are based on evidence and experience. They articulate expectations that ACPE (as well as pharmacy practice and the pharmacy academy) has of academic institutions offering the PharmD degree. The Standards focus on the educational outcomes required of PharmD programs and the assessment of those outcomes. They also address the structural and process-related elements within pharmacy education necessary to implement evidence-based outcome measures that document achievement of the standards. In addition, these standards describe areas where programs can experiment and innovate within the didactic and experiential components of their curricula to meet the required Educational Outcomes (Standards 1–4).
Educational outcomes outlined in ACPE’s Standards were deemed essential to the contemporary practice of pharmacy by the American Association of Colleges of Pharmacy’s Center for the Advancement of Pharmacy Education (CAPE). Development of the CAPE outcomes was guided by an advisory panel composed of educators and practitioners nominated by practitioner organizations. ACPE’s expectations related to the curriculum are outlined in Standard No. 10: Curriculum Design, Delivery, and Oversight, which states that “the curriculum is designed, delivered, and monitored by faculty to ensure breadth and depth of requisite knowledge and skills, the maturation of professional attitudes and behaviors, and the opportunity to explore professional areas of interest.” Furthermore, Key Element 10.2 Curricular Oversight states that, “curricular oversight involves collaboration between faculty and administration. The body/bodies charged with curricular oversight: (1) are representative of the faculty at large, (2) include student representation, (3) effectively communicate and coordinate efforts with body/bodies responsible for curricular assessment, and (4) are adequately resourced to ensure and continually advance curricular quality.”

Standard 18 and 19 of ACPE Standards 2016 outline the expectation for faculty including both quantitative and qualitative factors. Standard 18 outlines the requirement that, “the college or school has a cohort of faculty and staff with the qualifications and experience needed to effectively deliver and evaluate the professional degree program”, while Standard 19 stipulates that, “Faculty and staff have academic and professional credentials and expertise commensurate with their responsibilities to the professional program and their academic rank”.

Standard 20 details the expectation for preceptors of experiential education including that, “the college or school has a sufficient number of preceptors (practice faculty or external practitioners) to effectively deliver and evaluate students in the experiential component of the curriculum. Preceptors have professional credentials and expertise commensurate with their responsibilities to the professional program.”

Each of these standards apply to campus-based and distance learning pathways.

Document(s) for this Section

No files uploaded

Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests that it is a programmatic accreditor and therefore 602.16(a)(1)(viii) and (a)(1)(x) do not apply. The agency does not appear to have separate standards for curriculum or faculty.

The agency attests that its standards (Ex. 3) clearly outline the minimum requirements a college or program must achieve for accreditation or preaccreditation; however, the agency is clear that programs are encouraged to exceed these standards that the agency view are needed for structural/process-related function and quality-assured professional education.

List of Document(s) Uploaded by Analyst - Narrative
Criteria: 602.17(a) Mission & Objectives

Analyst Worksheet - Response

Analyst Review Status for Response:

**Narrative:**

Accreditation decisions related to compliance with the Standards, including Standards 6 College or School Vision, Mission and Goals; Standard 7 Strategic Plan; and Standards 24 and 25: Assessment of Standards and Key Elements (EXHIBIT 105 Standards for Mission and Assessment) present requirements for maintenance of educational objectives. Standard 6 requires that the program publish a statement of its vision, mission and goals. As outlined in the Key Elements for Standard 6, it is expected that the mission: 1) is consistent with a commitment to the achievement of the educational outcomes outlined in Standards 1-4; and 2) addresses the program’s commitment to professional education, research, and scholarship, professional and community service, pharmacy practice, and continuing professional development. Standard 7 requires the program to develop, utilize, assess and revise on an ongoing basis a strategic plan to advance its vision, mission and goals.

ACPE’s standards outline the expectation that programs will assess achievement of their mission and goals including stated programmatic objectives. Standards 24 and 25 outline the expectation that programs will evaluate and report to constituents the extent to which their programmatic goals (objectives) have been met. Insights gained from the valid and reliable assessment of outcomes related to mission, strategic planning, educational programs, and other key institutional initiatives should be channeled into constructive change to enhance programmatic quality. Standard 24 outlines the expectation that the program will develop, resource, and implement a plan to assess achievement of the educational outcomes to ensure that graduates are prepared to enter practice. Expectations of the Key Elements includes that the assessment plan will: 1) include systematic, valid, and reliable knowledge-based and performance-based formative and summative assessments; 2) include standardized assessments as required by ACPE that allow for national comparisons and program-determined peer comparisons; 3) measure student achievement at defined levels of the professional competencies that support attainment of the educational outcomes outlined in Standards 1-4; and 4) assesses student readiness to enter advanced pharmacy practice experiences, provide direct patient care in a variety of healthcare settings, and contribute as a member of an interprofessional collaborative patient care team. It is expected that the program will use the assessment data to improve student learning and enhance achievement of the educational outcomes.

Standard 25 requires programs to develop, resource, and implement a plan to assess attainment of the Key Elements within Standards 5-23. As outlined in the Key Elements, it is expected that the program’s assessment plan will: 1) provide insight into the effectiveness of the organizational structure to engage and unite constituents to position the program for success; 2) include the use of standardized surveys developed by the American Association of Colleges of Pharmacy; 3) evaluate the curricular structure, content, organization and outcomes and document the use of assessment data for continuous quality improvement of the curriculum; 4) assess the productivity of the faculty; 5) evaluate the comparability of alternative program pathways; 6) assess the preparedness of students to function as a member of an interprofessional team; 7) assess the ability to apply clinical reasoning skills; 8) assess student preparedness for the APPEs;
and 9) assess admissions criteria.

Evaluation of these standards should provide evidence of clearly defined objectives that are reasonably measurable and are consistent with contemporary practice standards. The accreditation process evaluates the program objectives and the degree to which the objectives are achieved. The standard evaluation and operational procedures involve review of the self-study, other information supplied by the program and the independent assessment of the on-site evaluators. Appendix 3 of Standards 2016 outlines the minimum outcomes data and documentation that programs must provide as evidence of achievement of the Standards and Key Elements regarding assessment of the mission and strategic plan (EXHIBIT 106 Appendix 3 Standards for Mission and Assessment). The self-study guidance related to Standards 6 and 7 and 24 and 25, provided in EXHIBIT 107 Rubric 2016 Mission and Assessment, presents the factors programs should use in assessing their compliance with these standards. EXHIBITS 108A, 108B, and 108C Sample Self Study Mission and Assessment provide excerpts from recent self-studies demonstrating the expectation that the program addresses the relevant standards. EXHIBIT 109A, 109B, and 109C Sample Evaluation Team Report Mission and Assessment demonstrates the evaluation of relevant standards by an on-site evaluation team.

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**Analyst Worksheet - Narrative**
Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation of its decision letters related to the college or program’s mission or objectives.

Analyst Remarks to Narrative:

The agency requires colleges or schools to have published statements of its vision, mission, and goals that is compatible with the vision and mission of the university in which the college or school operates and is consistent with a commitment to the achievement of the educational outcomes (Ex. 105). The agency standards evaluate the college or schools’ vision, mission, and goal statements (college, school, parent institution, department/division) along with outcome data from assessments summarizing the extent to which the college or school is achieving its vision, mission, and goals to determine if the Standards have been met (Ex. 106)

The agency also provided as documentation of three sample self study mission and assessment reports (Ex. 108A, 108B, 108C) along with sample evaluation team reports (Ex. 109A, 109B, 109C); however, the agency did not provide documentation of its decision letters related to the college or program’s mission or objectives.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

EXHIBIT R30A, R30B, R30C provides the corresponding Action and Recommendations (decision letter) in response to the self-study and evaluation team report. As noted in the Board’s Action and Recommendations, the Board’s “review was based upon due consideration of the Evaluation Team Report” from the evaluation visit, the program’s self-study, and other communications received from the institutions. These Action and Recommendations correspond to the self study examples (EXHIBITS 108A, 108B and 108C) and Evaluation Team Report examples (EXHIBITS 109A, 109B and 109C) which were previously submitted. As noted in the Action and Recommendations documents, the Evaluation Team Report describes “important needs and developmental issues in keeping with Standards 2016. It should be noted that this Accreditation Action and Recommendations document and the Evaluation Team Report are companion documents and should be used together to guide the College’s continuing developmental efforts.” The Board provides is determination of compliance with ACPE’s Standards within the section entitled, Summary of Compliance with All ACPE Standards. Further, for Standards found to be “Compliant with Monitoring” and “Partially Compliant” or “Non-Compliant” any additional reporting is requirements are listed by Standard.

Analyst Worksheet - Response

Analyst Review Status for Response:

Meets the requirements of this section
The agency provided documentation (Ex. R30A, R30B, R30C) of its decision letters related to the evaluation of college or schools mission & objectives. The agency’s Standards 6 evaluates whether a school has a published statement of its vision, mission, and goals. Standard 7 requires the program to develop a strategic plan to advance its vision, mission, and goals. Standard 24 requires programs to develop, resource, and implement a plan to assess achievement of the educational outcomes to ensure that graduates are prepared to enter practice and Standard 25 requires colleges or schools to develop, resource, and implement a plan to assess whether agency Standards are adhered to. All three of the colleges the agency provided decision letters for were found compliant with monitoring for Standard 24 and compliant for the other Standards. The agency then required the college to provide additional documentation. The additional information provided by the agency satisfies previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

No files uploaded

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Criteria: 602.17(b) Self-study

Narrative:

ACPE’s Self-Study Policy specifies that for the purposes of accreditation, submission of a program self-study either directly to the ACPE office or electronically through the Accreditation & Assessment Management System (AAMS) is required (EXHIBIT 110 Self-Study Policy). The AAMS (https://www.aacp.org/research/assessment-accreditation-management-system-aams) was developed through a partnership between the American Association of Colleges of Pharmacy (AACP) and ACPE to provide, in part, an electronic self-study submission software platform for ACPE accredited programs. Use of AAMS has been well received, with feedback noting the ease of internal collaboration, a lessened burden to prepare the self-study, and the value of the guidance for standardization and consistency in addressing the ACPE standards.

Development of the self-study is expected to be broad-based, with input from students, faculty, staff, preceptors, alumni, and other stakeholders. The self-study must include a program’s self-assessment of compliance with all elements of the accreditation standards along with supporting documentation and plans to address any identified areas for improvement. Guidance with regard to required documentation, items to be addressed in the narrative text, and determination a final self-evaluation of compliance is provided individually for each standard in the Self-Assessment Instrument (EXHIBIT 49 Rubric 2016). ACPE offers a Self-Study Workshop for deans and self-study chairs or co-chairs, during which the expectations for the self-study document are clearly outlined (EXHIBIT 111 Self-Study Workshop Slides). Additionally, ACPE staff is available for consultation, either in the ACPE office or for an on-site consultation at a College or School, regarding the self-study at any time. The self-study document is assessed by the on-site evaluation team using a rubric that mirrors the structure of Standards 2016. This rubric also serves as the foundation for the development of written feedback that documents the evaluation team’s findings. The use of a common rubric across all comprehensive on-site evaluations adds an important element of consistency across all evaluation teams; additionally, the rubric provides a standardized format for presenting evaluation team findings to the ACPE Board adding further consistency to the decision-making process. Feedback to the program regarding the self-study document is provided in writing as a part of the Evaluation Team Report (EXHIBIT 112 Sample Evaluation Team Report Self Study).
Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

As noted in the narrative and supporting documentation (Ex. 49) the agency has an established self-study policy to assess the college or schools’ quality of education and success in meeting its mission and goals. To apprise colleges and schools of its self-study policy, the agency recently conducted a virtual self-study workshop which included agency Standards and Guidelines, review of the evaluation rubric, routine procedures, and the self-study process (111).

The agency requires that self-study’s include: (Ex. 110) (i) documentation and data specified by ACPE, (ii) a qualitative and quantitative assessment of the strengths and limitations of the program, (iii) qualitative and quantitative information on both faculty and student achievements, and (iv) evidence of outcomes that demonstrate the program's successes in attaining its mission and goals, including success in student learning. Additionally, the self-study should serve as a point of reference for the institution's future planning.

The agency provided a sample evaluation team report self-study as documentation of this process (Ex. 112) in accordance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:
ACPE Policies and Procedures, Section 11.3, located in EXHIBIT 24 Evaluation Team Policy, presents the procedure for the on-site evaluation. On-site evaluations are conducted for all programs seeking continued accreditation at least once during the eight-year review cycle. ACPE conducts a two to four day on-site evaluation of programs seeking initial or continued accreditation. The schedule for an on-site evaluation is designed to obtain adequate information regarding compliance with the standards. The schedule involves interviews with the dean, program administrators, faculty, preceptors, alumni, students, and university administrators. Meetings are held with the curriculum committee, other key committees, and with student affairs personnel. A survey is made of physical facilities, the library, other learning resources (including resources used in distance education, where applicable), the complaint file, and the practice facilities available to the program, including, where applicable, facilities in other geographic locations. EXHIBIT 64 Sample On-Site Evaluation Schedule provides an example of an on-site evaluation schedule. The evaluation team’s assessment of compliance with the accreditation standards is guided by and documented using the Self-Assessment Instrument (EXHIBIT 113 Evaluation Team Rubric) which directly mirrors the self-assessment instrument used by the pharmacy program. As described under Criterion 602.15(a)(2), all individuals wishing to serve as on-site evaluation team members must complete the Evaluator Training Workshop, during which participants receive training regarding the accreditation process, the ACPE accreditation standards and guidelines, the on-site evaluation, and the use of the Self-Assessment Instrument, as well as participate in a mock site visit using a blinded self-study. Trained evaluation team members must complete follow-up training via webinar sessions as necessary regarding updates to policies and procedures or the Standards and Guidelines. EXHIBIT 114 Guidelines for the On-Site Evaluation, provides additional guidance to evaluation team members regarding information gathering and assessment during the on-site evaluation. Following the completion of each review cycle, the deans of all programs reviewed during that cycle, as well as all individuals serving on evaluation teams during that review cycle, are asked to provide an evaluation of the on-site evaluation procedures, including the guidance provided prior to the visit, the visit itself, and the evaluation team (EXHIBIT 115 Sample Feedback Regarding the ACPE On-Site Evaluation Procedures).

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:
The agency has adopted policies and procedure for on-site evaluations which can be found in Standard 11 (Ex. 24). Evaluation teams include educators, practitioners, and may include a member of the Board, a member of the ACPE staff, and two or more other selected individuals who undergo robust training (that includes application of the Standards, Guidelines, and Policies and Procedures) and who are deemed qualified by their experience and training; however, Department staff noted concerns regarding commissioners and agency staff playing an active role on site visits in section 602.15(a)(3). Additionally, the agency provided its evaluation team rubric (Ex. 113) and a sample of feedback of the agency’s evaluation procedures (Ex. 115).

The agency’s Guidelines and Suggested Questions for On-Site Evaluations (Ex. 114) provides that on-site evaluations are customarily made on an eight-year cycle; however, programs may be reviewed for purposes of accreditation within a shorter time at the discretion of the Board of Directors.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.17(d) Response to Site Review

Narrative:

ACPE policy, Section 11.4 (EXHIBIT 116 Evaluation Team Report Policy) provides the opportunity for the Dean of the College or School of Pharmacy to correct factual errors prior to finalization and distribution of the report to institutional officers and the ACPE Board (EXHIBIT 117 Sample Communication Regarding Review of a Team Report). Additionally, for any standard found to be partially or noncompliant by the evaluation team, the chief executive officer of the institution and the Dean of the College or School may provide supplemental materials related to the report’s facts and conclusions up to twenty-one days prior to the time an accreditation action is taken. EXHIBIT 118 Sample Response to Team Report, provides an example of one program’s written response to ACPE regarding a standard found to be partially compliant by the evaluation team.

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Analyst Worksheet - Narrative

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:
As noted in the narrative and supporting documentation (Ex. 116) prior to the report being final, the agency has a policy which allows the Dean of the College or School of Pharmacy to correct factual errors and submit supplemental material related to the site-visit Team Report. The agency provided a communication from the agency Director to a College of Pharmacy Dean outlining the opportunity to correct potential errors found in the evaluation team report (Ex. 117). Additionally, the agency provided a College of Pharmacy’s response to an evaluation team report (Ex. 118) all of which demonstrate compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.17(e) Agency Analysis of Information

Narrative:
ACPE Policies and Procedures, Section 11.3, located in EXHIBIT 24 Evaluation Team Policy indicates each team member receives and evaluates the self-study and supporting documentation prior to the on-site evaluation. During the on-site evaluation, the individual team members’ evaluations are discussed by the entire team. Data regarding graduates’ performance on standardized licensure examinations reported by the program are verified by comparison with scores obtained directly from the National Association of Boards of Pharmacy's licensing bureau. The on-site evaluation process is structured to facilitate independent analysis through: 1) discussion with the self-study committee to determine the process used to prepare the report; 2) individual interviews with faculty members and preceptors, including questions regarding errors of commission and/or omission within the self-study as well as agreement/disagreement with the findings; 3) discussions with selected or elected student representatives; 4) review of student files, complaint files, catalogs, course syllabi, and preceptor and practice experience manuals; and 5) consideration of any other documents specifically requested or provided as a supplement by the program. Each evaluation team member is provided the Self-Assessment Instrument to help ensure a standard-by-standard review of the self-study and information obtained during the site-visit (EXHIBIT 113 Evaluation Team Rubric). The evaluation team report offers comments about the self-study, including the level of concurrence with the self-study findings (EXHIBIT 112 Sample Evaluation Team Report Self Study).

