FINAL ANALYSIS AND RECOMMENDATION FOR
APMA

Meeting Date: 02/2022

Type of Submission:
Renewal Petition

Current Scope of recognition:
The accreditation and preaccreditation (“Provisional Accreditation”) throughout the United States of freestanding colleges of podiatric medicine and programs of podiatric medicine, including first professional programs leading to the degree of Doctor of Podiatric Medicine. (Title IV Note: Only freestanding schools or colleges of podiatric medicine may use accreditation by this agency to establish eligibility to participate in Title IV programs.)

Criteria:
602.10 Link to Federal programs

Narrative:
There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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Analyst Worksheet - Response
Criteria: 602.11 Geographic scope of accrediting activities.

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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Analyst Worksheet - Narrative

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Meets the requirements of this section

Analyst Remarks to Narrative:

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Criteria: 602.13 Acceptance of the agency by others.

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.
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### Criteria: 602.14(b) Separate and Independent

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Criteria: 602.14(c) Joint Use of Personnel

Narrative:
There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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Analyst Worksheet - Response
Analyst Review Status for Response:
Not Reviewed

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

Narrative:
Administrative staff -
CPME staff is employed under the aegis of the American Podiatric Medical Association (APMA) and is responsible for facilitating the administration and coordination of accreditation and other related activities.
The full complement of CPME staff includes a director, two associate directors, one assistant director, one administrative coordinator, one administrative assistant, and one staff assistant. A description of the roles and responsibilities of CPME staff is included in Exhibit 1 CPME Bylaws (please refer to Chapter 13, Professional and Clerical Staff, pages 33-34/pdf pages 37-38).

Exhibit 2 Position Descriptions includes a position description for each staff member and the CPME organizational chart (Exhibit 19) provides a visual of the CPME staff responsibilities. Each staff member has the appropriate experience and training to successfully carry out the activities of the Council. As noted in these position descriptions, principal staffing responsibility for the college accreditation process rests with the CPME director. The director also is responsible for managing the budget. The curriculum vitae of the CPME director, , is shown as Exhibit 3 CPME Director CV. Council staff functions are supplemented by services provided by other APMA staff members. Such services include, but are not limited to, accounting functions, publications, communications, and information technology. Consultants and advisors may be utilized by the Council when needed during any of its on-site evaluations or meetings. Also available is legal advice offered by the APMA general counsel or if necessary, legal counsel outside of APMA. Continued availability of staff resources is anticipated, and, as has been the case since the previous Petition for Continued Recognition, staff resources may be expanded or supplemented when necessary. The Council has received no complaints related to the agency's failure to respond to inquiries and regular business.

Financial resources -

The financial support of the evaluation, accreditation, approval, and recognition services provided by the Council is the responsibility of the institutions and organizations that utilize these services and which may directly or indirectly benefit from these services as well as the responsibility of the organized podiatric medical profession. As a general rule, the costs associated with the on-site evaluation of colleges of podiatric medicine, residency programs, fellowship programs, and providers of continuing education in podiatric medicine are borne by the institutions and organizations seeking CPME accreditation or approval.

In consideration of the aforementioned services to be provided by the Council, APMA may provide an annual block grant of funds to enable the Council to carry out its functions. The block grant is articulated in the Memorandum of Agreement between the American Podiatric Medical Association, Inc. and the Council on Podiatric Medical Education, Exhibit 4 CPME-APMA Agreement. While the CPME-APMA agreement provides for APMA covering all deficits, in fact, the Council has had either a balanced budget or a surplus for 17 of the last 18 years. The single deficit equaled approximately $[54,169] or [67] percent of that year's (2011) budget. Exhibit 5 CPME Budgets includes year-end budgets for the 2018 and 2019 fiscal years and the budget through the end of December 2019 for the 2020 fiscal year and Exhibit 47 Financial Report Audits includes APMA’s most recent two years’ fiscal reports audited by a third party auditor.

The Council has established fee schedules for each aspect of its evaluation, accreditation, approval, and recognition activities. The Council reserves the right to modify fee schedules at any time and provides advance notice to affected institutions and organizations. Fee schedules are reviewed each year as part of the budgetary process.