ACPE Policies and Procedures, section 11.5, located in EXHIBIT 119 Accreditation Actions Policy, stipulate that accreditation actions are based on the evaluation team report, the self-study, communications
received from the program, and at the Board’s invitation, an optional presentation (face-to-face or by telephone) by the chief executive officer of the institution or a designate and/or the Dean of the program at the Board of Directors meeting.

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide its policy related to what entity (the agency or another source) conducts the on-site review and the college or program’s response to the report.

Analyst Remarks to Narrative:

The agency has adopted policies and procedures for conducting an independent analysis of documents submitted to the agency. The Policies and Procedures Section 11 (Ex. 24) provides prior to the on-site evaluation, the self-study and other pertinent materials are distributed by members of the agency to the evaluation team for their independent analysis; however, graduate standardized licensure examination data is verified by comparison scores taken directly from the National Association of Boards of Pharmacy’s licensing bureau.

Although agency policy allows for an independent review of the self-study and supporting documentation, it is unclear if the on-site report and colleges’ or schools’ program response to the report are completed by the agency or another source, in which case a policy for an independent review of those two documents are needed in accordance with this criterion. The agency decision-making body must conduct its own analysis.
of self-study (and other supporting documentation) and not rely on other sources for its evaluation of agency policies.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

As noted in ACPE’s Self-Study Policy (EXHIBIT R31 Self Study Policy), “ACPE conducts its own analyses and evaluations of the self-study and other documentation provided”. In advance of each Board meeting, Board members are provided a copy of each program’s self-study, the Evaluation Team Report, responses received from the program related to the findings of the evaluation team outlined in the Evaluation Team Report, and any other information received from other sources that has been substantiated by ACPE (EXHIBIT R32 January 2022 Board Agenda Describing Documentation Provided, EXHIBIT R33 Screen Shot Documents Provided to Board). These materials are reviewed by the ACPE Board of Directors in the decision-making process. As noted in Section I of ACPE’s Action and Recommendations document, the Board’s review and actions are “based on the Evaluation Team Report of the comprehensive evaluation . . . the [program’s] self-study, and other communications received from the institution” (EXHIBIT R30A Corresponding Action and Recommendations).

Analyst Worksheet - Response

Analyst Review Status for Response:

Meets the requirements of this section

Analyst Remarks to Response:

The agency attests that its Board of Directors are solely responsible for the analysis of self-study’s (and other supporting documentation) and that it does not rely on other sources for its evaluation of a college or school’s adherence to agency policies. The agency further attests that before each Board meeting, Board members are provided with a copy of each program’s self-study, the Evaluation Team Report, responses, and any other information received from other sources that were previously substantiated by the agency and these are the only documents reviewed by the Board in evaluating a college or school. The agency provided a screenshot of documents the Board received (Ex. R32) and the Board Agenda that highlights documents to be reviewed by the Board (Ex. R32). The clarifying information provided by the agency resolves previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

No files uploaded

Criteria: 602.17(f) Report on Compliance & Student Achievement

Narrative:
ACPE Policies and Procedures, Section 11.4, located in EXHIBIT 116 Evaluation Team Report Policy, states that a written report is furnished to the chief executive officer of the institution and the dean of the program within a reasonable time after the visit. The evaluation team report comments on areas of strength and areas needing improvement, mentions specific areas of concern and offers suggestions for improvement. As noted in the evaluation team report, the program is given opportunity (through an email to the dean, EXHIBIT 117 Sample Communication Regarding Review of a Team Report) to correct factual errors and to comment upon the draft evaluation team report prior to finalization and distribution of the evaluation team report to the Board of Directors. The chief executive officer of the institution and the dean of the program may also provide supplemental materials for Standards found partially or noncompliant related to the facts and conclusions presented in the evaluation team report prior to the time the report is reviewed by the Board for action. Any such material must be received by ACPE no later than 21 days before the Board meeting. The Board makes an accreditation action and provides to the program in writing an Action and Recommendations (A&R) document, which presents a summary of its recommendations based upon the evaluation team report, the self-study, communications received from the institution/program, and if applicable, a personal presentation or telephone communication by the chief executive officer of the institution or a designate and/or the Dean of the program.

As noted under criterion 602.16(a)(1)(i), success with respect to student achievement is assessed as a component of several accreditation standards. Educational outcomes are described in Standards 1-4. Standard 1: Foundational Knowledge, requires that the program develop in graduates the knowledge, skills, abilities, behaviors, and attitudes necessary to apply the foundational sciences to the provision of patient-centered care. Appendix 3 outlines the minimum outcomes data and documentation that programs must provide as evidence of their achievement of the standards. In this regard, programs must provide documentation related to student academic performance throughout the program (e.g., progression rates, attrition rates), annual performance of students nearing completion of the didactic curriculum on the Pharmacy Curriculum Outcomes Assessment (PCOA) – an assessment of knowledge of the essential content areas, and performance of graduates on the NAPLEX as evidence of their compliance with Standard 1. Standard 24, requires that programs establish and implement an evaluation plan that measures student achievement at defined levels of the professional competencies that support attainment of the educational outcomes in aggregate and at the individual student level. Assessments of student achievement are made throughout the on-site evaluation through addressing issues such as students' perception of the adequacy of the program, suggested changes, and discussions of efforts to evaluate the outcomes of the programs, particularly in the form of assessment of short- and long-term student achievement. Validation procedures for the self-study findings include review of the performance of students on standardized licensure examinations (data provided by the licensing agency), review of documents and interviews on site, and other means. EXHIBIT 120 Evaluation Team Report offers an example of an evaluation team report providing the team’s assessment of the program’s compliance with ACPE’s standards, including areas needing improvement and the program’s performance with respect to student achievement as measured by performance on the NAPLEX.

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Analyst Worksheet - Narrative

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:

As noted in the narrative, the agency provides colleges and schools with a written and detailed evaluation team report (ETR) within a reasonable time of a site visit (Ex. 116). The ETR lists agency compliance with each standard (including those related to student achievement) whether the site appears to be complaint, compliant with monitoring, partially complaint, or non-compliant (Ex. 120). The ETR also comments on the program’s areas of strength, areas needing improvement, and may offer suggestions concerning means of improvement for the program to consider (Ex. 116).

The agency also provided documentation of an ETR (Ex. 120) demonstrating the agency’s practice of evaluating college or school's compliance with agency's standards (including student achievement/learning outcomes) in accordance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.17(h) Protection of Student Privacy and Verification of Student Identity

Narrative:

Document(s) for this Section

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation in response to this criterion.

Analyst Remarks to Narrative:

Department staff are unable to evaluate whether the agency has a process in place given the agency failed to provide an answer to this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

ACPE Standard 14, Key Element 14.1 FERPA, requires that each college or school have an ordered, accurate and secure system of student records in compliance with the Family Educational Rights and Privacy Act (FERPA). Further, as outlined in the Key Element, student services personnel and faculty must be knowledgeable regarding FERPA law and its practices (EXHIBIT R34 FERPA Key Element Standards 2016). Accordingly, each program addresses Key Element 14.1 as a component of the self-study (EXHIBIT R35 Example Self Study FERPA). Key Element 14.1 is reviewed by the evaluation team as a component of the evaluation process (EXHIBIT R36 Evaluation Team Report Excerpt FERPA Review). The Board takes action, as appropriate, based on the evaluation team’s findings and their own review of the documentation provided in the self-study. EXHIBIT R37 Board Action and Recommendations FERPA provides the Board’s action corresponding to the program example noted in EXHIBITS R35 and R36.

ACPE has adopted a policy that requires colleges and schools to notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment (EXHIBIT R38 Charges for Verification of Student Identify Policy). This policy has been communicated to all accredited programs (EXHIBIT R39 Dear Dean Notification Identify Charges). ACPE has historically asked students about the accuracy of recruitment materials, including resources and policies, as a component of the evaluation process. To ensure review of a program’s adherence with this policy a question regarding student charges has been added to ACPE’s Guidelines and Suggested Questions for ACPE On-Site Evaluations (EXHIBIT R40 Updated Suggested Questions Student Charges). Inclusion of such a question ensures that future evaluation teams will review this requirement as a component of the evaluation review and the Board will take action as needed.

Analyst Worksheet - Response

Analyst Review Status for Response:
Meets the requirements of this section

Analyst Remarks to Response:

The agency attests and provides documentation of its policy related to student privacy and identity. Specifically, Standard 14 requires that the college or school have an ordered, accurate, and secure system of student records in compliance with the Family Educational Rights and Privacy Act (FERPA) and that student services personnel and faculty are knowledgeable regarding FERPA law and its practices (Ex. R34). Additionally, the agency has a policy that requires programs to notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment (Ex. R38). The agency provided documentation of a college’s Board Action and Recommendation (Ex. R37) to show its rating of compliance in accordance with this criterion. The additional information provided by the agency satisfies previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

No files uploaded

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Criteria: 602.18(a)-(b)(1) Standards Respect Mission, Ensure Quality, and Are Clearly Written

Narrative:

ACPE’s accreditation standards are readily available on the agency web-site (https://www.acpe-accredit.org/pdf/Standards2016FINAL.pdf). EXHIBIT 121 Accreditation Standards, provides a copy of the ACPE professional degree program accreditation standards. EXHIBIT 3 ACPE Policies and Procedures provides a copy of the policy and procedure manual for the professional degree accreditation program. ACPE’s Policy and Procedure Manual is also available on the ACPE’s web-site.

The standards for preaccreditation are the same as those for accreditation of degree programs in pharmacy. EXHIBIT 122 Consultation Report with Threshold Documents, provides documentation of guidance given to programs applying for ACPE accreditation.

Document(s) for this Section

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section
As noted in the narrative, the agency has adopted Standards (Ex. 2016) and Policies and Procedures (Ex. 3) that clearly outline the specifications required for accreditation and preaccreditation for colleges and programs in accordance with this criterion. Additionally, the agency Guidelines provide a sampling of the documents required to meet each standard (Ex. 48).

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

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**Criteria: 602.18(b)(2) Consistent Application of Standards**

**Narrative:**

ACPE has in place effective controls to prevent inconsistent application of the Standards. ACPE’s structure and adherence to written procedures provide for consistent application of the standards. Consistency in decision making is maintained through six-year, rotating terms of appointment held by the Board. This permits a continual transfer of knowledge between individual Board members that allows the ACPE Board as a whole to function with strict attention to precedents that have been set in previous accreditation actions. In addition, as noted under Criterion 602.15(a)(6), ACPE’s legal counsel remains present throughout the relevant portions of Board meetings to ensure consistent application of ACPE’s standards.

The organization of the evaluation teams includes trained and experienced reviewers. As described under Criterion 602.15 (a)(1), ACPE requires evaluation team members to participate in an intensive training process that provides an in-depth review of ACPE’s standards that focuses primarily on the accreditation standards and ACPE policies and procedures and includes exercises evaluating an actual but blinded self-study against the standards. In addition, ACPE staff routinely participate as evaluation team members to ensure consistent application of ACPE’s Standards by the evaluation team.

To ensure adequate evaluation of educational quality and to effectively present efforts to improve quality, ACPE requires programs to submit a self-study. ACPE allows programs to submit either a self-study directly to ACPE following a template and guidance provided in its Self-Study Guide, available on the ACPE website (www.acpe-accredit.org), or to submit an electronic self-study through the American Association of Colleges of Pharmacy Assessment & Accreditation Management System (AAMS). The purpose of AAMS is to assist pharmacy programs with their assessment and accreditation-related activities. The AAMS streamlines the compilation, management, analysis and reporting of data and documentation used for assessment and accreditation by storing assessment documents so that they are easily accessible and transferable into an accreditation report. It allows programs to track their progress by standard between accreditation self-studies and provides data from annual American Association of Colleges of Pharmacy surveys of graduating students, faculty, preceptors and alumni into self-study reports. Programs utilizing the AAMS can compile tables with peer comparisons quickly and easily for benchmarking. Instituted in the evaluation process for the first time in fall 2011, programs have been using the AAMS for almost ten years.
Regardless of the process utilized (paper self-study or electronic via the AAMS), ACPE guidance on preparation of the self-study is designed to ensure consistency regarding the quantity and quality of information provided by programs under review. EXHIBIT 49 Rubric, provides a copy of the self-assessment instrument available to programs under review. Documentation and Data Required for the Self-Study, is outlined in the Rubric which lists documentation and data required in the self-study and on-site. Through completion of the self-assessment instrument, and by review of the required documentation and data, colleges and schools know what information will be utilized to evaluate the program.

The on-site evaluation typically involves two to four days of programmatic evaluation. Evaluation team members utilize a standardized evaluation instrument (the Rubric) to review and document how a pharmacy degree program is addressing ACPE’s Standards (EXHIBIT 113 Evaluation Team Rubric). The form provides a standardized method for reviewers to determine how the program is addressing each of the Standards and mirrors the guidance document that the program used to prepare their self-study report. Once reviewed by individual team members, the ACPE staff member or evaluation consultant leads a discussion during the on-site evaluation to determine the evaluation team’s consensus evaluation of each of the 25 standards. The resulting consensus evaluation is used as the basis for the Evaluation Team Report which is provided to the pharmacy degree program and the ACPE Board of Directors. Use of the Rubric ensures that ACPE’s review of the program specifically addresses the standards. The rubric clearly outlines the components used to assess a program’s compliance with the requirements of the standard and accompanying guidelines and provides guidance as to what constitutes partial and non-compliance.

Document(s) for this Section

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Analyst Worksheet- Narrative

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:
As noted in the narrative, the agency’s policies ensure its Standards are consistently applied. First, the agency’s Board members are on a rotating appointment to allow for continuity in knowledge as it relates to decision precedents. Second, programs are required to submit a self-study according to the agency released guide (Ex. 49). The self-study allows programs to take an introspective approach to evaluating whether it has reached desired goals. Additionally, the agency trains reviewers on agency standards and policies/procedures to ensure consistent application and on-site reviewers all utilize an Evaluation Team Rubric (Ex. 113) to ensure all reviewers are evaluating the Standards under the same lens.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Criteria: 602.18(b)(3) Decisions Based on Published Standards

Narrative:

ACPE Standard 6 College or School Vision, Mission and Goals outlines the expectation that “the college or school publishes statements of its vision, mission, and goals”. Key Element 6.1 further outlines the expectation that the vision, mission and goals statements will be compatible with the vision and mission of the university in which the college or school operates. Guidance provided to programs indicates that “colleges and schools are encouraged to develop specific programmatic focused areas of envisioned strengths and articulate them within their mission statements. Examples common to many colleges and schools include research, rural health, global health, religious mission, specific types of practice (e.g., ambulatory, community), or specific patient type (e.g., geriatrics, pediatrics, underserved).” Further, Guidance for Standard 1 Foundational Knowledge, indicates that, while programs are expected to address expected educational outcomes as outlined by the Center for the Advancement of Pharmacy Education (CAPE), colleges and schools are encouraged to establish their own, institution-specific set of educational outcomes based on their mission, vision, goals, and objectives.

As a result of the on-site evaluation, a written evaluation team report (ETR) that assesses compliance with each of the standards and assesses performance with respect to student learning is furnished to the chief executive officer of the institution and the dean of the college or school at a reasonable time after the evaluation team visit. The ETR also comments on the program’s areas of strength and areas needing improvement; mentions specific areas, if any, where the program is partially or non-compliant with the standards; and may offer suggestions concerning means of improvement for the program to consider. The ETR is not an accreditation action but is an evaluative step in the accreditation process. EXHIBIT 123 Evaluation Team Report Faith Based Program presents the ETR for a pharmacy program at a private Christian university.

Based upon the Evaluation Team Report, the self-study, communications received from the institution, and, upon invitation, a presentation by the chief executive officer of the institution or a designate and/or the dean of the college or school, the Board determines the program’s compliance with the standards, takes an accreditation action (type of accreditation status and terms and conditions associated with the accreditation status), and presents comments and recommendations.

EXHIBIT 124 Accreditation Actions and Recommendations provides the corresponding Action and Recommendations for the program provided in EXHIBIT 123 demonstrating that the Board’s final evaluation of compliance with various standards differs from the evaluation team’s recommended finding, based on the materials provided by the program subsequent to the on-site evaluation.

Document(s) for this Section

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The agency attests that accreditation and preaccreditation decisions are based solely on its Standards. First, the agency conducts an on-site evaluation, where a written evaluation team report (ETR) is then generated that details the college or program's strengths, areas of improvement, suggestions for improvement for consideration and areas where the program is partially or non-compliant with the standards (Ex. 124). This program then is afforded the opportunity to review the site visit report and provide additional documentation before the commission reviews all of the documentation and makes its decision on compliance with published standards.

The agency provided documentation of Accreditation Action and Recommendations (Ex. 123) which demonstrates application of agency standards without regard to religious bias in accordance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.18(b)(4) Reasonable Assurance of Accurate Information

Narrative:

ACPE uses multiple steps to ensure the information utilized to evaluate the program is accurate.

All programs being evaluated by ACPE are required to submit data (raw data and the analysis thereof) within each section of their self-study report obtained through the administration of the anonymous surveys developed by the American Association of Colleges of Pharmacy (AACP) with the support of ACPE for graduating students, faculty, preceptors, and alumni. The use of standardized surveys completed by multiple stakeholders and reported anonymously through a third party adds a level of reliability to the data obtained. Data required for review of a program includes graduates' performance on the North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE) the results for both of which are obtained from a third party, the National Association of Board of Pharmacy, which is the entity charged with administration of the examinations.
The organization of the evaluation teams includes an experienced reviewer (typically an experienced team member) and a professional staff member or evaluation consultant to ensure consistency across and within evaluation teams. Through the inclusion of a professional staff member or consultant the evaluation teams have historical perspective and added expertise on the standards that provides a reasonable basis for determining whether the information upon which the agency relies for making accrediting decisions is adequate and accurate.

ACPE utilizes an intensive, mandatory training program to ensure that its on-site evaluation team members are able to evaluate and verify information.

The on-site evaluation typically involves two to four days of programmatic evaluation. Information contained in the self-study is validated by a series of interviews with the dean and other administrative leaders, faculty, students, alumni, preceptors, and university administrators. A survey is made of physical facilities, the library and educational resources, and the facilities utilized for pharmacy practice experiences to validate the related standards. The evaluation team validates the program’s self-study, providing the perspective of an independent external peer review. Time is included in the on-site evaluation agenda for evaluation teams to conduct a document review and validate information provided in the self-study (EXHIBIT 64 Sample On-Site Evaluation Schedule). Evaluation teams review a number of documents on site including course syllabi, student portfolios, programmatic assessment data, program catalogs, etc.

As described under Criterion 602.18 (b), evaluation team members utilize a standardized evaluation instrument (the Rubric) to review and document how a pharmacy degree program is addressing ACPE’s Standards (EXHIBIT 113 Evaluation Team Rubric). The use of the rubric ensures that all required items are addressed by the evaluation team.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The organization of the evaluation teams includes an experienced reviewer (typically an experienced team member) and a professional staff member or evaluation consultant to ensure consistency across and within evaluation teams. Through the inclusion of a professional staff member or consultant the evaluation teams have historical perspective and added expertise on the standards that provides a reasonable basis for determining whether the information upon which the agency relies for making accrediting decisions is adequate and accurate. In addition, the program has the opportunity to review and respond to the visit report prior to that report being reviewed by the Commission. This helps to ensure that any inaccuracies or
discrepancies in the report are corrected. Also, the full commission has access to the self-study, site visit report in addition to all documentation associated with the accreditation process for consideration.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

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Criteria: 602.18(b)(5) Report Clearly Identifies Deficiencies

Narrative:

As a result of the on-site evaluation, a written evaluation team report (ETR) that assesses compliance with each of the standards and assesses performance with respect to student learning is furnished to the chief executive officer of the institution and the dean of the college or school at a reasonable time after the on-site evaluation (EXHIBIT 116 Evaluation Team Report Policy). The ETR also comments on the program’s areas of strength and areas needing improvement; mentions specific areas, if any, where the program is partially or non-compliant with the standards; and may offer suggestions concerning means of improvement for the program to consider. The chief executive officer of the institution and the dean of the program are given opportunity to correct factual errors, to comment on the draft ETR, and to provide supplemental materials for Standards found to be partially or noncompliant related to its facts and conclusions prior to the time the ETR is provided to the Board for action. The ETR is not an accreditation action but is an evaluative step in the accreditation process.

Per ACPE Policy (EXHIBIT 119 Accreditation Action Policy), a copy of the Accreditation Action and Recommendations (“A&R”) indicating the accreditation status granted by the ACPE Board, along with stated terms and conditions, comments, and the timeframe within which ACPE will conduct its next on-site evaluation of the program is sent to the chief executive officer of the institution and the dean of the program. EXHIBIT 124 Accreditation Actions and Recommendations provides an example of an Action and Recommendation report demonstrating ACPE’s expectations and future timelines for addressing any deficiencies with ACPE’s standards.

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The agency attests and provides documentation (Ex. 116) of its policy to provide colleges and programs with a written evaluation team reports (ETR) that identifies deficiencies. The ETR assesses compliance with agency standards and provides comments related to program strengths, areas of and suggestions for improvement, and areas where the program is non-compliant.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:

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**Criteria: 602.18(b)(i-ii) Retroactive Accreditation**

**Narrative:**

ACPE does not offer retroactive application of an accreditation decision.

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**Analyst Worksheet- Narrative**

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide a policy related to retroactive applications of an accreditation decisions.

Analyst Remarks to Narrative:
The agency attests that it does not offer retroactive applications of an accreditation decisions and is not required to have a policy regarding retroactive accreditation; however, the agency must provide a policy stating that it does not offer retroactive accreditation.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

Response:

ACPE does not offer retroactive application of an accreditation decision. ACPE has codified this in a policy (EXHIBIT R41 ACPE Policy Retroactive Application of an Accreditation Decision) which states that "ACPE does not offer retroactive application of an accreditation decision."

**Analyst Worksheet - Response**

Analyst Review Status for Response:

Meets the requirements of this section

Analyst Remarks to Response:

The agency attests and provides documentation of its policy that it does not offer retroactive accreditation (Ex. R41). The additional information provided by the agency satisfies previous Department staff concerns.

**List of Document(s) Uploaded by Analyst - Response**

No files uploaded

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**Criteria: 602.18(c) Alternative Standards**

Narrative:

In response to the COVID pandemic ACPE was in frequent communications with program deans to assist programs in addressing the realities presented by the pandemic yet still remaining in compliance with the expectations outlined in ACPE’s accreditation standards. Throughout this period ACPE did not alter the accreditation standards, rather, ACPE worked with programs on the use of innovative methods through which the requirements of the standards could be addressed. The goals and metrics for assessing performance of programs remain the same throughout the pandemic. ACPE has developed a policy to allow virtual site visits during the pandemic. ACPE’s virtual site visit policy was developed in accordance with guidance from the U.S. Department of Education and is provided in EXHIBIT 125 Virtual Site Visit Policy. Exhibit 126 COVID Communication demonstrates the communications provided to assist pharmacy programs with addressing requirements of the standards throughout the COVID pandemic.

**Document(s) for this Section**
Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation related to whether it has a policy related to alternative accreditation standards due to special circumstances.

Analyst Remarks to Narrative:

As noted in the narrative, the agency’s expectations related to its accreditation standards were still in place in the wake of the COVID; however, the agency established a policy (Ex. 125) to address the complexities of the pandemic. In lieu of live and in-person site-visits, the agency temporarily offered virtual site-visits to select programs with the understanding that an in-person visit must be scheduled at a later time in accordance with Department regulations; however, it is unclear to Department staff if the agency has established policy specifically related to this criterion. It is unclear if the agency has developed alternative accreditation standards due to special circumstances when an undue hardship on students occurs, preventing the application equivalent written standards, policies, and procedures that provide alternative means of satisfying one or more of the requirements set forth in 34 CFR 602.16, 602.17, 602.19, 602.20, 602.22, and 602.24, as compared with written standards, policies, and procedures the agency ordinarily applies. Department staff reiterates the agency is not required to develop alternative standards.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

ACPE has only one set of Standards and does not utilize an alternative set of Standards for accreditation of Doctor of Pharmacy programs. As occurred during the COVID pandemic, programs were provided guidance on possible methods through which the expectations outlined in ACPE’s Standards may be addressed, however, the Standards, as set forth, are maintained despite any special circumstances when an undue hardship on students may occur. ACPE has developed a policy that notes “ACPE does not utilize an alternative set of Standards, applicable under special circumstances when an undue hardship on students occurs, for the accreditation of Doctor of Pharmacy degree programs” (EXHIBIT R42 Alternative Standards).

ACPE has a policy entitled, "Alterations to the Established Accreditation Review Procedures" which allows
ACPE to utilize an alternative format for the evaluation visit under certain circumstances (EXHIBIT R42A Alterations to Review Procedures Policy). This EXHIBIT also provides an excerpt from an Action and Recommendations which documents the requirement that a verification visit be completed following a virtual evaluation.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

Meets the requirements of this section

**Analyst Remarks to Response:**

Although the agency is not required to develop alternative standards, the agency attests that it has one set of Standards and does not utilize alternative standards to address the complexities when special circumstances exist (Ex. R42). For example, during the COVID-19 pandemic, the agency followed the Department’s flexibilities by allowing colleges and schools to temporarily conduct virtual site-visits with the understanding that, when possible, in-person visits will resume. The agency provided documentation of this policy (Ex. R42A) whereby it postponed a college’s on-site visit until 2024. The additional information provided by the agency satisfies previous Department staff concerns.

**List of Document(s) Uploaded by Analyst - Response**

No files uploaded

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**Criteria: 602.18(d) Circumstances Beyond the Institution’s or Program’s Control**

**Narrative:**

As outlined in ACPE’s policies, in the event that a program is found to be out of compliance with a standard or standards, the action and recommendation document will include notification of the Board’s finding and outline the requirements for bringing the standard(s) into compliance. Furthermore, consistent with requirements outlined in 602.20(a)(2), the policy further states that a program in partial or non-compliance with any ACPE Standard(s) is given a period not to exceed four years to bring all standards into compliance. The four year timeline is reasonable and appropriate for ACPE’s policies and procedures and aligns ACPE’s expectations for addressing instances of noncompliance with the standards. In all instances, the timeframe for returning a program to compliance is noted in the Board’s Action and Recommendations document. EXHIBIT 127 Actions and Recommendations Document Partial Compliance demonstrates the Action and Recommendations document from a program found to be in partial or non-compliance with the ACPE Standards. ACPE works closely with all programs found to be out of compliance with a standard or standards, regardless of the circumstances underlying the compliance issue(s). In this regard, a monitoring report is requested to be submitted to ACPE typically six months after the initial finding of partial or non-compliance. If the standard(s) has not been brought into compliance, a second report is requested, and the program dean may be invited to meet with the Board of Directors at their next regularly scheduled meeting.

**Document(s) for this Section**
**Exhibit Title**

EXHIBIT 127 Actions and Recommendations Document Partial Compliance
EXHIBIT R43 Special Circumstances of Noncompliance Policy

**File Name**

EXHIBIT 127 Actions and Recommendations Document Partial Compliance .docx
EXHIBIT R43 Special Circumstances of Noncompliance Policy .docx

**Analyst Comments**

None
None

**Analyst Worksheet - Narrative**

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation of its policy related to non-compliance due to unforeseen circumstances including any allowable extensions for good cause.

Analyst Remarks to Narrative:

Agency policy allows programs that are partially or non-compliant with agency standards to be out of compliance for a period (not to exceed) four years. The agency further attests that it requires agency’s a period of six months after the initial finding to submit a monitoring report, if the partial or non-compliance issue still out of outside of agency standards, a second report will be due. It is unclear to Department staff whether the agency has established policy specifically related to this criterion. The information and documentation provided for this criterion appears to be more associated with 34 CFR 602.20(a). This criterion is associated with special circumstances. In addition, any policy developed by the agency specific to this criterion would have to mirror the specific occurrence cited for allowing an extension of the time a program could be noncompliant with agency standards.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**

ACPE has developed a policy to address the special circumstances outlined in Criterion 602.18(d) (EXHIBIT R43 Special Circumstances of Noncompliance Policy). ACPE’s policy mirrors the specific occurrences cited for allowing an extension of the time a program could be noncompliant with the Standards as required by the Secretary’s Criterion. ACPE has not had a program meet the occurrences cited in the policy to date.

**Analyst Worksheet - Response**

Analyst Review Status for Response:

Meets the requirements of this section

Analyst Remarks to Response:

The agency developed a policy that allows programs that are partially or non-complaint with agency
standards to be out of compliance. Under certain circumstances, a program may work with the agency to address a circumstance that precludes the program’s compliance with a specific standard. Circumstances applicable to the allowance for failure to come into compliance for a period of time, as determined annually by the Board of Directors, not to exceed three years unless there is good cause to extend the period of time include: 1) a natural disaster or other catastrophic event significantly impacting a program’s operations; 2) accepting students from another institution that is implementing a teach-out or closing; 3) significant and documented local or national economic changes, such as an economic recession or closure of a large local employer; 4) changes to state licensure requirements; and 5) the normal application of the agency’s standards creates an undue hardship on students (Ex. R43). The agency attests that it has not had a program that meet this new policy during the review period. The additional information provided by the agency satisfies previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

No files uploaded

Criteria: 602.19(a) Reevaluation

Narrative:

Per ACPE policy, the customary on-site review cycle through which ACPE reevaluates accredited pharmacy programs is eight years (EXHIBIT 128 Procedures for Achievement and Maintenance of Accreditation). However, ACPE reserves the right to review programs in a cycle of less than eight years. Shorter review cycles are designed to monitor progress on specific issues; however, the program retains Accredited Status. Such reviews may be based upon a written report of progress from the program, a focused on-site evaluation, or other method of review as deemed appropriate. An on-site evaluation requires a self-study or written report in accord with standard evaluation and operational procedures. Modifications to the review cycle may be made for ACPE administrative reasons, and ACPE will also consider requests from a program for an alteration in the review cycle; however, the review cycle will not extend beyond eight years without due cause. The Accreditation Action and Recommendations document outlines the accreditation term granted to the program as well as the timeframe for the next ACPE review (EXHIBIT 124 Accreditation Action and Recommendation).

ACPE policies outline the procedures for awarding preaccreditation status including precandidate and candidate status. Precandidate status is awarded in accord with specified terms and conditions and involves monitoring provisions that include on-site evaluations. Advancement from precandidate to candidate status requires an on-site evaluation to evaluate the program and consider plans for the remainder of the development. Initial candidate status may be awarded for up to a two-year term. The preaccreditation status (the combination of precandidate and candidate status) of a program is limited to an aggregate of no more than five years. EXHIBIT 129 Preaccreditation Action and Recommendation, presents the Board’s Action and Recommendations outlining the evaluation plan for a program with preaccreditation status.

Document(s) for this Section

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The agency attests and provides documentation (Ex. 128) of its policy to reevaluate accredited colleges or programs on an eight-year cycle and a shorter review cycle as needed to determine progress on specified issues. The agency’s term for preaccreditation status (precandidate and candidate status) of a program shall be limited to an aggregate of no more than five years.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.19(b) Monitoring

Program monitoring between on-site evaluations is achieved through written interim reports and focused evaluation visits as may be requested by the ACPE Board in the Action and Recommendations or other correspondence. In addition, programs are monitored annually through statistical analysis of student achievement information and other program information (including graduates’ performance on licensure examinations and on-time graduation rates) (EXHIBIT 52 Annual Monitoring Policy). At least once per year, the Board reviews annualized data provided by the National Association of Boards of Pharmacy (NABP) on the performance of graduates of accredited programs on the North American Pharmacist Licensure Examination (NAPLEX) for the purpose of identifying changes or trends in outcomes that can reflect student learning and curricular effectiveness. As per ACPE Policy, the ACPE Board will confer with applicable programs via written correspondence requesting that they identify the root cause of the noted change or trend and provide an action plan for correcting any negative changes or trends. Applicable programs include: a) those whose graduates obtain a percentage pass rate on the NAPLEX for first-time candidates lower than that represented by at least two standard deviations below the average obtained by all candidates taking that examination (selected because the average pass rate varies from year to year because of test question performance differences); b) those whose graduates obtain a Mean Scaled Score on the
NAPLEX lower than that represented by at least two standard deviations below the average obtained by all candidates taking that examination; and c) based on any other analysis indicating a negative trend in NAPLEX outcomes (e.g., branch campus analysis). EXHIBIT 54 Achievement NAPLEX Example, provides an example of ACPE’s application of its policy regarding changes or trends in the performance of graduates on the NAPLEX.

ACPE routinely monitors student progression data provided by the American Association of Colleges of Pharmacy (AACP) which has been submitted to AACP by the individual programs (EXHIBIT 57 Graduation Data). A letter requesting an action plan to correct any negative trends is sent to any program for which the numbers of academic dismissals, withdrawals from the program, students delayed in graduating, or for which total attrition from the program meet established benchmarks which historically have been calculated as twice the national average (EXHIBIT 58 Achievement Progression Example).

Any program that repeatedly raises the concerns of the Board in one or more of ACPE’s annual monitoring areas is subject to further action by the Board. If a program has met any of the criteria for annual monitoring follow up in 3 or more years within a 5-year period, representatives of the program may be invited to meet with the Board (EXHIBIT 59 Achievement Repeat Annual Monitoring Concerns).

ACPE’s annual monitoring policy also includes an evaluation of programmatic financial resources. Consistent with this policy, at least once per year, the ACPE Board reviews data relating to the financial resources available to the program for the purpose of identifying changes and trends in its fiscal viability that may impact the ability of a program to remain in compliance with the standards. ACPE requests that programs meeting certain parameters identify the cause of the change and provide an action plan for correcting any negative changes. These parameters include those programs that have: 1) a 10% decrease in the annual fiscal year total revenue; or 2) a net reduction for two consecutive years. EXHIBIT 130 Financial Analysis Report provides the most recent financial data analysis report provided to the ACPE Board of Directors. EXHIBIT 81 Example Financial Letter, provides an example of written correspondence with a program related to ACPE’s financial resources monitoring policy.

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**Analyst Worksheet- Narrative**

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:

As noted in the narrative, in accordance with the agency’s Annual Monitoring Policy (Ex. 52), programs are monitored between on-site evaluations by means of annual reviews, correspondence, written interim reports, and focused evaluation visits as may be requested by the Board.

Programs are also monitored annually through statistical analysis of program information (including enrollment trends) and review of graduates’ performance on the North American Pharmacist Licensure Examination (NAPLEX) (Ex. 54). The agency provides documentation of a program’s changes in NAPLEX data that triggered the agency to request a root cause analysis to identify factors contributing to the issue (Ex. 54).