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Exhibit 4 CPME APMA Agreement | Exhibit 4 CPME APMA Agreement .pdf | | |
Exhibit 5 CPME Budgets | Exhibit 5 CPME Budgets.pdf | | |
Exhibit 19 CPME Organizational Chart | Exhibit 19 CPME Organizational Chart.docx | | |
Exhibit 59 CPME APMA MOA 2016-2021 | Exhibit 59 CPME-APMA MOA 2016-2021.pdf | | |

**Analyst Worksheet- Narrative**

Analyst Review Status:

Substantially Compliant

Staff Determination:

The agency needs to provide its financial statements for the most recent fiscal year, its budget, and its current annual administrative services agreement.

Analyst Remarks to Narrative:

The agency states it maintains seven full-time staff members, including its director. CPME states that staffing is adequate to service the number of institutions and programs accredited by the agency.

The agency provided its organizational chart to describe the agency’s administrative structure (Exhibit 19). The agency provided information to demonstrate that staff have the qualifications and experience to carry out the agency’s accrediting activities. CPME provided the duties of each staff member to include the functions and activities expected of a recognized accrediting agency (Exhibits 2 & 3). Department staff conducted a virtual file review in January 2021 and found documentation of orientation for new staff via the attendance and agenda of the most-recent orientation.

The agency's budget is sustained primarily by the annual block grant provided per the Memorandum of Agreement between the American Podiatric Medical Association (APMA) and CPME, and the dues and fees paid by accredited institutions and programs (Exhibits 4, 5 & 47). Although the documentation indicates that the agency has adequate revenues to conduct all accrediting activities expected of a recognized accrediting agency, CPME needs to submit the most recent audited financial statements, the year-end 2020 budget, the current budget, and the current annual administrative services agreement in response to the draft staff analysis.

**List of Document(s) Uploaded by Analyst - Narrative**
As requested, the most recent audited financial statements, the year-end 2020 budget, the current budget, and the current annual administrative services agreement have been uploaded in response to the draft staff analysis.

Attached you will find the most recent audited financial statement: Exhibit 55 APMA Audit Report May 31, 2020;


The current budget: Exhibit 58 CPME Current Budget Report Through Aug 31 2021; and

The current annual administrative services agreement: Exhibit 59 CPME-APMA MOA 2016-2021, which is the same agreement uploaded in the original submission - and is currently being revised - but is not scheduled for renewal until November 2021. Once the new MOA is finalized, a copy will be sent to CPME’s USDE analyst.

In response to the draft staff analysis, the agency provided the most recent audited financial statements for APMA (Exhibit 55), the year-end 2020 budget for CPME (Exhibit 56), the year-end 2021 budget for CPME (Exhibit 57), and the current budget through August 31, 2021 for CPME (Exhibit 58). The agency also provided the current annual administrative services agreement (ED Exhibit 1 - CPME-APMA MOA 2021-2026 Final) between APMA and CPME which includes the annual block grant to sustain the budget. This additional documentation demonstrates that the agency has the financial resources to carry out its accreditating responsibilities expected of a recognized accrediting agency.

Approximately 150 individuals serve the Council, its committees, and its evaluation process. The majority of these individuals are podiatric medical practitioners and educators assigned to teams to conduct on-site evaluations of postgraduate residencies. These individuals complete a two-day training program that focuses on the broad context of accreditation and, more specifically, on podiatric medical residencies. In view of the substantial activity of the Council in the evaluation of residency programs, the involvement of
volunteers in the residency review process often serve to prepare these individuals for participation in other CPME activities. Many CPME residency evaluators later become involved in Council committees and seek election to the Council. Some are appointed to college accreditation teams.

The procedures for appointing individuals to teams appear in the Evaluation Team, Advisors, and Observers section on pages 10-12 of CPME 130, Procedures for Accrediting Colleges of Podiatric Medicine (Exhibit 6 CPME 130, Procedures). Team members are selected on the basis of their familiarity with academic and clinical instruction, administrative and organizational processes specific to postsecondary education, and/or their understanding of accreditation. The needs of the college are considered in selecting the team; prior to developing the team roster, the Council asks the college if it wishes to request that one or more members of the team have a specific area of expertise.

A typical team is comprised of five members. One to two educational generalists are included with experience in higher education administration, finance, governance, or student affairs. The educational generalists often have previous experience as on-site evaluators for regional or other accrediting bodies. The other members of the team include one or more podiatric medical practitioners, educators at a college of podiatric medicine, academics involved in postsecondary education and/or research, and administrator members. These other members usually have had previous experience in serving on CPME teams.