The agency also monitors student progression data including attrition, dismissals, withdrawals, and delayed graduations (Ex. 57) to signal potential issues with the quality of the program (Ex. 58 and 59). The agency’s also reviews (annually) financial resources to identify trends effecting the financial stability of a program. The agency provides a programs Financial Letter (Ex. 81) in support of its policy of reviewing a programs financial state.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.19(c) Annual Headcount

Narrative:

At least once per year, the Board will review data provided by the American Association of Colleges of Pharmacy (AACP) relating to enrollment of students for the purpose of identifying changes and trends in enrollment that may impact the ability of a program to remain in compliance with the standards (EXHIBIT 52 Annual Monitoring Policy). ACPE will follow-up with applicable programs via written correspondence requesting that the program: 1) identify the cause of the change or trend; and 2) provide an action plan for correcting any changes or trends that may negatively impact the program. In this regard a letter will be sent to: a) a program having a newly identified change in the first professional year enrollment larger than 20 percent over a five year period or less; and b) a program based on any other analysis indicating a substantial trend affecting a program’s ability to remain in compliance with the standards, particularly those standards addressing curricular effectiveness. In addition, a program with an increase in headcount enrollment of 50 percent or more within one institutional fiscal year will be reported to the Secretary within 30 days of ACPE’s receipt of notification of such an increase, in accord with expectations established by the USDE. After years of expanding class size, pharmacy programs have been experiencing a decline in enrollment in recent years. These declining enrollments are occurring at a national level. EXHIBIT 131 Annual Monitoring Letter Enrollment, provides an example of ACPE’s application of its policy regarding
monitoring of changes and trends in enrollment data. In this instance the change in enrollment was noted to be a reduction as opposed to enrollment growth. The exhibit is provided as documentation of ACPE's application of its policies.

### Document(s) for this Section

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### Analyst Worksheet - Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

Under the agency’s Annual Monitoring Policy (Ex. 52), at least once per year, the Board will review data provided by the American Association of Colleges of Pharmacy relating to enrollment of students in the college or program in accordance with this criterion. The purpose of this review is to identify changes and trends in enrollment that may impact the ability of the college or program to remain in compliance with agency standards. The agency provided documentation (Ex. 131) of a college’s enrollment over a six-year period and determined that the 22% decrease in enrollment trend triggered additional agency monitoring.

### List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

### Analyst Worksheet - Response

Analyst Review Status for Response:

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**Criteria: 602.20(a) Enforcement Timelines**

**Narrative:**

As outlined in Policy 11.5 Accreditation Action (EXHIBIT 119 Accreditation Action Policy), in the event that a program is found to be partially or non-compliant with any standard or standards, the action and recommendation document will include notification of the finding and outline the requirements for bringing the standard(s) into compliance. ACPE recently updated its policies to reflect changes to the Secretary's Criteria for Recognition so that the policy further states that a program in partial or non-compliance with any ACPE Standard(s) is given a period not to exceed four years to bring all standards into compliance. Further, the timeline may include intermediate checkpoints and may not exceed four (4) years unless
extended for good cause, at the sole discretion of the Board. In addition, failure to bring any Standard found to be partially compliant or non-compliant into compliance in a timely manner could result in probationary status and may result in an adverse accreditation action.

EXHIBIT 127 Actions and Recommendations Document Partial Compliance provides the Action and Recommendations document from a program found to be in partial or non-compliance with the ACPE Standards.

A monitoring report is requested to be submitted to ACPE typically six months after the initial finding of partial or non-compliance. If the standard(s) has not been brought into compliance, a second report is requested, and the program dean may be invited to meet with the Board of Directors at the next regularly scheduled Board meeting. If the standard(s) remain out of compliance one year following the initial finding, the program may be put on probation. Adverse action, defined as withdrawal or denial of accreditation, will be taken if the program does not demonstrate compliance within the stated four-year time period. Notice that ACPE may immediately initiate an adverse accreditation action if deemed necessary is provided in both the Policies and Procedure Manual and in each Action and Recommendation document sent to accredited programs. As stated in the Policy and Procedures Manual in section 13.3.4, "Regardless of the accreditation status of a program, rapid and precipitous deterioration of the quality of the program may be sufficient grounds for the immediate withdrawal of accreditation, whether or not a probationary period or other opportunity to remedy issues of partial or non-compliance with the standards has been provided” (EXHIBIT 132 Policies and Procedure Manual Section 13). Additionally, each Action and Recommendation document includes the following language: In accord with ACPE policy, if additional reporting and/or on-site review is not satisfactory in any area, the Board could then act to reduce a previously awarded accreditation term, award a probationary accreditation status, or take an adverse accreditation action.

Document(s) for this Section

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

As noted in the narrative, the agency policy (Ex. 119) requires colleges or programs that are partially or non-compliant with its standards to receive a written copy of the Accreditation Action and Recommendation which will include notification of the finding and outline the requirements for brining the
standard(s) into compliance. A program in partial or non-compliance with agency standards is given a period not to exceed four years (maximum) to bring all standards into compliance. If the college or programs remains out of compliance after the first year following the initial finding, the program may be put on probation.

The agency provides documentation (Ex. 127) of Actions and Recommendations for a program found to be in partial compliance including the program’s timeline for resolving the finding in accordance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.20(b-d) Enforcement Actions

Narrative:

As noted in Policy 13.3.4: Immediate Withdrawal of Preaccreditation or Accreditation Status, “rapid and precipitous deterioration of the quality of the program may be sufficient grounds for the immediate withdrawal of preaccreditation or accreditation, whether or not a probationary period or other opportunity to remedy issues of partial or non-compliance with the standards has been provided.”

ACPE policy notes that, “In the event that the Board determines a program is in partial or non-compliance with a standard or standards, the program will be notified in writing of its partial or non-compliance and may be given the accreditation status of Accredited with Probation. Pursuant to USDE regulations with which ACPE must comply, the program will be provided with a reasonable, written timeline for bringing the standard or standards into compliance as determined by the Board based on the nature of the finding, and the program’s stated mission and educational objectives. The timeline may include intermediate checkpoints and may not exceed four (4) years unless extended for good cause, at the sole discretion of the Board. The Board may take immediate adverse action should the Board feel such action is warranted.”

In the event of withdrawal of accreditation, subsequent to a final decision (after appeal or expiration of the opportunity to appeal) of an adverse accreditation action, the program must implement its Teach-out Plan and execute a Teach-Out Agreement (EXHIBIT 133 Teach Out Plan Policy). EXHIBIT 134 Accreditation Action Teach Out demonstrates ACPE’s expectations that a teach-out plan be followed

ACPE is a programmatic accreditation agency and does not accredit institutions.

Document(s) for this Section

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

As noted in the narrative for this criterion and in the previous section, the agency policy (Exhibit 119) provides that where an agency finds that there has been rapid and precipitous deterioration of the quality of the program there may be sufficient grounds for the immediate withdrawal of accreditation or preaccreditation, whether a probationary period or other opportunity to remedy issues of partial or non-compliance with the standards has been provided. The timeline to come into compliance may not exceed four years, unless the Board extends the timeline for good cause.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.20(e) Arbitration Requirements

Narrative:

EXHIBIT 135 Litigation Policy demonstrates ACPE’s expectation that “no litigation shall be instituted by a school or college of pharmacy involving an adverse action taken by ACPE until after the appeal procedure shall be instituted by such school or college and concluded in accordance with Section 14 of these Policies and Procedures.”

Document(s) for this Section

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Analyst Worksheet- Narrative

Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:

The agency must provide its Litigation Policy specifically related to arbitration.

Analyst Remarks to Narrative:

The agency has an adopted Litigation Policy (Ex. 135) related to venue requiring litigation be brought in the Circuit Court of Cook County or in the Federal District Court for the Northern District of Illinois, the consent to personal jurisdiction, and the appeal process; however, the agency did not provide documentation of its policy specifically related to arbitration in accordance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

ACPE has updated its policy to indicate that all adverse actions are subject to the arbitration requirements in 20 U.S.C 1099b(e). The updated policy requires that programs agree to submit any dispute involving the final denial, withdrawal, or termination of accreditation to initial arbitration prior to any legal action (EXHIBIT R44 Updated Litigation Policy).

Analyst Worksheet - Response

Analyst Review Status for Response:

Meets the requirements of this section

Analyst Remarks to Response:

The agency attests and provides documentation of its policy (Ex. R44) that requires no litigation shall be instituted by a school or college of pharmacy involving an adverse action taken by the agency until after the appeal procedure is instituted by the school or college and concluded in accordance with agency policies and procedures. Additionally, the agency updated this policy requiring colleges or schools to agree to submit any dispute involving the final denial, withdrawal, or termination of accreditation to initial arbitration prior to any legal action. The additional information provided by the agency satisfies previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

No files uploaded

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Criteria: 602.20(f-g) Non Compliance with Parts of 34 CFR 668

Narrative:
As required by ACPE’s policies, “notification of the name of any program accredited by ACPE, or of its parent institution, will be provided to the USDE if there is reason to believe that the institution or program is failing to meet its Title IV, HEA program responsibilities or is engaged in fraud or abuse, along with the reason for the concern. Moreover, upon request of the USDE, information will be provided regarding an accredited or preaccredited institution’s compliance with its Title IV, HEA program responsibilities, including its eligibility to participate in Title IV, HEA programs, for the purpose of assisting the USDE in resolving problems with the institution’s or program’s participation in these programs (EXHIBIT 136 Reporting to US Department of Education).”

**Document(s) for this Section**

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**
Does not meet the requirements of this section

**Staff Determination:**
The agency did not provide evidence of any such notifications, or inform Department staff that no situations requiring notification have occurred.

**Analyst Remarks to Narrative:**
As noted in the narrative and documentation (Ex. 136), the agency has a policy that requires it to notify the Department if there is reason to believe that the institution or program is failing to meet its Title IV, HEA program responsibilities or is engaged in fraud or abuse, along with the reason for the concern in accordance with this criterion; however, the agency did not provide evidence of any such notifications, or inform Department staff that no situations requiring notification have occurred.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**
ACPE has not identified any situations of programs failing to meet Title IV, HEA program responsibilities or engaged in fraud or abuse. Therefore, because there were no such situations to report, ACPE has not provided any such notices to the Department.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Meets the requirements of this section
Analyst Remarks to Response:

The agency maintains that it has not identified any situations of programs failing to meet Title IV, HEA program responsibilities or engaged in fraud or abuse, so it was not obligated to inform the Department of the non-occurrence.

List of Document(s) Uploaded by Analyst - Response

No files uploaded

Criteria: 602.21(a-b) Systematic Review of Standards

Narrative:

Per ACPE Policy (EXHIBIT 137 Policy on Standards Review and Revision), a systematic program of review is used to assure that its standards are appropriate to the educational preparedness of students and are adequate to evaluate the quality of education provided by the program. The program of review is comprehensive, with examination of each standard and the standards as a whole, and addresses content and criterion-related validity in accord with a triad of scheduled activities: periodic, annual, and continuous. Validity determinations are the basis for affirming, initiating, or effectuating change. If it is determined by ACPE that a change needs to be made to a standard, action for change is initiated within 12 months. Completion of the revision process will occur within a reasonable period of time, based on the magnitude of the change necessitated. The current Standards were developed through solicitation of input from all ACPE stakeholders through web-based surveys, open hearings, and open comment periods, including Colleges and Schools of Pharmacy, professional pharmacy organizations, student pharmacist organizations, and other accrediting bodies. In January 2012, ACPE announced its intent to revise the Doctor of Pharmacy Standards. The current Standards were adopted January 2015, and became effective July 1, 2016. Development of the standards took into consideration a variety of information including: the experience gained in accreditation reviews since the adoption of the prior Doctor of Pharmacy standards in 2007; feedback from ACPE stakeholders regarding quality improvement of the standards; reports of the Institute of Medicine noting needed changes in the health care system to improve medication safety and patient outcomes; the revision of the American Association of Colleges of Pharmacy (AACP) Center for the Advancement of Pharmaceutical Education Educational Outcomes in 2013; the Joint Commission of Pharmacy Practitioners’ (JCPP) Vision of Pharmacy Practice, accepted by the governing boards of 10 pharmacy organizations, including ACPE, and released in 2013; expansion of the scope of pharmacy practice in state laws and regulations to include collaborative practice with prescribers; and the Pharmacists’ Patient Care Process, developed by a work group from 11 national pharmacy organizations to promote a consistent approach to the process of care.

When necessary, the ACPE Board has acted to offer clarification regarding current interpretation of individual Standards or Key Elements. Following the release of Standards 2016 clarification regarding the Board’s interpretation related to the use of non-pharmacist preceptors in enhancement of interprofessional practice-based educational experiences and the use of simulations in introductory pharmacy practice experiences were added to ACPE’s policy and procedures manual (EXHIBIT 138 Clarification of Standards).
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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency did not provide evidence of any such notifications, nor did it provide documentation of its notice to the Department staff that no situations requiring notification have occurred.

**Analyst Remarks to Narrative:**

As noted in the narrative and documentation (Ex. 137) the agency reviews its accreditation standards every six to eight years to ensure it is on par with changes in pharmacy education and practice in accordance with this criterion. Additionally, as provided in the documentation, the systematic program of review is comprehensive and involves the community of interest, allows for input by all relevant stakeholders, and includes examination of each standard/guideline separately and in its entirety. The agency did not provide evidence of any such notifications, or inform Department staff that no situations requiring notification have occurred.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**

ACPE provides notification to stakeholders following approval of any revisions to ACPE’s standards. This notification is provided well in advance of the date at which the revised standards become effective. EXHIBIT R45 Standards Review Policy notes the requirement that revised Standards will be provided to stakeholders in advance of the effective date. EXHIBIT R46 Stakeholder Notification demonstrates ACPE’s notification of the release of the revised Standards in the Report of the Proceedings from the January 2015 Board meeting. ACPE notes that the effective date for the new Standards was July 1, 2016, well after the notification of release of the Standards in January 2015. EXHIBIT R47 ACPE Newsletter also provides evidence of ACPE’s notification of the release of the new Standards through ACPE’s stakeholder newsletter in spring 2015.

As noted in ACPE’s response to 602.21 (c-d), ACPE initiated a Standards review process in 2021 with a Call for Comments. Documentation of the notification to stakeholders of ACPE’s revision process is
provided in ACPE's response to that criterion. ACPE will notify stakeholders of the new Standards once the revision process has been completed and the new Standards have been adopted by the ACPE Board of Directors.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

Meets the requirements of this section

**Analyst Remarks to Response:**

The agency provided evidence of its notification to stakeholders following approval of agency Standards. The agency’s Standards Review Policy (Ex. R45) requires that advance public notice of the revisions proposed by the agency be provided to all relevant stakeholders. A draft of the proposed revisions is posted on the agency website and is made available to the public and to relevant stakeholders with an invitation to comment. Comments on the proposed revisions received within the published timeframe for the comment period are considered in the revision process. The revised standards are effective on a date designated by the agency based upon the magnitude of the change necessitated. Notification of approval of revised standards will be provided to all stakeholders in advance of the effective date. The agency provided its notification of revised Standards (in 2016– the last revision) to stakeholders (Ex. R46, Ex. R47). The additional information provided by the agency satisfies previous Department staff concerns.

**List of Document(s) Uploaded by Analyst - Response**

No files uploaded

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**Criteria: 602.21(c-d) Revision of Standards**

**Narrative:**

In keeping with ACPE policy (EXHIBIT 137 Policy on Standards Review and Revision) requiring that advance public notice of any changes be provided to all relevant stakeholders, ACPE announced its intention to review its Standards in January 2012. Written comments were solicited from stakeholders, and many were received. In addition, a Web-based survey that allowed anonymous completion was distributed to all the college or school of pharmacy deans. ACPE also held a multi-stakeholder invitational conference in fall, 2012 to discuss issues facing pharmacy practice and education. The results of the conference influenced the direction and content of the revised standards. The first draft of the revised standards was approved by the ACPE Board of Directors in January 2014 and distributed to ACPE stakeholders in February 2014. Subsequently, a series of open hearings was conducted at national pharmacy meetings. Another Web-based survey that allowed anonymous completion by stakeholders was conducted during 2014, and an extensive review of the draft standards was completed by an advisory group from various sections of the academic and practice communities.

As described under Criterion 602.21 (a and b) ACPE will initiate the next round of standards revision in the next two years and anticipates that new standards would be released around 2024, 8 years after the release of Standards 2016.
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### Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide documentation of its process for revising its 2016 or 2024 standards.

**Analyst Remarks to Narrative:**

The agency has a Policy on Standards Review and Revision (Ex.137) that requires advance public notice provided to stakeholders including students, deans school admin and executive officers, state boards of pharmacy, educational and professional organization and societies, national pharmacy student org leaders, and chief executive officers of institutional and programmatic accrediting agencies. If the agency determines that a change to its standards is needed the action for change must be initiated within 12
months. Completion of the revision process will occur within a reasonable period of time and as soon as feasible, based upon the magnitude of the change necessitated.

The agency did not provide documentation of its process of revising its standards including its in 2016 or 2024 revision.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

ACPE provides documentation from the process used to develop “Standards 2016” which were approved by the Board on January 21-25, 2015, with an effective date of July 1, 2016. This process was completed prior to ACPE’s current recognition period with the Department. The revision process for Standards 2016 began at the June 2012 meeting of the ACPE Board of Directors, during which the Board authorized the development of the next revision of the standards. In addition to the Call for Comments and town halls at national meetings (EXHIBIT R48A Town Hall Notification and EXHIBIT R48 Town Hall Presentation) typically used, ACPE convened a Stakeholder Conference to gather further input during the 2016 Standards Revision process. This conference entitled, “Advancing Quality in Pharmacy Education: Charting Accreditation’s Future” was held in September 2012 (EXHIBIT R49 ACPE Conference Description). The conference involved over 100 diverse stakeholders inclusive of educators, practitioners, and employers. The desired competencies for pharmacy graduates were reexamined based on rapid changes in health care and legislative reforms, and how ACPE can improve on its current methods of assessment of program quality was explored. Seven papers from the conference were published in the electronic American Journal of Pharmaceutical Education (EXHIBIT R50 Select Conference Papers). A survey was also sent to a broad group of stakeholders requesting comments and feedback on each standard (EXHIBIT R51 Survey Comments). On February 3, 2014, ACPE released Draft Standards 2016 and the Guidance Document to Draft Standards 2016 (EXHIBIT R52 Release of Draft Standards). ACPE subsequently requested public comment and conducted a series of open hearings at national pharmacy meetings throughout the United States in 2014 to gather input on the draft Standards prior to final approval of the Standards at the January 2015 Board meeting. EXHIBIT R53 Comments on Draft Standards 2016 provides evidence of the comments received by ACPE regarding the draft of Standards 2016 released for public comment.

ACPE launched a new Standards revision process in January 2021, following submission of the petition for continued recognition in September 2020. An open call for input on Standards revision was sought via ACPE’s website at https://www.acpe-accredit.org/pharmd-call-for-comments-standards-2025/ (EXHIBIT R54 Website Call for Comments). Following closure of the open call for comments period, the ACPE website noted that ACPE would continue to “consider all comments to guide the process of developing Standards 2025. If you missed the opportunity to comment in 2021, send an email with your comments to csinfo@acpe-accredit.org by May 1, 2022.”

ACPE communicated the Board’s authorization of the Standards revision process within its spring 2021 newsletter which was distributed to all stakeholders (EXHIBIT R55 Spring 2021 ACPE Update). ACPE conducted an Open Hearing discussion to solicit feedback on the current standards and gather recommendations for standards revision as a component of the American Association of College of Pharmacy Annual Meeting in July 2021, thus gathering input from educators (EXHIBIT R56 AACP Agenda Item). Given the ongoing pandemic, many of the national pharmacy association meetings used to gather input via town halls were conducted virtually using platforms that did not immediately lend themselves to generating quality feedback. As an alternative, ACPE conducted two town hall sessions to
obtain feedback from constituencies regarding revision of ACPE’s Standards 2016 (EXHIBIT R57 Town Hall Invitations). Participant recommendations were solicited from a number of pharmacy organizations representing practitioner/employer groups (American Society Health-System Pharmacists, National Chain Pharmacists Association, Board of Pharmacy Specialties, American College of Clinical Pharmacy, American Pharmacists’ Association, American Society of Consultant Pharmacists, Academy of Managed Care Pharmacists, and the National Association of Boards of Pharmacy). Participants were asked to review the Standards and ACPE Guidance in advance of the sessions (EXHIBIT R58 Town Hall Comments). In addition, ACPE has met with the Boards of national pharmacy organizations, including the National Association of Board of Pharmacy and the American Pharmacists Association (practitioners) to solicit input into the Standards revision process (EXHIBIT R59 APhA Board Meeting Notes). ACPE has received comments from interested stakeholders through the open call for comment on the website (EXHIBIT R60 Example Comments Received Standards Revision). All comments received will be considered as ACPE proceeds with the Standards revision process. In accordance with ACPE’s policies, ACPE projects release of the revised Standards in 2024 in advance of the July 1, 2025, projected effective date.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

Meets the requirements of this section

**Analyst Remarks to Response:**

Although the agency described in detailed the process for revising its standards in the previous submission, the agency included in this submission, the documentation related to advance public notice of proposed changes to fully apprise Department staff of its policy in practice. To start, the Board decides whether to revise its standards at a Board meeting then publishes a call for public comments for stakeholders (Ex. R48, R49) at agency conferences and in national publications such as the American Pharmacists Association (Ex. R48A) and the American Journal of Pharmaceutical Education (Ex. 50) and a survey that was sent to various stakeholders to solicit advice on how the agency can improve its current methods of assessment of programs (Ex. R51).

The agency revised its revision process in 2021 which will affect its process for any upcoming changes. The new Standards revision process requires the agency to place an open call for input on the agency’s website during the open call period and the submission of comments via email after the open comment period has ended (Ex. R54). The documentation provided by the agency satisfies previous Department staff concerns.

**List of Document(s) Uploaded by Analyst - Response**

No files uploaded

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**Criteria: 602.23(a) Public Information**

**Narrative:**
As identified on ACPE’s website, ACPE is a programmatic agency that only accredits or preaccredits Doctor of Pharmacy degree programs (https://www.acpe-accredit.org/deans/default.asp). A written copy of the information contained on the web-site is provided to the public upon request or can be downloaded at any time.

The procedures for applying for accreditation or preaccreditation are described in ACPE’s Policies and Procedures as provided in EXHIBIT 139 Application Procedures. Programs are explicitly informed that new applications will only be accepted in the spring of any given year (final application due by April 1st), approximately 18 months prior to the planned matriculation of the first students into a new program. To assist with the evaluation process ACPE has created a threshold rubric to guide the Board in determining whether a comprehensive visit should be authorized (EXHIBIT 122 Consultation Report with Threshold Documents). The program’s final application is considered by the Board of Directors at its June meeting. If authorized, an on-site evaluation is conducted in the fall and the evaluation team report is considered by the Board for granting precandidate status at the following January meeting. The full application process is detailed on ACPE’s website (https://www.acpe-accredit.org/pharmd-program-accreditation/) and in a flow chart given to programs applying for accreditation (EXHIBIT 140 Application Flow Chart). EXHIBIT 141 Sample Application for Precandidate Status, provides an example of an application for precandidate status from a recent program. A written copy of the information contained on the web-site is provided to the public upon request.

ACPE’s accreditation standards are provided in EXHIBIT 121 Accreditation Standards, and are available on ACPE’s website (https://www.acpe-accredit.org/pdf/Standards2016FINAL.pdf). Policies and procedures pertaining to the professional degree accreditation program are provided in EXHIBIT 3 Policies and Procedures for ACPE Accreditation of Professional Degree Programs, and also posted on ACPE’s website (https://www.acpe-accredit.org/pdf/CS_PoliciesandProceduresAugust2020.pdf). A written copy of the information contained on the web-site is provided to the public upon request or can be downloaded at any time.

Information regarding accredited pharmacy programs can be accessed via ACPE’s web-site (https://www.acpe-accredit.org/accredited-programs-by-status/). The listing of accredited or preaccredited programs indicates the type of accreditation status, the dates of the most recent review and the dates for the next currently scheduled review or reconsideration of accreditation as well as the complete accreditation history of the program. Contact information for each program is provided. A written copy of the information contained on the web-site is provided to the public upon request or can be copied from the web site at any time.

The names, academic and professional qualifications and relevant employment and organizational affiliations of ACPE’s Board of Directors (the policy and decision-making body) and ACPE’s staff are located on the agency’s website. EXHIBIT 21 Board Qualifications provides the qualifications, employment and organizational information for the ACPE Board of Directors and EXHIBIT 10 Staff provides relevant information for the ACPE staff. A written copy of the information contained on the web-site can be downloaded by the public.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has policies and procedures for making its public information available and accessible to the public. Pertinent documents are available via the agency’s website, upon written request and provided to the agency at the accreditation and preaccreditation stage. The following documents are made available to the public: accreditation standards (Ex. 121); flow chart of the accreditation process (Ex. 140); agency’s policies and procedures (Ex. 3); application procedures (Ex. 139); list of staff (Ex. 10); qualifications of Board members (Ex. 21); and a rubric for preaccreditation (Ex. 122).

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

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**Criteria: 602.23(b) Opportunity for 3rd-party Comments**

**Narrative:**

In accord with ACPE policy on Written Third Party Comments (EXHIBIT 142 Third Party Comments Policy), third parties will be provided an opportunity to comment concerning qualifications for accreditation prior to the onsite evaluation. Notification of programs undergoing review for accreditation or preaccreditation during the next calendar year are provided in the "Programs Up for Review" section on ACPE’s website (https://www.acpe-accredit.org/pdf/Programs%20Up%20For%20Review.pdf). Notification of a comment period is included in the Report of the Proceedings which can be found on the ACPE website (https://www.acpe-accredit.org/pdf/ReportofProceedingsJanuary2020.pdf and provided in EXHIBIT 143 Report of the Proceedings) and is distributed to ACPE stakeholders. Opportunity is given for
the submission of written third-party comments concerning qualifications for preaccreditation or accreditation. Deadlines for submission are provided in the Report of the Proceedings.

For example, the January 2020 Report of the Proceedings notes "The programs of the colleges and schools of pharmacy listed below are to be considered for accreditation during the upcoming academic year (2020-2020). On-site evaluations have been scheduled for fall or spring terms, as noted. Opportunity is hereby given for the submission of written third-party comments concerning qualifications for preaccreditation or accreditation. Copies of the ACPE Accreditation Manual are available, upon request, by writing to ACPE, 190 South LaSalle Street, Suite 2850, Chicago, Illinois 60603, or through the ACPE website (www.acpe-accredit.org). Written third-party comments must be received in the ACPE office not later than September 1, 2020 for fall 2020 or November 1, 2020 for spring 2021. The procedure for considering third-party comments received by the deadlines noted above should provide treatment in a way that is fair and equitable to all parties, including opportunity for response by the colleges and schools of pharmacy prior to ACPE's accreditation action".

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide documentation (possibly a screenshot) of its announcement of comments and documentation of sample of comments received.

**Analyst Remarks to Narrative:**

The agency attests and provides documentation of its policy on Third Party Comments (Ex. 142) related to the opportunity for public comments of programs undergoing accreditation or preaccreditation. Specifically, the agency's policy requires the opportunity for third party comments concerning qualification for accreditation prior to on-site evaluation. Notice of the comment period is posted to the agency website (Ex. 143) in accordance with this criterion; however the agency did not provide documentation of its
ACPE’s Report of the Proceedings is used to notify stakeholders of the pharmacy programs that will be considered for accreditation in the upcoming year. The opportunity for third party comments is described along with the process for submission of such comments, including required deadlines (EXHIBIT R61 June 2021 Report of the Proceedings). The Report of the Proceedings is posted on ACPE’s website (EXHIBIT R62 Report of Proceeding Website) and is distributed to all stakeholders (EXHIBIT R63 Report of the Proceedings Email) including state boards of pharmacy, the Deans of all pharmacy programs, and evaluation team members.

Notification of programs undergoing review during the next calendar year is also provided on ACPE’s website (EXHIBIT R64 Opportunity for Comment Website) at https://www.acpe-accredit.org/pharm-program-accreditation/ by clicking "Programs Up for Review". As noted on the website, a listing of programs is provided. Directions for third party comments are provided as follows: "Opportunity is hereby given for the submission of written third-party comments concerning qualifications for preaccreditation or accreditation. Copies of the ACPE Accreditation Manual are available, upon request, by writing to ACPE, 190 South LaSalle Street, Suite 2850, Chicago, Illinois 60603, or through the ACPE website (www.acpeaccredit.org). Written third party comments must be received in the ACPE office not later than August 1, 2022 for fall 2022 or January 1, 2023 for spring 2023. The procedure for considering third party comments received by the deadlines noted above should provide treatment in a way that is fair and equitable to all parties, including opportunity for response by the colleges and schools of pharmacy prior to ACPE’s accreditation action."

ACPE did not receive any third-party comments regarding the programs under review since the time of the Secretary’s last review in 2017 and can therefore not provide a sample of comments.

**Analyst Worksheet - Response**

Analyst Review Status for Response:
- Meets the requirements of this section

Analyst Remarks to Response:

The agency attests that it did not receive third-party comments during the review period; however, the agency did provide documentation its announcement or call for comments that was posted on the agency website (Ex. R64) and this information satisfies previous Department staff concerns.

**List of Document(s) Uploaded by Analyst - Response**

No files uploaded
Criteria: 602.23(c) Complaint Procedures

Narrative:

Complaints regarding professional degree programs and ACPE are handled according to ACPE Policies and Procedures (EXHIBIT 144 Complaint Regarding an Accredited Program Policy). These policies and procedures provide for the treatment of complaints in a timely, fair and equitable manner. ACPE’s policy clearly states requirements that complaints be received in writing and include a detailed description of the complaint and its relation to ACPE standards or ACPE’s policies and procedures. The Executive Director, or his/her designate, is charged with the authority to promptly determine the facts surrounding the issue and may either (1) conduct any further investigation deemed necessary to promptly determine the facts surrounding the issue and the validity of the complaint; (2) forward relevant complaints to the dean of the program for a response to ACPE; or (3) dismiss a complaint if it is determined that such complaint has no merit or is outside the scope of ACPE accreditation activities. ACPE diligently investigates and resolves complaints in a timely manner, taking into consideration all parties involved, the severity and complexity of the allegations, and pursuant to any legal obligations. If, on the basis of such investigation, after notice to the program and opportunity for response from the program, the Executive Director finds a complaint to be extremely serious in nature, charging egregious conduct that may warrant adverse action by ACPE, or involve an interpretation that the Executive Director believes should be made by the Board, the complaint will be submitted to the Board for consideration at the next regular meeting. Where the Board finds that a program has violated the standards, engaged in unethical conduct, or that its integrity has been seriously undermined, the Board will either: (A) request that the program show cause, within a stated time period, as to why adverse action should not be taken; or (B) in extreme cases, immediately discontinue its relationship with the program by denying or withdrawing the offending program’s accreditation status. EXHIBIT 145 Sample Complaint Received Against an ACPE Accredited Program, provides one example of a complaint received by ACPE and a description of the follow-up action. In addition, the Board of Directors routinely receives a report from staff on complaints received since the prior Board meeting (EXHIBIT 100 Summary of Complaints for Board Review).

ACPE’s policy regarding complaints against itself is included in EXHIBIT 146 Complaints Regarding ACPE Policy. As required by the policy, the ACPE Executive Director shall promptly determine the facts surrounding the issues and shall attempt to resolve the matter in consultation with the Public Interest Panel. Complaints that cannot be resolved by the ACPE Executive Director shall be considered at the next meeting of the Board. EXHIBIT 147 ACPE Complaint provides an example of a complaint received against ACPE and demonstrates the application of ACPE’s policies.

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must amend its policy requiring review in a timely, fair, and equitable manner, and apply unbiased judgment to, any complaints against itself and take follow-up action, as appropriate, based on the results of its review.

Analyst Remarks to Narrative:

The agency attests and provides documentation (Ex. 144) of its policy related to complaints from institutions, students, faculty, or the public against an accredited pharmacy program that stem from agency standards. Specifically, complaints from institutions, students, faculty, or the public against an accredited pharmacy program or institution housing an accredited pharmacy program must be based upon the fact that such program or institution is not in compliance with agency standards. Additionally, the agency has a policy for complaints against its own policy and procedures (Ex. 146) so long as it the complaint doesn’t concern accreditation decision; however, the agency’s policy regarding complaints filed against itself would be contrary with 602.23 (c)(3) which requires review in a timely, fair, and equitable manner, and apply unbiased judgment to, any complaints against itself and take follow-up action, as appropriate, based on the results of its review. The agency’s exclusion of complaints filed against accreditation decisions would be noncompliant with this criterion.

The agency must amend its policy requiring review in a timely, fair, and equitable manner, and apply unbiased judgment to, any complaints against itself and take follow-up action, as appropriate, based on the results of its review.

The agency provided a summary of complaints from students that were submitted for Board Review (Ex. 100), program responses to complaints that were sent to the agency (Ex. 145), and a complaint from a program related to agency policy and practice (Ex. 147) along with the agency Public Interest Panel’s response.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

ACPE has amended its policy to allow for complaints concerning accreditation decisions. The updated policy now states, “ACPE has an obligation to respond to any written complaints that may be lodged against ACPE by any party regarding the application of the standards, policies, and procedures where the complaining party is directly affected thereby.”
The updated policy is provided in EXHIBIT R65 Complaint Policy.

### Analyst Worksheet - Response

**Analyst Review Status for Response:**

Meets the requirements of this section

**Analyst Remarks to Response:**

The agency has amended its complaint policy and now requires the agency to respond to any written complaints that may be lodged against the agency by any party regarding the application of the standards, policies, and procedures where the complaining party is directly affected thereby. The Executive Director shall promptly determine the facts surrounding the issues and shall attempt to resolve the matter in consultation with the Public Interest Panel, established pursuant to agency Bylaws. If a complaint pertains directly to the agency Executive Director, the Board President will be responsible for determining the facts surrounding the issues and attempt to resolve the matter in consultation with the Public Interest Panel. Complaints that cannot be resolved by the Executive Director shall be considered at the next meeting of the Board (Ex. R65). This revised policy satisfies previous Department staff concerns.

### List of Document(s) Uploaded by Analyst - Response

No files uploaded

### Criteria: 602.23(d) Public Disclosure of Accreditation Status

**Narrative:**

EXHIBIT 148 Reference to Accreditation Policy, indicates that the College or School of Pharmacy in its promotional or descriptive materials, such as its web site, catalog or bulletin, should prominently and accurately disclose the accreditation status of the program and the name, address and telephone number of ACPE. Specific instructions are provided that include the name, address, and contact information. The rubric used during ACPE’s evaluation process requires review of the disclosure status and any inaccuracies in status are noted in the evaluation team report. In addition, the accreditation Action and Recommendations document includes the required disclosure language to ensure that the accurate status of the program is disclosed (EXHIBIT 149 Disclosure Examples). ACPE policy, located in EXHIBIT 148 Reference to Accreditation Policy, indicates that references to the accreditation status are regularly monitored and correction of any inaccurate or misleading statements concerning the accreditation status of the program is sought immediately. As required by ACPE Policy (EXHIBIT 119 Accreditation Actions Policy), if the program releases any portion of the evaluation team report or the actions and recommendations, or releases any statement concerning such documents, that ACPE determines requires public clarification or presents a misleading impression, ACPE may publish an appropriate response or require the release of such documents in their entirety. Since ACPE’s last review by the U.S. Department of Education there have been no instances where ACPE has had to implement this policy.