Although members of the Council or its Accreditation Committee may serve as college on-site evaluators, CPME procedures limit composition of the team to no more than one member each from the Council and from the Committee. In order to be eligible to serve as a team leader on a college visit, one must have participated previously as a team member on a comprehensive on-site evaluation.

Individuals appointed to a team who have not served on previous college teams for the Council are provided a formal orientation prior to the evaluation visit (please see Exhibit 7 Site Team Orientation). This orientation offers information about the accrediting process in general and about application of the Council’s evaluative standards, requirements, and procedures in particular. Additional training is provided by experienced evaluators as the need arises.

All on-site evaluators are provided a copy of Exhibit 8 CPME 125, Accreditation Guide, which includes information about team responsibilities, evaluation logistics, suggested interview questions, team report preparation, and evaluation practices. The guide serves to further prepare evaluators for the on-site evaluation process and is designed for use as a reference prior to and during the visit.

With respect to the Council’s on-site evaluators, a broad base of backgrounds and experiences is demonstrated in the roster of individuals who participated on an evaluation team in the past year and since the last Petition (Exhibit 9 Team Members).

Policy and decision making related to accreditation and candidate status are the responsibility of the Council. Eight of the 11 CPME positions are considered at-large, representing the podiatric practice and educational communities of interest. Three positions are designated for representatives of the public and postsecondary education communities of interest.

In 1995 the APMA House of Delegates revised its Bylaws so that the Council is autonomous in conducting all aspects of its evaluation, accreditation, approval, and recognition functions, including the selection of its own members. The Council determines the qualifications and attributes needed in its at-large members (e.g., private practitioner, faculty member, college administrator, etc.) and publicizes the availability of Council seats to be elected later in the year. Shown as Exhibit 10 CPME Election Announcement, is the announcement that was published in the May/June 2019 issue of the APMA News, the April 2019 issue of
the APMA Monthly Focus, and the April 30, 2019 edition of the APMA Weekly Focus, seeking candidates for election to the Council. A complete description of the nomination and election process is described in Exhibit 1 CPME Bylaws (please refer to Chapter 7. Nominations, Elections, and Terms of Office, Section 1. Members on pages 18-21/pdf pages 22-25).

New Council members are provided an orientation about the Council and its accreditation processes and other related activities. Shown as Exhibit 11 CPME Orientation is an agenda for the orientation program, and shown as Exhibit 12 New CPME Member Guide is the Council's "unofficial" guide for newly-elected members. New Accreditation Committee members are provided an orientation tailored to the individual depending on the extent to which they have participated in CPME activities. Shown as Exhibit 13 New Accreditation Committee Member Guide is the Council’s "unofficial" guide for newly-elected Accreditation Committee members.

The Council relies on its Accreditation Committee to recommend actions pertaining to accreditation matters. The Committee includes at least two representatives from CPME-accredited colleges of podiatric medicine (at least one of these representatives shall be a podiatric educator), one representative from the podiatric practice community, and at least two Council members (at least one shall be either a public member or postsecondary educator member of the Council). See Exhibit 1 CPME Bylaws for further details regarding the structure, composition, and responsibilities of the Accreditation Committee (please refer to Chapter 5. Committees, Section 2. Accreditation Committee on pages 6-8/pdf pages 10-12).

Ad hoc advisory committees are responsible for recommending changes in CPME standards, requirements, and procedures on a periodic basis (approximately every six years). Composition of these committees is derived from the community of interest that is affected by the documents under review. Most committee members have been afforded extensive orientation through membership on the Council or one of its committees or on a college on-site evaluation. Other committee members (e.g., students and private practitioners receive extensive orientation prior to the committee's first meeting).

When an appeal takes place, an Ad Hoc Committee for Appeals is appointed. Exhibit 14 CPME 935a, Appeal Procedures (pages 3 and 4) describes the composition, experience, and training of appeal hearing committee members. The Council selects only those individuals who already have experience with the accreditation process as it relates to podiatric medicine. CPME has had no college accreditation appeals in the past 18 years.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Substantially Compliant

**Staff Determination:**

The agency needs to provide the roster of the pool of appeals panel members.