### Document(s) for this Section
The agency’s Accreditation Action Policy (Ex. 148) requires the preaccreditation or accreditation status of a program to be prominently disclosed by the program in its promotional and descriptive materials, such as websites, catalogs, or bulletins. The agency regularly monitors references to preaccreditation and accreditation to ensure accuracy and requires inaccurate or misleading statements concerning a program’s accreditation status be corrected immediately. The agency’s Action and Recommendation document (Ex. 149) provides samples and uniform language a college or program (accredited, preaccredited and public disclosure) may use in print and on the program’s web site that includes the college or programs accreditation status and the agency’s name, address, phone number, and web site.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:

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**Criteria: 602.23(e) Public Correction of Inaccurate Information**

**Narrative:**

ACPE policy, located in EXHIBIT 148 Reference to Accreditation Policy, indicates that references to the accreditation status are regularly monitored and correction of any inaccurate or misleading statements concerning the accreditation status of the program is sought immediately. As required by ACPE Policy (EXHIBIT 119 Accreditation Actions Policy), if the program releases any portion of the evaluation team report or the actions and recommendations, or releases any statement concerning such documents, that ACPE determines requires public clarification or presents a misleading impression, ACPE may publish an appropriate response or require the release of such documents in their entirety. Since ACPE’s last review by the U.S. Department of Education there have been no instances where ACPE has had to implement this policy.
As noted in the previous section and in this section, the agency has a policy (Ex. 148) that requires the correction of incorrect or misleading information. Specifically, the policy provides for references to preaccreditation and accreditation will be regularly monitored by the agency to ensure accuracy. Any inaccurate or misleading statements concerning the preaccreditation or accreditation status of a program must be corrected immediately. If the institution releases any portion of the evaluation team report (including the actions and recommendation), or releases any statement concerning such documents, that agency determines requires public clarification or presents a misleading impression, the agency may publish an appropriate response or require the release of such documents in their entirety (Ex. 119).

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

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**Criteria: 602.23(f) Preaccreditation Procedures**

**Narrative:**

ACPE Policy 9, Procedures for Achievement and Maintenance of Accreditation, outlines ACPE’s policies and procedures related to preaccreditation. The policy stipulates that the process will move forward “if Board review of the application/self-study and other materials submitted suggests that planning has adequately taken the standards and guidelines into account and there appears a likelihood of success in obtaining accreditation”.

ACPE policies outline the types of accreditation status including preaccreditation noting that “a newly instituted Doctor of Pharmacy program must be granted each of two Preaccreditation statuses at the
appropriate stage of its development. The standards are the same as those employed for accredited status; however, Preaccreditation involves planning in accord with the standards and provision of reasonable assurances for a quality outcome. A new program must achieve Precandidate Status prior to beginning instruction of students.” Further, “Precandidate status is awarded to “a newly instituted program that has no students enrolled but that meets eligibility criteria. . . The granting of Precandidate Status indicates that a program’s planning for the Doctor of Pharmacy program has taken into account the standards and guidelines and suggests reasonable assurances of moving to the next step, that of Candidate Status. Granting of Precandidate Status brings no rights or privileges of Accredited Status.” Candidate status may be awarded “once students have enrolled in a new program that is currently recognized by ACPE with Precandidate Status. The granting of Candidate Status denotes a developmental program that is expected to mature in accordance with stated plans by the time the first class has graduated. Granting of Candidate Status brings rights and privileges of Accredited status.” Students graduating from a program holding Candidate Status are eligible to sit for the national licensure examination.

ACPE does not permit a program to move from accredited to preaccredited status following the loss of accreditation. As noted in ACPE’s policies, “any time after the effective date of denial or withdrawal of accreditation, the chief executive officer of the institution may reapply for accreditation. The application shall follow the application procedure in its entirety as detailed under policy 9 of these policies and procedures” (EXHIBIT 132 Policies and Procedures Manual Section 13).

ACPE Policy 16, Teach-Out Plans (EXHIBIT 133 Teach Out Plan Policy), stipulates that “ACPE requires a program to complete a Teach-Out Plan . . . When a program is in the preaccreditation (e.g., Precandidate, candidate status) phase of accreditation”. EXHIBIT 150 Preaccreditation Denial demonstrates ACPE’s expectation that the program will implement its teach-out plan for students to complete the program.

Document(s) for this Section

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests that it offers preaccreditation and has policies and procedures in place. The agency’s Policies and Procedures provide that if Board review of the application/self-study and other materials submitted suggests that planning has adequately taken the standards and guidelines into account and there appears a likelihood of success in obtaining accreditation, an on-site evaluation will be authorized and scheduled in accord with standard evaluation and operational procedures (Ex. 3).
The agency policy requires preaccredited colleges and programs to have a teach-out plan (Ex. 133) that specifically details how the college or program will ensure the fair and equitable treatment of the remaining enrolled students. The college or program must implement its Teach-out Plan and execute a Teach-Out Agreement as detailed in such plan within thirty (30) days. The institution entering into the Teach-Out Agreement as the teach-out institution: (i) must have the necessary experience, resources, and support services to provide the Doctor of Pharmacy program that is of acceptable quality and reasonably similar in content, structure, and scheduling to that provided by the institution that is no longer able to offer the Doctor of Pharmacy program; (ii) must remain stable, carry out its mission, and meet all obligation of its existing students; (iii) demonstrate that it can provide students access to the Doctor of Pharmacy program without requiring them to move or travel substantial distances; and (iv) provide students with information about additional charges that may be incurred. The program at the teach-out institution must be accredited by ACPE. The agency also provided a program’s Accreditation Action and Recommendations document in which the agency details its Teach-Out Plan expectations in accordance with this criterion (Ex. 150).

Agency policy also requires (Ex. 132) that after the effective date of denial or withdrawal of accreditation, the chief executive officer of the institution may reapply for accreditation and must follow the application procedure in its entirety.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:

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**Criteria: 602.23(g) Proviso for Additional Procedures**

Narrative:

ACPE does not conduct unannounced inspections. The Board’s discretionary use of monitoring as warranted following a comprehensive review, including shortened term lengths, interim reports and focused-on site evaluations has served ACPE well in monitoring programs between comprehensive on-site evaluations. In addition, as noted in EXHIBIT 52 Annual Monitoring Policy, programs are monitored annually through statistical analysis of program information (including enrollment trends) and review of graduates’ performance on standardized licensure examinations.

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**Analyst Worksheet- Narrative**

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests that it does not conduct or have a policy for unannounced inspections because its current monitoring policy and use of data provided by the National Association of Boards of Pharmacy has been effective in monitoring colleges and programs to date.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

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Criteria: 602.25(a-e) Basic Due Process Requirements

Narrative:

ACPE uses a number of measures to ensure program's are afforded due process throughout the accreditation process beginning with communication of the Standards and guidance on the application of the Standards. ACPE's standards provide written specifications that a program must meet to be accredited or preaccredited. Guidance on the Standards and their application is provided in a number of ways. EXHIBIT 49 Rubric (i.e., the Self-Assessment Instrument for the Professional Degree Programs or Colleges and Schools of Pharmacy) provides extensive guidance with regards to the definitions of various levels of compliance and the documentation required to demonstrate compliance. Additionally, ACPE offers a Self-Study Workshop once per year for deans and self-study chairs to provide guidance on the accreditation standards, the self-study process, and planning for the on-site evaluation (EXHIBIT 111 Self-Study Workshop Slides). Consultation is also offered to any program launching their self-study program, either in the ACPE office or on-site at the college or school.

ACPE expects the self-study to be an in-depth and broadly-based analysis of the pharmacy program. Pharmacy programs are reminded of their up-coming on-site evaluation and the requirement for a self-study well in advance of the on-site evaluation dates.

The on-site evaluation involves two to four days and includes interviews with the dean and other administrative leaders, faculty, students, alumni, preceptors, and university administrators. A survey is made of physical facilities, the library and educational resources. Team members are provided a standard-by-standard evaluation form (Rubric) to aid in their review. At the conclusion of the on-site evaluation, the evaluation team presents findings orally to the dean of the college or school and to the chief executive officer of the institution, generally the president or a designate. These findings serve as the framework for the written Evaluation Team Report (ETR), which is furnished first to the evaluation team for review and comment, then to the dean for correction of any factual errors, and subsequently officially to the institution and to the Board for action (EXHIBIT 116 Evaluation Team Report Policy). The ETR is not an accreditation action but is an evaluative step in the accreditation process. The ETR comments on the program's areas of strength and areas needing improvement; mentions specific areas, if any, where the evaluation team has identified deficiencies and where the program is found to be partially or non-compliant.
with the standards; and may offer suggestions concerning means of improvement for the program to consider (EXHIBIT 120 Evaluation Team Report). The chief executive officer of the institution and the dean of the program are given the opportunity to correct factual errors and provide comments on the draft ETR prior to the time the ETR is considered by the ACPE Board of Directors (EXHIBIT 117 Sample Communication Regarding Review of a Team Report). In addition, programs are permitted to submit supplemental materials related to the facts and conclusions of the ETR until up to 21 days prior to the first day of the Board meeting for any Standard found by the evaluation team to be partially or noncompliant (EXHIBIT 118 Sample Response to Team Report). This additional documentation is considered when the Board determines the final actions and recommendations for the program (EXHIBIT 151 Action and Recommendations Board Consideration of Additional Documentation).

As noted above, the Board is the decision-making body and determines a program’s compliance with the standards based upon the evaluation team report, the program’s self-study, communications received from the institution and, upon invitation, a presentation by the chief executive officer of the institution or a designate and/or the dean of the college or school. If, upon consideration of such information the ACPE Board determines that the professional program of a college or school is in partial compliance or non-compliance with a standard or standards, such college or school may be placed on probation. A program in partial or non-compliance with any ACPE standard or standards is given a period not to exceed four years to bring all standards into compliance. In such instances the Action and Recommendations document clearly outlines the reporting timeline to address the standards found partially or non-compliant (EXHIBIT 127 Actions and Recommendations Document Partial Compliance).

ACPE notifies the college or school in writing of any adverse accrediting action or an action to place the program on probation. As noted in ACPE’s policies (EXHIBIT 132 Policies and Procedures Manual Section 13), notification of an adverse accreditation action by the ACPE Board “shall be delivered electronically to the chief executive officer of the institution and to the dean of the program affected with a request for written confirmation of receipt. Such notification shall provide a statement of the reasons for the adverse accreditation action, along with notice of the right to appeal and the time constraints for initiating such an appeal as detailed under Section 14 of these Policies and Procedures.” EXHIBIT 152 Action and Recommendations Withdrawal demonstrates ACPE’s process for notifying a program in writing of an adverse action and the basis for the action.

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**Analyst Worksheet - Narrative**

**Analyst Review Status:**
Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency attests and provides documentation of its due process policy and procedures in accordance with this criterion. Specifically, the agency’s Standards (Ex. 3) and the Self-Assessment Instrument (Ex. 49) both clearly outline the requirements for accreditation and preaccreditation including the Guidance document (Ex. 48) the contacts docs a program may provide in support of its application.

The agency has a policy (Ex. 116) to provide program’s chief executive officer and Dean’s with an Evaluation Team Report (ETR) which is complied with the findings of the on-site evaluation. The ETR is provided within a reasonable time after the site visit and comments on the program’s strengths and weaknesses; mentions specific areas, if any, where the program is partially or non-compliant with the standards; and may offer suggestions concerning means of improvement for the program to consider. The chief executive officer of the institution and the dean of the program are given opportunity to correct factual errors and to comment on the draft ETR prior to finalization and distribution of the ETR to the Board. The agency provided a sample ETR (EX. 120) from an accredited program and a sample response to a team report in Ex. 117 as documentation of this policy of providing an opportunity for programs to be apprised of deficiencies. The agency also has a policy whereby programs are allowed to correct factual errors contained in the ETR and up to 21 days prior to the start of the Board meeting to submit supplemental material related to the facts and conclusions in the ETR (Ex. 118).

Additionally, the agency has a policy (Ex. 132) for notifying a program of adverse accrediting action. Notification of an adverse accreditation (accredited with probation, denial or withdrawal of preaccreditation or accreditation) action by the Board is delivered electronically to the chief executive officer of the institution and to the dean of the program affected with a request for written confirmation of receipt. This notification provides a statement of the reasons for the adverse accreditation action, along with notice of the right to appeal and the time constraints for initiating such an appeal.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**
Analyst Review Status for Response:

Criteria: 602.25(f) Specific Appeals Requirements

Narrative:

ACPE’s appeals policy is provided in EXHIBIT 29 Appeals Policy. ACPE has had one program appeal a decision of the ACPE Board of Directors. In this instance, ACPE’s policies and procedures related to the appeals process were followed and an Appellate Commission was convened.

The Appellate Commission did not include any current members of the ACPE Board of Directors or any members who participated in any manner while a Board member with respect to the adverse action taken by the Board against the appealing party or who, under the policies of ACPE, has an apparent or real conflict of interest with the appealing party. The Appellate Commission is noted in EXHIBIT 30 Appellate Commission. As required by ACPE policy, the appellate commission included an administrator, pharmacy educators, pharmacy practitioners, and a public member. Each member of the Appellate Commission executed an agreement attesting to the fact that he or she had no conflict of interest with the appealing institution or the pharmacy program of that institution and agreed to hold confidential all matters pertaining to the appeal procedure, including but not limited to, all documents, all information and testimony received prior to and at the hearing, and the Commission’s deliberations, unless a release of all or any part of such information is mutually agreed to by the parties (EXHIBIT 40 Appellate Commission Conflict of Interest Forms).

The Appellate Commission had the authority to: (i) affirm, (ii) remand, or (iii) amend the adverse action taken by the ACPE Board of Directors. In a decision to remand the adverse action to the Board for further consideration, the Commission would identify specific issues that the Board must address. The Appellate Commission provided a written report of the Commission’s findings, which was submitted to the Board, the Executive Director of ACPE, the chief executive officer of the institution, and the Dean of the program concerned (EXHIBIT 153 Appellate Commission Report).

The decision of the Appellate Commission was considered by the ACPE Board of Directors at its next regular meeting. Consistent with ACPE policy, the Board took final action consistent with the findings of the Appellate Commission (EXHIBIT 154 Board Action on Findings of Appellate Commission). A report of the final decision was forwarded to the chief executive officer of the appealing institution, the Dean of the college or school of pharmacy, and members of the Appellate Commission.

ACPE recognizes the right of the program to be represented by counsel throughout the appeals procedure. In the above reference appeal, counsel for the program was present throughout the process.

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The agency attests and provides documentation (Ex. 29) of its Appeals Policy that provides an opportunity for colleges and programs to appeal the agency’s Board of Directors decisions and to be represented by counsel throughout the appeals procedure. Under this policy programs may appeal the decision of the Board to an Appellate Commission on the grounds that the decision of the Board was arbitrary, prejudiced, capricious, biased, or based on incorrect facts or incorrect interpretation of facts. The Appellate Commission has the authority to affirm, remand or amend the actions taken by the Board of Directors which may not be any member of the Board. The agency provided documentation of a program’s Appellate Commission Report (Ex. 153) and findings of the Appellate Commission (Ex. 154).

The agency provided a list of the seven-member Appellate Commission (Ex. 30) and those members’ signed conflict of interest forms (Ex. 40).

**List of Document(s) Uploaded by Analyst - Narrative**

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**Analyst Worksheet - Response**

**Criteria: 602.25(g) Basis for Appeal Outcome Provided**

Narrative:

ACPE has had one program appeal the decision of the ACPE Board of Directors. Consistent with ACPE policy (EXHIBIT 29 Appeals Policy), a report of the final decision was forwarded to the chief executive officer of the appealing institution and the Dean of the college or school of pharmacy. The written report included the result of the appeal and the basis for that result (EXHIBIT 154 Board Action on Findings of Appellate Commission).
Consistent with the previous section and noted in this criterion, the agency attests and provides documentation (Ex. 29) of its Appeals Policy that requires notification of appeal decisions. The policy requires a report of the final decision must be forwarded to the chief executive officer of the appealing institution, the Dean of the college or school of pharmacy, and members of the Appellate Commission. The agency provided documentation of a program’s Appellate Commission Report (Ex. 153) and findings of the Appellate Commission (Ex. 154).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

### Criteria: 602.25(h) New Financial Information

Narrative:

As noted in ACPE policy (EXHIBIT 132 Policies and Procedure Manual Section 13), “prior to a final adverse action based solely upon a failure to meet a standard or guideline pertaining to finances, a program may, on one occasion, seek review of significant financial information that was unavailable to the institution or program prior to the determination of the adverse action and that bears materially on the financial deficiencies identified by Board. Any action taken with respect to the new financial information shall not be separately appealable by the institution or program.” Furthermore, as noted under ACPE’s appeals policy (EXHIBIT 29 Appeals Policy) “where the adverse accreditation action being appealed is based upon financial deficiencies, under the standards, the program affected may submit to ACPE within ten (10) days from the date of receipt of the adverse action, any significant material financial information unavailable to the program at the time of its last report (oral or in writing) to ACPE and request review of the adverse action. The right to submit such additional financial information is limited to one time only. The ACPE Executive Committee will determine whether the new financial information warrants review of the adverse accreditation action by the Board and will notify the affected party in writing of its decision. If the Executive Committee determines the new financial information does not warrant reconsideration by the Board, the thirty (30) day appeal period set forth in this Section 14 for appealing adverse accreditation
actions shall commence upon receipt of the rejection of the program’s request for review.” ACPE has not had a program appeal the decision of the ACPE Board of Directors on the basis of financial information.

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Analyst Worksheet - Narrative

Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:
The agency must provide documentation of this policy as applied to a program (if available) during the review period.

Analyst Remarks to Narrative:
According to the agency has a policy (Ex. 132) consistent with this criterion. Specifically, where the adverse accreditation action being appealed are based upon financial deficiencies a program may submit additional financial information (limited to one time only). Any significant financial information unavailable to the program at the time of its last report the program may request review of the adverse action (Ex. 29).