**Analyst Remarks to Narrative:**

Council members: CPME states that the council is both the policy- and decision-making body of the agency. The agency's bylaws state that the council includes 11 members, to include two public representatives and at least one practitioner, one educator, one administrator, and one academic (Exhibit 1, Chapters 3 and 7). CPME provided the roster for the council (in Section 602.15(a)(3)) to confirm that the membership meets the composition requirements in the bylaws.

Appeals panel members: Although the agency's bylaws include a section on an appeals panel (Exhibit 1, Chapter 6, Section 4 - Ad Hoc Appeals Committee), the bylaws do not require that CPME maintain an appeals panel pool nor does it define the composition - either of a pool or a panel when convened. Instead, CPME has a policy (Exhibit 14, CPME 935a Appeal Procedures) that describes the procedures for conducting an appeal, to include the composition of an appeals panel which is at least one public member, one academic/educator, one administrator, and one practitioner. The bylaws and policy also state that appeals panel members are appointed by the council chair. The agency stated that it has not had an appeal in 18 years and did not provide a roster of appeals panel members. The agency must provide an appeals panel pool roster to be part of the written record and considered in this petition review to demonstrate that it is prepared to conduct an appeal by a panel of competent and knowledgeable individuals.

Accreditation Committee: Per the agency’s bylaws (Exhibit 1, Chapter 5, Section 2), the accreditation committee shall include at least two representatives from CPME-accredited colleges of podiatric medicine (at least one of these representatives shall be a podiatric educator), one representative from the podiatric practice community, and at least two council members (at least one shall be either a public member or postsecondary educator member of the Council). CPME provided the roster for the accreditation committee (in Section 602.15(a)(3)) to confirm that the membership meets the composition requirements in the bylaws. The agency’s bylaws also state the primary responsibility of the accreditation committee is to recommend to the council candidacy of new and accreditation of existing colleges, programs, and schools.
leading to professional degrees in podiatric medicine.

Site visitors: The agency provided the roster of site visitors (on-site evaluators) who participated in site visits during the recognition period (Exhibit 9). The agency stated that its site visitors are qualified by education and experience, as required by the agency’s Procedures for Accrediting Colleges of Podiatric Medicine (Exhibit 6, CPME 130), and are selected via a formal review process that includes specific education and/or experience requirements.

Overall, the agency provided information and documentation of its training program for its council members, appeal panel members, accreditation committee members, and site visitors. For council members, the initial training includes an orientation and a member guide (Exhibits 11 and 12). The accreditation committee members also have a position-specific member guide (Exhibit 13). Appeals panel members receive focused training when convened. Site visitors are provided initial orientation on the agency’s standards (Exhibit 7) and provided the on-site evaluation guide that includes team responsibilities, evaluation logistics, suggested interview question, team report preparation, and evaluation practices (Exhibit 8). Site visitors participate in a pre-visit meeting which includes initial observations from the institutional materials, which Department staff observed in December 2020.

Department staff conducted a virtual file review in January 2021. During the file review, Department staff reviewed documentation of the qualifications of council members, accreditation committee members, and site visitors. As noted above, CPME does not maintain an appeals panel pool; therefore, Department staff was unable to review and confirm the competency of such representatives. The file review also documented the training for these entities via attendance records and training materials over a two-year period. In addition to the orientation and training, new accreditation committee members are provided a mentor.

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Response:

Based on feedback from CPME’s USDE analyst, modifications were made to CPME’s bylaws to include the addition of a pool of ad hoc appeals committee members. CPME has finalized the appointment of these individuals (CVs in Exhibit 51) and conducted an orientation session (orientation agenda and slides in Exhibits 52 and 53) to demonstrate that CPME is prepared to conduct an appeal by a panel of competent and knowledgeable individuals. On page 15-16 of the CPME Bylaws (pdf pages 19-20) (Exhibit 54) it now states, “The Committee shall be drawn from a pool of eight or more candidates possessing knowledge of accreditation purposes and procedures and will be constituted to meet the panel composition requirements set forth in publication CPME 935a. This pool of candidates is appointed by the Council Chair subject to approval by the Council. The members of the Committee are appointed by the Council chair subject to approval by the institution for which the adverse action is proposed.”

In addition, CPME 935a (Guidelines for the Conduct of Appeals by Colleges of Podiatric Medicine) was updated at the Council’s April 2021 meeting to clarify that a pool of appeal panel members has been created and from which to draw upon if the Council engages in an appeal. Because the Council procedures stipulate a 3 month call for comment period, that document was sent out to the community of interest for comment until August 20, 2021. The Council has on its October 2021 agenda to adopt that document and finalize the entire appeal process. Since this response is due in September 2021, a follow-up response will be provided to CPME’s USDE analyst that includes the finalized version of CPME 935a in October 2021.
Analyst Worksheet - Response

Analyst Review Status for Response:

Meets the requirements of this section

Analyst Remarks to Response:

In response to the draft staff analysis, the agency revised its bylaws and guidelines to provide for an appeal panel pool to demonstrate that CPME is prepared to conduct an appeal by a panel of competent and knowledgeable individuals. As documentation, the agency provided its revised bylaws (Exhibit 54) and its revised guidelines (ED Exhibit 2 - CPME 935a (Colleges) Appeal and Arbitration Guidelines October 2021) to create the appeal panel pool and provide the policy and practices related to appeal panels. CPME also provided the CVs for the eight appeal panel pool members to demonstrate their education and experience (Exhibit 51) and the orientation session to train them for their role (Exhibits 52 and 53).

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Criteria: 602.15(a)(3) Academic/Administrator Representatives

Narrative:

As noted in the response to 602.15(a)(2), CPME includes academic and administrator representatives on all site evaluation teams and all policy and decision-making bodies, including any appeals committee that may be needed. Teams assigned to conduct on-site evaluations of colleges of podiatric medicine are comprised of practitioners, educators, educational generalists/academics, and administrators. Specifically, educational generalists/academic members who have experience in higher education administration, finance, governance, or student affairs are included on the team as well. The director of the Council normally travels with each on-site evaluation team to serve as a resource to the team and to ensure that CPME procedures are followed. Members of the Council staff do not participate as evaluators in the on-site reviews of colleges of podiatric medicine.

With respect to the Council’s on-site evaluators, a broad base of backgrounds and experiences is utilized by CPME and included as Exhibit 9 Team Members. In view of the Council’s institutional and programmatic accrediting responsibilities, efforts have been made to ensure broad representation of academic and administrative personnel and podiatric educators and medical practitioners within the membership of the Council and its Accreditation Committee. The current Council and Committee membership includes individuals who are representative of this broad base of backgrounds and experience.

The CPME bylaws are written to ensure that each CPME member’s position is identified clearly in one of the four categories below and to ensure a consistent process for selecting and identifying individuals to represent the categories required of both an institutional accreditor and a single-purpose accreditor. (Please refer to Page 18/pdf page 22 in Exhibit 1 CPME Bylaws.)
CHAPTER 6. NOMINATIONS, ELECTIONS, AND TERMS OF OFFICE
Section 1. Members
A. Areas of Need
The Council shall assure that its membership reflects an appropriate representation from among the community of interest that it serves (such as college administrators and faculty, residency program directors, private practitioners, and others). Such representation is crucial to maintaining fairness and equity in the Council’s accreditation and approval processes. Assurance of appropriate representation from affected communities of interest is required by both the Council for Higher Education Accreditation and the U.S. Secretary of Education of all accrediting bodies they recognize.

The Council must include at least one member from each of the following categories:
Practitioner - someone directly engaged in a significant manner in the practice of podiatric medicine.
Educator - someone currently or recently directly engaged in a significant manner in an academic capacity at an accredited college of podiatric medicine who may not be an academic dean.
Academic - someone currently or recently directly engaged in a significant manner in postsecondary education and/or research.
Administrator - someone currently or recently directly engaged in a significant manner in podiatric postsecondary program or institutional administration.