The agency did not provide documentation of this policy in practice during the review period.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:
ACPE has not had a program appeal an adverse accreditation action on the basis of financial deficiencies during the review period.

Analyst Worksheet - Response

Analyst Review Status for Response:
Meets the requirements of this section

Analyst Remarks to Response:
Department staff previously requested the agency provide documentation of its practice related to the
appeal of adverse accreditation actions due to financial deficiencies policy. The agency attests that it is unable to provide the requested documentation because it has not had a program appeal an adverse accreditation action based on financial deficiencies during this review period.

List of Document(s) Uploaded by Analyst - Response

No files uploaded

Criteria: 602.26(a) Notifications: Positive Decisions

Narrative:

ACPE’s written policies require written notification to the U.S. Secretary of Education, the appropriate state licensing or authorizing agency, the appropriate accrediting agencies, and the public within 30 days any time a program’s status changes (EXHIBIT 148 Reference to Accreditation Policy).

In addition, within thirty (30) days following each meeting of the Board of Directors, ACPE will publish on its web site (www.acpe-accredit.org) the Report of the Proceedings, which will provide information regarding all actions taken by the ACPE Board, including those related to the awarding of initial or continued accreditation or preaccreditation. The Report will also be provided to the Secretary and to other relevant stakeholders including the appropriate state licensing or authorizing agencies and accrediting agencies (EXHIBIT 155 Report of Proceedings Policy). EXHIBIT 156 Report of Proceedings Distribution List, provides a listing of all parties to whom the Report of the Proceedings is distributed. EXHIBIT 167 Report of Proceedings Email provides documentation of ACPE’s distribution of the Report of the Proceedings. EXHIBIT 143 Report of the Proceedings provides an example of the information contained within the report.

Document(s) for this Section

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Analyst Worksheet- Narrative

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests and provides documentation (Ex. 148) of its policy to provide written notice to the U.S. Secretary of Education, the appropriate state licensing state licensing or authorizing agency, and the appropriate regional and/or accrediting agencies any time a program’s accreditation or preaccreditation status changes. The agency provided documentation of its distribution list (Ex. 156) informing stakeholders of Board decisions that were posted on the agency website (Ex. 159). Public notification of changes is provided on the agency website (Ex. 155).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.26(b) Notifications: Probation or equivalent status or initiated adverse action

Narrative:

ACPE’s written policies require written notification to the U.S. Secretary of Education, the appropriate state licensing or authorizing agency, and the appropriate accrediting agencies, within 30 days any time a program’s status changes (EXHIBIT 158 Notification of Adverse Action Policies). Specifically, “written notification of probationary action shall be made to the Secretary, the appropriate state licensing or authorizing agency, appropriate accrediting agencies, and the public at the same time the program is notified of the probationary action, but no later than thirty (30) days after the decision is made. Public notification includes presentation on the ACPE web site.”

In addition, ACPE policies stipulate that, “within thirty (30) days of a final decision (after appeal or expiration of the opportunity to appeal) of an adverse accreditation action and at the same time the program is notified of the action, written notification shall be made to the institution, to the USDE, the appropriate state licensing or authorizing agency, the appropriate regional and/or other accrediting agencies, and to the public as required by USDE. Public notification includes presentation on the ACPE web site (http://www.acpe-accredit.org/) within one (1) business day of its notice to the program. The program subject to a final adverse action must disclose such an action within seven (7) business days of receipt to all current and prospective students. A brief statement summarizing the reasons for denying or withdrawing accreditation status, and any comments from the affected institution shall be made available to the USDE, the appropriate state licensing or authorizing agency, the appropriate regional and/or other accrediting agencies, and to the public via presentation on the ACPE web site (http://www.acpe-accredit.org/) not later than 60 days after such final action.” Communication on any program placed on probation or that have had their status withdrawn is sent directly to the U.S. Department of Education (EXHIBIT 157 Secretary of Education Notification). EXHIBIT 167 Report of Proceedings Email provides documentation of ACPE’s distribution of the Report of the Proceedings which included documentation of the Board’s decision to initiate an adverse action against a program. As noted in EXHIBIT 156 Report of Proceedings Distribution
List, the Report of the Proceedings it distributed to the required parties outlined in Criterion 602.26(b).

As noted in EXHIBIT 159 Adverse Action Notification Documents, while ACPE updated its policy within the policy and procedure manual to reflect the seven day timeframe for the program to disclose such an action to all current and prospective students, this timeframe was not updated in the Action and Recommendations document provided to the program. ACPE has developed an adverse action checklist to ensure ACPE policy is accurately captured in future Action and Recommendations documents and ensure that timelines associated with adverse actions are followed (EXHIBIT 160 Adverse Action Checklist). The checklist will be implemented with the next adverse action taken by the ACPE Board of Directors.

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**Analyst Worksheet- Narrative**

Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation that it reports actions using the Database of Accredited Postsecondary Institutions and Programs (DAPIP).

Analyst Remarks to Narrative:

The agency attests and provided documentation of its Notification of Adverse Action Policies (Ex. 158) that requires adverse accreditation actions must be delivered electronically to the chief executive officer of the institution and to the dean of the program affected. The notification provides a statement of the reasons for the adverse accreditation action, (along with notice of the right to appeal) and at the same time, the notification is provided to the Secretary the appropriate state licensing or authorizing agency, the appropriate regional and/or other accrediting agencies, and to the public. The policy also requires programs that have received a final adverse action to disclose such action within seven business days to all current and prospective students.

Although the agency provided the written notification it provided to the Department concerning the adverse accreditation actions of three programs (Ex. 157) it must also report actions using the Department's Database of Accredited Postsecondary Institutions and Programs (DAPIP).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

ACPE routinely updates the Department’s Database of Accredited Postsecondary Institutions and Programs (DAPIP). Documentation of ACPE’s use of the DAPIP is provided in EXHIBIT R66 DAPIP Adverse Action Documentation. EXHIBIT R67 Stakeholder Notification of Adverse Action provides evidence of the document sent to the Secretary, appropriate state licensing bodies, and appropriate accrediting agencies on February 5, 2020. EXHIBIT R68 Program Notification of Adverse Actions provides evidence of notification of the program on February 5, 2020. EXHIBIT R69 Adverse Action Request Date demonstrates that ACPE requested the adverse action update on the DAPIP on February 5, 2020.

During the January 2022 Board meeting, an action to deny precandidate accreditation was taken. EXHIBIT R66A DAPIP Adverse Action Documentation demonstrates that ACPE updated the DAPIP at 2:55pm on February 7th, 2022. Notification was sent to the Secretary and appropriate accrediting agencies on February 7th, 2022, at 12:04pm (EXHIBIT R67A Stakeholder Notification of Adverse Action). The Report of the Proceedings was sent to all stakeholders on February 7th, 2022, at 3:30pm. Notification was provided to the program on February 7th, 2022, at 11:03am (EXHIBIT R68A Program Notification of Adverse Action).

ACPE notes that options included in the DAPIP have evolved over time. As further documentation of ACPE’s attention to ensuring accurate information is provided in the DAPIP ACPE submits email correspondence regarding corrections needed to a program's posting in the database associated with receipt of an appeal following an adverse accreditation action. As noted in the correspondence, ACPE had updated the database to reflect the adverse action taken by the Board. ACPE subsequently received notice of the program’s appeal however the database at the time did not allow for such changes to subsequently be made
(EXHIBIT R70 DAPIP Email Confirmation). Members of the Department staff assisted in ensuring ACPE could update the status accordingly.

### Analyst Worksheet - Response

**Analyst Review Status for Response:**

Meets the requirements of this section

**Analyst Remarks to Response:**

The agency attests and provides documentation of its submission concerning the adverse accreditation actions to the Department's Database of Accredited Postsecondary Institutions and Programs (DAPIP) (Ex. R66, R67, R69, R70) along with the notification to the college or school. The additional information provided by the agency satisfies previous Department staff concerns.

### List of Document(s) Uploaded by Analyst - Response

No files uploaded

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**Criteria: 602.26(c) Notifications: Negative Decisions**

**Narrative:**

As noted under 602.26(b), ACPE policy, as outlined in EXHIBIT 158 Notification of Adverse Action Policies, stipulates that "notification of an adverse accreditation (accredited with probation, denial or withdrawal of preaccreditation or accreditation) action by the Board shall be delivered electronically to the chief executive officer of the institution and to the dean of the program affected with a request for written confirmation of receipt. Such notification shall provide a statement of the reasons for the adverse accreditation action, along with notice of the right to appeal and the time constraints for initiating such an appeal as detailed under Section 14 of these Policies and Procedures."

Further, “within thirty (30) days of a final decision (after appeal or expiration of the opportunity to appeal) of an adverse accreditation action and at the same time the program is notified of the action, written notification shall be made to the institution, to the USDE, the appropriate state licensing or authorizing agency, the appropriate regional and/or other accrediting agencies, and to the public as required by USDE. Public notification includes presentation on the ACPE web site (http://www.acpe-accredit.org/) within one (1) business day of its notice to the program."

EXHIBIT 156 Report of Proceedings Distribution List
EXHIBIT 158 Notification of Adverse Action Policies
EXHIBIT 167 Report of Proceedings Email
EXHIBIT 168 Notification Final Withdrawal
EXHIBIT R71 Final Stakeholder Notification
EXHIBIT R72 Final Program Notification
EXHIBIT R73 Final DAPIP Update

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation that it reports actions using the Database of Accredited Postsecondary Institutions and Programs (DAPIP).

Analyst Remarks to Narrative:

The agency has a policy (Ex. 158) for providing written notification of adverse accreditation (accredited with probation, denial, or withdrawal of preaccreditation or accreditation) actions by the Board, to the program within thirty days of the final decision. This policy also requires the agency to provide notification to the Secretary, appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time as the notification to the program goes out.

Although the agency provided documentation of an email (Ex. 168) it sent to the Secretary and other stakeholders informing them that the Board of Directors meeting Report of the Proceedings is posted on the agency’s website, the agency must also report its actions using the Database of Accredited Postsecondary Institutions and Programs (DAPIP).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

ACPE routinely updates the Department’s Database of Accredited Postsecondary Institutions and Programs.
(DAPIP). Updates to the DAPIP occur at the same time as distribution of the Report of the Proceedings and notification to Secretary. Documentation of ACPE’s use of the DAPIP with respect to an adverse accreditation action is provided in EXHIBIT R71 Final Stakeholder Notification, which demonstrates ACPE’s notification of all relevant stakeholders of the final adverse action in August 2020. Notification of the stakeholders corresponds with ACPE’s notification of the program (EXHIBIT R72 Final Program Notification) and updating of the DAPIP (EXHIBIT R73 Final DAPIP Update), both of which occurred on the same day in August 2020.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

Meets the requirements of this section

**Analyst Remarks to Response:**

The agency attests that it routinely updates the Database of Accredited Postsecondary Institutions and Programs (DAPIP) at the same time it notifies stakeholders and the college or program. The agency also provided documentation of its DAPIP submission (Ex. R73), stakeholder notification (Ex. R71), and the program (Ex. R72) all of which satisfies previous Department staff concerns.

**List of Document(s) Uploaded by Analyst - Response**

No files uploaded

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**Criteria: 602.26(d) Notice to Public Within 24 Hours**

**Narrative:**

As noted under ACPE Policy 13.4 Notification of Adverse Action (EXHIBIT 158 Notification of Adverse Action Policies), in instances of an adverse action, "public notification includes presentation on the ACPE web site (http://www.acpe-accredit.org/) within one (1) business day of its notice to the program." Notice of the final decision of the adverse actions taken by ACPE have been posted on ACPE’s website within one business day of its notice to the program. In addition, ACPE updates the Departments Database of Accredited Postsecondary Institutions and Programs at the same time the notification is posted on ACPE’s website.

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**Analyst Worksheet- Narrative**

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation of its posting adverse accrediting decisions on the agency’s website to apprise the public of Board decisions within one business day.

Analyst Remarks to Narrative:

As noted in the previous sections, the agency has a policy for notifying the public of accrediting decisions made by the Board. Specifically, within one business day of the notice to the program, the agency places the notification on its website to apprise the public of the agency’s decision.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

Response:

In addition to posting on ACPE’s website, ACPE routinely updates the Department’s Database of Accredited Postsecondary Institutions and Programs (DAPIP) at the same time the program and stakeholders are notified. ACPE offers EXHIBIT R71 Final Stakeholder Notification, EXHIBIT R72 Final Program Notification and EXHIBIT R73 Final DAPIP Notification to demonstrate ACPE’s adherence to this requirement.

**Analyst Worksheet - Response**

Analyst Review Status for Response:

Meets the requirements of this section

Analyst Remarks to Response:

The agency attests that it notifies the public of accrediting decisions made by the Board within one business day and updates the Database of Accredited Postsecondary Institutions and Programs (DAPIP) at the same time the program and stakeholders are notified. The agency provided documentation (via screenshot) of its DAPIP submission (Ex. R73) and final program/stakeholder notification (Ex. R71, R72) with all three occurring on the same day in accordance with agency policy. The additional information provided by the agency satisfies previous Department staff concerns.

**List of Document(s) Uploaded by Analyst - Response**

No files uploaded
Criteria: 602.26(e) Brief Summary Within 60 Days

Narrative:

As noted under ACPE Policy 13.4 Notification of Adverse Action (EXHIBIT 158 Notification of Adverse Action Policies), "The program subject to a final adverse action must disclose such an action within seven (7) business days of receipt to all current and prospective students. A brief statement summarizing the reasons for denying or withdrawing accreditation status, and any comments from the affected institution shall be made available to the USDE, the appropriate state licensing or authorizing agency, the appropriate regional and/or other accrediting agencies, and to the public via presentation on the ACPE web site (http://www.acpe-accredit.org/) not later than 60 days after such final action."

As noted in EXHIBIT 159 Adverse Action Notification Documents, while ACPE updated its policy within the policy and procedure manual to reflect the seven day timeframe for the program to disclose such an action to all current and prospective students, this timeframe was not updated in the Action and Recommendations document provided to the program. ACPE has developed an adverse action checklist to ensure ACPE policy is accurately captured in future Action and Recommendations documents and ensure that timelines associated with adverse actions are followed (EXHIBIT 160 Adverse Action Checklist). The checklist will be implemented with the next adverse action taken by the ACPE Board of Directors.

EXHIBIT 161 Comments from Institution offers documentation of ACPE’s intent to offer an affected program the opportunity to provide official comment on ACPE’s decision to withdraw accreditation. In addition, EXHIBIT 166 ACPE Official Statement provides an example of the brief statement summarizing the reason’s for ACPE decision pending receipt of the comments from the program. Please note that the 60 day timeline had not been met at the time of submission of this report. These statements will be posted once a response is received from the program.

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### Analyst Worksheet - Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide documentation of the brief statement it sent to the Secretary concerning the reasons it withdrew accreditation from the program described in exhibit 166. The agency must demonstrate that accrediting actions are reported using the Database of Accredited Postsecondary Institutions and Programs (DAPIP) which is the system the Department of Education system for reporting the information required by this criterion.

**Analyst Remarks to Narrative:**

As noted in the previous section, the agency has a policy (Ex. 158) for providing written notification of adverse accreditation actions including probation, denial, or withdrawal of preaccreditation.

Frist, the program is provided electronic notification of the Board’s decision. At the same time, the policy requires the agency up to thirty-days (after appeal, if filed) to provide notice of the adverse accreditation action to the Secretary, the appropriate state licensing or authorizing agency, the appropriate regional and/or other accrediting agencies, and to the public via the agency website.

Next, the policy requires the agency to provide the Secretary, the appropriate state licensing or authorizing agency, the appropriate regional and/or other accrediting agencies, and the public with a brief statement summarizing the reasons for denying or withdrawing accreditation status, and any comments from the affected institution up to 60 days after the final decision (including appeal).

The agency then requires programs to notify all current and prospective students of the final adverse accreditation decision within seven business days.

The agency provided the written notification it provided to the Department concerning the adverse accreditation actions of three programs (Ex. 159); however, the agency did not provide documentation that it sent the brief statement summarizing (Ex. 166) the reason for the agency’s decision to the Secretary.

The agency must also demonstrate that accrediting actions are reported using the Database of Accredited Postsecondary Institutions and Programs (DAPIP) which is the Department of Education system for reporting the information required by this criterion.

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**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

Response:
ACPE notified the Secretary, appropriate state licensing agencies and the public of the final adverse action decisions in August 2020 (EXHIBIT R71 Final Stakeholder Notification). ACPE made available the brief statement summarizing the reason’s along with the program’s response to the decision on ACPE’s website. ACPE’s brief summary is available at https://apps.acpe-accredit.org/standApp/upload/ACPESStatementoftheReasonsforWithdrawalofAccreditationStatus.pdf. The program’s response is available at https://home.hamptonu.edu/pharmacy/acpe-outcomes-disclosure-information/. While these statements were available to the Secretary and State Boards on the website, review of ACPE’s documentation identified that ACPE did not send such notification to the Secretary within the 60 day required timeframe. To address this oversight ACPE has updated its Adverse Action Checklist to specifically require that such documentation be sent to the Secretary and State Boards (EXHIBIT R74 Adverse Action Checklist). In addition, ACPE demonstrates adherence to this requirement going forward with documentation from a recent notification. At the January 2022 ACPE Board meeting, the ACPE Board denied a program preaccreditation (EXHIBIT R80 Program Action and Recommendations Denial). The Action and Recommendations includes the requirement that the program disclose the decision to current and prospective students within seven business days of receipt. EXHIBIT 81 Sixty Day Notification demonstrates that ACPE made available to the Secretary, the appropriate state licensing or authorizing agency, and the public a brief statement summarizing the reasons for the ACPE’s decision and the official comments that the program wished to make with regard to the decision (EXHIBIT R81 Sixty Day Notification).