At its fall meeting, the Executive Committee of the Council shall review the qualifications and experience of its at-large members. Based upon this review, the Executive Committee shall formulate and transmit to the Council the broad areas of need and qualifications for Council positions to be elected in the following year. The areas of need shall be identified in the call for candidates published in the APMA News (Exhibit 10 CPME Election Announcement)

Based on the definitions provided in the Bylaws, the Council includes the following representation as of December 2019:

b)(6) (Chair) (Educator)
Professor, Department of Podiatric Surgery; Temple University School of Podiatric Medicine, Philadelphia, PA

b)(6) (Vice Chair) (Academic)
Residency Program Director; University Hospital, Newark, NJ

b)(6) (Academic)
Residency Program Director; St. Elizabeth’s Medical Center of Boston, Brighton, MA

b)(6) (Public member)
Regional Dean; Albany College of Pharmacy and Health Sciences, Vermont Campus, Colchester, VT

b)(6) (Public member)
Executive Director; American Optometric Association Health Policy Institute, Alexandria, VA

b)(6) (Academic)
Residency Program Director; Cambridge Health Alliance, Cambridge, MA

b)(6) (Administrator)
Dean and Assistant Professor; California School of Podiatric Medicine at Samuel Merritt University, Oakland, CA
New Accreditation Committee members include at least two representatives from CPME-accredited colleges of podiatric medicine (at least one of these representatives shall be a podiatric educator), one representative from the podiatric practice community, and at least two Council members (at least one shall be either a public member or postsecondary educator member of the Council). The Accreditation Committee representatives are chosen from the already active CPME volunteers and are appointed by the Council chair and confirmed by the Council. Based on the definitions provided in the bylaws (Exhibit 1, CPME Bylaws, Chapter 5, section 2, pages 6-7/pdf pages 10-11), the Accreditation Committee includes the following representation as of December 2019:

**Dean and Assistant Professor, California School of Podiatric Medicine at Samuel Merritt University, Oakland, CA (Accreditation Committee Chair) (CPME at large member)**

**Associate Professor & Associate Dean, Clerkship & Residency Placement; Dr. William M. Scholl College of Podiatric Medicine, Chicago, IL (College representative, Educator)**

**Associate Dean, Clinical Education and Graduate Placement, Professor, Podiatric Medicine, Surgery, and Biomechanics; Western University of Health Sciences, College of Podiatric Medicine, Pomona, CA (College representative, Educator)**

**Regional Dean, Albany College of Pharmacy and Health Sciences, Vermont Campus, Colchester, VT (CPME public member)**

**Practitioner, Detroit, Michigan (Practitioner representative)**

**Dean, Graduate College, Professor of Chemistry and Biological Sciences, Western Michigan University, Kalamazoo, MI (CPME Postsecondary educator member)**

**Clinical Education Director, Midwestern University Arizona School of Podiatric Medicine, Glendale, AZ (CPME at large member)**

**CPME chair) Associate Dean of Academic Affairs, Temple University School of Podiatric Medicine, Philadelphia, PA (ex-officio)**

From page 11 in CPME 130, Procedures for Accrediting Colleges of Podiatric Medicine (Please refer to Exhibit 6 CPME 130, Procedures.)

Evaluation Team, Advisors, and Observers

The composition of a comprehensive evaluation team must include at least one member from each of the
following categories:
Practitioner - someone directly engaged in a significant manner in the practice of podiatric medicine
Educator - someone currently or recently directly engaged in a significant manner in an academic capacity at an accredited college of podiatric medicine who may not be an academic dean
Academic - someone currently or recently directly engaged in a significant manner in postsecondary education and/or research
Administrator - someone currently or recently directly engaged in a significant manner in a postsecondary podiatric medical program or institutional administration.

From CPME 935a, Guidelines for the Conduct of Appeals (October 2018) (Please refer to pages 3-4 in Exhibit 14 CPME 935a, Appeal Guidelines.)

6. Appointment of an Ad Hoc Committee for Appeals
One member of the Committee must be a public member as set forth in Chapter 3, section 2 (page 4) of the CPME Bylaws. One Committee member must meet the criteria of an academic/educator, one member must meet the criteria of an administrator, and one member must meet the criteria of a practitioner as set forth in chapter 7, section 1 (page 18/pdf page 22) of Exhibit 1 CPME Bylaws. CPME has had no college accreditation appeals in the past 18 years.

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Analyst Worksheet- Narrative

Analyst Review Status:
Substantially Compliant

Staff Determination:
The agency needs to provide additional information and documentation to demonstrate that the accreditation committee requires academic and administrative representatives.

Analyst Remarks to Narrative:
Since the agency serves as an institutional accrediting agency, it is required to have both academic and administrative personnel on all institutional site evaluation teams, and on all policy and decision-making bodies, including any appeals panel that may be needed.
The agency's bylaws (Exhibit 1, Chapter 6) state the council will include at least one practitioner, one educator, one administrator and one academic, and provides definitions for each category. The agency provided a roster of the current 11 council members, to include biographical information, which appears to reflect the composition required by the bylaws.