ACPE routinely updates the Department’s Database of Accredited Postsecondary Institutions and Programs (DAPIP). Documentation of ACPE’s use of the DAPIP is provided in EXHIBIT R73 Final DAPIP Notification.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide the reason related to the adverse accreditation actions.

**Analyst Remarks to Response:**

The agency provides documentation of its notification of adverse accreditation actions to the Secretary (Ex. R71); however, this document does not state the reasons why the agency made the actions as previously requested by Department staff.

The agency provided documentation of its Department’s Database of Accredited Postsecondary Institutions and Programs (DAPIP) submission for the programs listed in the previous submission (Ex. 73) which resolves previous Department staff concerns.

**List of Document(s) Uploaded by Analyst - Response**

No files uploaded
Criteria: 602.26(f) Notifications: Voluntary Withdrawal

Narrative:

Per ACPE policy section 13.3.5 (EXHIBIT 132 Policies and Procedure Manual Section 13), the chief executive officer of the institution may withdraw from preaccreditation or accreditation status at any time. In the event of a voluntary withdrawal of a program’s preaccreditation or accreditation status, ACPE will send a letter to notify the Secretary, institutional and other appropriate recognized accrediting and state agencies, and the public within 10 days of receiving notification from the institution or program that it is voluntarily withdrawing from preaccreditation or accreditation. Additionally, should an institution or program let its accreditation or preaccreditation lapse, ACPE will notify the Secretary, institutional and other appropriate recognized accrediting and state agencies, and the public within 10 days of the date on which preaccreditation or accreditation lapses.

ACPE has not had any programs voluntarily withdraw from accreditation or preaccreditation or let any programs that have let accreditation or preaccreditation lapse.

**Document(s) for this Section**

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**Analyst Worksheet - Narrative**

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency has a policy for the voluntary withdrawal of accreditation or preaccreditation (Ex. 132). The policy requires the agency to send a letter notify the Secretary, institutional and other appropriate recognized accrediting and state agencies, and the public within 10 days after receipt of receiving notification from the program that it is voluntarily withdrawing from preaccreditation or accreditation. In instances where a college or program allows its accreditation or preaccreditation to lapse, the agency will notify the Secretary, institutional and other appropriate recognized accrediting and state agencies, and the public within 10 days of the date on which accreditation or preaccreditation lapses in accordance with this criterion.

The agency did not have any voluntary withdrawals during this review period to provide documentation under this criterion.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Analyst Worksheet - Response**
Criteria: 602.27 (a)(1-4) Other Information to be Provided

Narrative:

As per ACPE policy located in EXHIBIT 137 Reporting to the Department of Education, documents are routinely submitted to the USDE including, but not limited to: a list, updated annually, of its accredited and preaccredited programs; a summary of accrediting activities during the previous year; and proposed changes in policies, procedures, and standards that may relate to scope of recognition or compliance with recognition requirements. ACPE routinely updates and maintains the accreditation status of programs listed in the Department’s Database of Accredited Postsecondary Institutions and Programs (DAPIP) following each Board meeting and at the same time as the release of the Report of the Proceedings.

Document(s) for this Section

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Analyst Worksheet - Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide the policy governing its submission of accredited and preaccredited programs to the Department of Education, including documentation of its submission.

Analyst Remarks to Narrative:

The agency has a policy for annually reporting proposed changes to its policies and procedures to the Department of Education in accordance with this criterion. Specifically, the policy provides that action for establishing or revising a standard requires advance public notice to be provided to all relevant stakeholders, including the Department of Education (Ex. 137).

Although the agency attests that it routinely updates the accreditation status of programs in the Department’s Database of Accredited Postsecondary Institutions and Programs; however, the agency did not provide documentation of this notification or the policy governing the timeframe and the extent to which updates must occur.

List of Document(s) Uploaded by Analyst - Narrative
ACPE has routinely updated the Department’s DAPIP since the database was launched. Examples of ACPE’s attention to updating the DAPIP are provided in EXHIBIT R75 Example DAPIP Updates. ACPE has further codified that the DAPIP will be updated with release of the Report of the Proceedings in a formalized policy (EXHIBIT R76 DAPIP Policy).

The agency provides its policy and documentation for annually reporting proposed changes to its policies and procedure to the Department of Education. According to the policy, the agency will update the Database of Accredited Postsecondary Institutions and Programs (DAPIP) with actions taken at the respective meeting of the Board of Directors within one day of the release of the Report of the Proceedings documenting the Board actions taken at the meeting (Ex. R75). The agency also provided a screenshot of its DAPIP submission (Ex. R75) which satisfies previous Department staff concerns.

The agency provides its policy and documentation for annually reporting proposed changes to its policies and procedure to the Department of Education. According to the policy, the agency will update the Database of Accredited Postsecondary Institutions and Programs (DAPIP) with actions taken at the respective meeting of the Board of Directors within one day of the release of the Report of the Proceedings documenting the Board actions taken at the meeting (Ex. R75). The agency also provided a screenshot of its DAPIP submission (Ex. R75) which satisfies previous Department staff concerns.

ACPE policy located in EXHIBIT 137 Reporting to the U.S. Department of Education, requires that notification of the name of any program accredited by ACPE, or of its parent institution, will be provided to the USDE if there is reason to believe that the institution or program is failing to meet its Title IV, HEA program responsibilities or is engaged in fraud or abuse, along with the reason for the concern. Moreover, as required by the policy and upon request of the USDE, information will be provided regarding an accredited or preaccredited institution’s compliance with its Title IV, HEA program responsibilities, including its eligibility to participate in Title IV, HEA programs, for the purpose of assisting the USDE in resolving problems with the institution's or program's participation in these programs.

ACPE has not witnessed any concerns regarding a program’s compliance with its Title IV, HEA responsibilities.
Exhibit Title | File Name | Analyst Comments | Agency's Exhibit Comments
---|---|---|---
EXHIBIT 137 Policy on Standards Review and Revision | EXHIBIT 137 Policy on Standards Review and Revision.docx | None | None
EXHIBIT R77 Policy on Reporting to USDE | EXHIBIT R77 Policy on Reporting to USDE.docx | None | None

**Analyst Worksheet - Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide documentation of its policy concerning programs that the agency believe are failing to meet its Title IV, HEA responsibilities; those that are engaging in fraud or abuse; eligibility to participate in Title IV HEA; and policies regarding notification that the agency has contacted the Department concerning the program.

**Analyst Remarks to Narrative:**

The agency provides as documentation for this criterion its policy on Standards Review and Revision (Ex. 137); however, this policy, as written, speaks to the revision of agency standards and not informing the Department of programs the agency believes fall below Title IV, HEA program responsibilities (including Secretary requests), fraud and abuse or notification that agency has contacted the Department concerning the program.

**List of Document(s) Uploaded by Analyst - Narrative**

No files uploaded

**Response:**

ACPE apologizes for previously appending the incorrect policy. ACPE’s Policy entitled, Reporting to the U.S. Department of Education notes that “notification of the name of any program accredited by ACPE, or of its parent institution, will be provided to the U.S. Department of Education if there is reason to believe that the institution or program is failing to meet its Title IV, HEA program responsibilities or is engaged in fraud or abuse, along with reason for the concern. Moreover, upon request of the USDE, information will be provided regarding an accredited or preaccredited institution’s compliance with Title IV, HEA programs, for the purpose of assisting the USDE in resolving problems with the institution’s or program’s participation in these programs” (EXHIBIT R77 Policy on Reporting to USDE). ACPE has not identified any program failing to meet its Title IV, HEA program responsibilities or any program engaged in fraud or abuse during the recognition period.

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

Meets the requirements of this section

**Analyst Remarks to Response:**
The agency acknowledges that it appended the wrong policy to this criterion in the previous report. In response, the agency provided its policy that requires it to provide to the Department the name of any program if there is reason to believe that the institution or program is failing to meet its Title IV, HEA program responsibilities or is engaged in fraud or abuse, along with the reason for the concern. Moreover, upon request of the Department, information will be provided regarding an accredited or preaccredited institution's compliance with its Title IV, HEA program responsibilities, including its eligibility to participate in Title IV, HEA programs, for the purpose of assisting the Department in resolving problems with the institution's or program's participation in these programs. The policy provided by the agency satisfies previous Department staff concerns. The agency has not has the occasion to apply this policy in reporting fraud and abuse during the review period and has not provided documentation to this affect.

List of Document(s) Uploaded by Analyst - Response

No files uploaded

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Criteria: 602.28 (b) Regard for Negative Actions by Other Accreditors

Narrative:

Per ACPE policy, EXHIBIT 162 Other Accreditation Agency, prior to making a decision to grant initial or continued accreditation or preaccreditation to a Doctor of Pharmacy program, the Board will consider the accreditation status of sponsoring institutions, during a period in which the sponsoring institution is the subject of: (i) a pending or final action brought by a state agency to suspend, revoke, withdraw, or terminate the institution’s legal authority to provide postsecondary education in the state; (ii) a pending or final decision by a recognized agency to deny accreditation or preaccreditation; (iii) a pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution’s accreditation or preaccreditation; (iv) probation or an equivalent status imposed by a recognized agency; and (v) a pending or final decision to deny, suspend, revoke, or withdraw the accreditation or preaccreditation or placement on probation any individual program offered by an institution also offering an accredited Doctor of Pharmacy program. Upon discovery of any decision referenced above by another accrediting agency, ACPE will within 30 days, initiate a written request for information regarding the action of the other accrediting or state agency and the effect of the cited issues on the ability of the Doctor of Pharmacy program to maintain compliance with the standards. The program will be given thirty (30) days to respond to such a request. The program’s response and all relevant information will be provided to the Board for review to determine whether the circumstances leading to the other agency’s decision impact the Doctor of Pharmacy program’s ability to maintain compliance with the accreditation standards and consideration as to whether action, including a possible adverse action, related to ACPE preaccreditation or accreditation is warranted. ACPE has not granted initial or continued accreditation or preaccreditation to any program that is the subject of the actions listed in items 1-4 of the criterion.

EXHIBIT 163 Actions of Other Accrediting Agencies demonstrates the Board's review of actions taken by other accrediting agencies.

Document(s) for this Section
Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests and provides documentation (Ex. 162) of its policy regarding negative action by other accreditors consistent with this criterion. The policy provides that prior to making a decision to grant initial or continued accreditation or preaccreditation to a Doctor of Pharmacy program, the Board will consider the accreditation status of sponsoring institutions, during a period in which the sponsoring institution is the subject of: (i) a pending or final action brought by a state agency to suspend, revoke, withdraw, or terminate the institution’s legal authority to provide postsecondary education in the state; (ii) a pending or final decision by a recognized agency to deny accreditation or preaccreditation; (iii) a pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution’s accreditation or preaccreditation; (iv) probation or an equivalent status imposed by a recognized agency; and (v) a pending or final decision to deny, suspend, revoke, or withdraw the accreditation or preaccreditation or placement on probation any individual program offered by an institution also offering an accredited Doctor of Pharmacy program.

The agency provided a sample of the Board’s review of actions taken by four other accrediting agencies (Ex. 163), none of which resulted in any additional action by the Board.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.28 (c) Explanation of Over-riding Decision

Narrative:

Per ACPE Policy (EXHIBIT 162 Other Accreditation Agency, if upon review of the program, the Board grants or continues preaccreditation or accreditation notwithstanding the actions and context of the circumstances set forth above, a report shall be provided to the U.S. Secretary of Education within thirty days of the action, thoroughly explaining why the previous action by a recognized institutional accrediting agency or the State against the parent institution does not preclude the granting or continuation ACPE
preaccreditation or accreditation for the Doctor of Pharmacy program.

ACPE has not granted initial or continued accreditation or preaccreditation to any program that is the subject of the actions listed in items 1-4 of the criterion.

### Document(s) for this Section

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### Analyst Worksheet- Narrative

**Analyst Review Status:**
Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has a policy (Ex. 162) that requires it to provide to the Secretary (within 30 days) a thorough explanation as to why the previous action by a recognized agency or State against the parent institution does not preclude the agency in granting accreditation or preaccreditation. The agency also attests that it has not had the occasion (during this review period) to grant accreditation or preaccreditation to a program that is subject to actions by another agency.

### List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

### Analyst Worksheet - Response

**Analyst Review Status for Response:**

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**Criteria: 602.28 (d) Requirement to Initiate Review**

**Narrative:**

Per ACPE policy, EXHIBIT 162 Other Accreditation Agency, prior to making a decision to grant initial or continued accreditation or preaccreditation to a Doctor of Pharmacy program, the Board will consider the accreditation status of sponsoring institutions, during a period in which the sponsoring institution is the subject of: (i) a pending or final action brought by a state agency to suspend, revoke, withdraw, or terminate the institution’s legal authority to provide postsecondary education in the state; (ii) a pending or final decision by a recognized agency to deny accreditation or preaccreditation; (iii) a pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution’s accreditation or preaccreditation; (iv) probation or an equivalent status imposed by a recognized agency; and (v) a pending or final decision to deny, suspend, revoke, or withdraw the
accreditation or preaccreditation or placement on probation any individual program offered by an institution also offering an accredited Doctor of Pharmacy program. Upon discovery of any decision referenced above by another accrediting agency, ACPE will within 30 days, initiate a written request for information regarding the action of the other accrediting or state agency and the effect of the cited issues on the ability of the Doctor of Pharmacy program to maintain compliance with the standards. The program will be given thirty (30) days to respond to such a request. The program’s response and all relevant information will be provided to the Board for review to determine whether the circumstances leading to the other agency’s decision impact the Doctor of Pharmacy program’s ability to maintain compliance with the accreditation standards and consideration as to whether action, including a possible adverse action, related to ACPE preaccreditation or accreditation is warranted.

EXHIBIT 163 Actions of Other Accrediting Agencies demonstrates the Boards’ review of actions taken by other agencies. Documentation of ACPE’ policies in this regard are provided in EXHIBIT 164 Program Correspondence Regarding Other Agencies Actions.

### Document(s) for this Section

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### Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation of whether the Board used the programs response in its accrediting decisions.

Analyst Remarks to Narrative:

As noted in a previous section, the agency has a policy concerning negative action by other accreditors (Ex. 162). The policy also provides that the agency will request the program provide (within 30 days) information regarding the action of the other accrediting or state agency and the effect of the cited issues on the ability of the program to remain in compliance with agency standards.

The agency provided a sample of this policy during the review period. Specifically, the agency sent a letter to a program that was placed on probation by another agency and requested information regarding that action so this agency’s Board could determine whether the circumstance leading to that decision could
impact this agency’s accreditation of the program in question. Additionally, the program’s response (replied five days later) was provided as documentation of the communication (Ex. 164). Although, the agency provided this documentation, it is still unclear whether the Board used the program’s response to inform its accreditation decision.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

Review of the actions taken by another recognized accrediting agency, along with the correspondence received from the program identified, is reviewed at the next meeting of the ACPE Board of Directors. EXHIBIT 78 Board Memo demonstrates the documentation provided to the Board regarding actions taken by other accrediting organizations as well as the program’s response, where applicable. EXHIBIT R79 Board Minutes demonstrates the Board’s review of the actions from the correspondence in the determination of any need for further action by the Board.

Analyst Worksheet - Response

Analyst Review Status for Response:

Meets the requirements of this section

Analyst Remarks to Response:

The agency provided Board minutes (Ex. R79) to demonstrate that the Board reviews accrediting decisions by other accrediting agencies. The agency also provided documentation of a Board memo demonstrating whether the decisions of other accreditors had an impact on the agency, the programs response, and agency staff recommendations (Ex. R78). The additional information provided by the agency satisfies previous Department staff concerns.

List of Document(s) Uploaded by Analyst - Response

No files uploaded

Criteria: 602.28 (e) Information-Sharing with Other Accrediting/Approval Bodies

Narrative:

Per ACPE Policy, EXHIBIT 165 Sharing of Information with Other Agencies, ACPE shares information through public documents, special notices, or upon request regarding the preaccreditation or accreditation status of the programs it accredits, including information regarding any adverse actions or the voluntary withdrawal of a program’s preaccreditation or accreditation, with institutional and other appropriate recognized accrediting and state agencies in conformance with applicable laws and ACPE policies. ACPE has not received any requests to share information with other appropriate recognized accrediting agencies
and recognized State approval agencies about the accreditation or preaccreditation status of a program and any adverse actions taken by ACPE against an accredited or preaccredited program.

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### Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

According to the agency’s Sharing of Information with Other Agencies policy (Ex. 164) the agency shares the accreditation and preaccreditation status of programs it accredits (through public documents, special notice and upon request), including adverse action and voluntary withdrawals with other accreditors or state agencies.

### List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

### Analyst Worksheet - Response

**Analyst Review Status for Response:**

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### 3rd Party Written Comments

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### Staff Analysis of 3rd Party Written Comments

One comment had a concern that the Department’s solicitation of written third-party comments occurred without access to the agency’s petition and related materials. The Department’s solicitation of written third-party comments sought comment on the agency’s compliance with the criteria in question pursuant to 34 C.F.R. §§ 602.32(c) and (l), not on the agency’s petition and related materials. The purpose of the call for written third-party comment is to allow anyone who has any knowledge of an agency undergoing a recognition review by the Department and the agency’s compliance or non-compliance with Departmental regulations to provide that information and/or documentation so that Department staff can utilize it in the...
comprehensive analysis of the agency.

**Response to 3rd Party Comments**

No response to 3rd Party Written Comments

**Document(s) Uploaded in response to 3rd Party Comments**

No files were uploaded in response to 3rd Party Comments.

**3rd Party Request for Oral Presentation**

There are no oral comments uploaded for this Agency.