Per policy (Exhibit 14, CPME 935a Appeal Procedures), an appeals panel is composed of at least one public member, one academic/educator, one administrator, and one practitioner. The agency stated that it has not conducted an appeal in 18 years.

The agency states that the accreditation committee serves as an evaluation body for the agency. Per the bylaws (Exhibit 1, Chapter 5, Section 2), the accreditation committee consists of at least two representatives from CPME-accredited colleges of podiatric medicine (at least one of these representatives shall be a podiatric educator), one representative from the podiatric practice community, and at least two council members (at least one shall be either a public member or postsecondary educator member of the Council). However, the composition required by the bylaws does not demonstrate that at least one academic representative and one administrative representative are required. The agency provided a roster of the current accreditation committee members, to include biographical information, which appears to demonstrate the composition required by the bylaws but does not clearly reflect both academic and administrative representation is required.

For site visitors, the agency states that at least one practitioner, one educator, one administrator and one academic are on each team, per the agency’s Procedures for Accrediting Colleges of Podiatric Medicine (Exhibit 6, CPME 130). The agency provided the roster of site visitors who participated in site visits during the recognition period (Exhibit 9), which appears to indicate that both academic and administrative representation. Department staff observed a site visit in December 2020 which included both an academic and administrative representative.

Department staff conducted a virtual file review in January 2021. During the file review, Department staff reviewed documentation of the academic and administrator qualifications of council members, accreditation committee members, and site visitors, and that the compositions of each entity met the agency’s requirements.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

Based on feedback from CPME's USDE analyst, CPME realized that our practices included having an administrator member on the Council's Accreditation Committee, but that was not made explicit in the Council's Bylaws. Therefore, the following addition has been added to the CPME Bylaws (Exhibit 54 - pages 6-7/10-11 pdf) to state, "The composition of the Accreditation Committee shall include at least two representatives from CPME-accredited colleges of podiatric medicine (at least one of these representatives shall be a podiatric educator and one shall be an administrator), one representative from the podiatric practice community, and at least two Council members (at least one shall be either a public member or postsecondary educator member of the Council). The members of the Committee are appointed by the Council chair and confirmed by the Council."

Analyst Worksheet - Response

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

Analyst Remarks to Response:

In response to the draft staff analysis, the agency has revised its bylaws to clearly state that at least one academic representative and one administrative representative are required on the accreditation committee (Exhibit 54).

List of Document(s) Uploaded by Analyst - Response

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

Narrative:

Please see the response to 602.15(a)(3).

As noted in the responses to 602.15(a)(2) and 602.15(a)(3), CPME includes educator and practitioner representatives on all site evaluation teams and all policy and decision-making bodies, including any appeals committee that may be needed. On-site teams assigned to conduct on-site evaluations of colleges of podiatric medicine are comprised of practitioners, educators, educational generalists/academics, and administrators.

Three programmatic accreditation visits have been conducted since the last petition and all included educator and practitioner representatives. These visits include the Barry University School of Podiatric Medicine (June 2016), Kent State University College of Podiatric Medicine (August 2016), and Midwestern University Arizona School of Podiatric Medicine (January 2019).

Team members from the site visits that took place since the last petition (Exhibit 9 Team Members):

Barry University School of Podiatric Medicine; Miami Shores, Florida

- (b)(4) (Team Leader) Senior Associate Dean and Professor, Department of Podiatric Surgery, Kent State University College of Podiatric Medicine, Independence, OH (Administrator)
- (b)(4) Professor, Pre-Clinical Sciences, Director of Biochemistry, New York College of Podiatric Medicine, New York, NY (Educational Generalist/Academic)
- (b)(4) Private Practitioner, Louisville, KY (Practitioner)
- (b)(4) Professor, Podiatric Medicine and Surgery, Executive Associate Dean for Academic Affairs, Western University of Health Sciences College of Podiatric Medicine, Pomona, CA (Educator)
- (b)(4) Assistant Provost for Academic Affairs, Office of the Provost, University of Rochester, Rochester, NY (Educational Generalist/Academic)
- (b)(4) Private Practitioner, Fond du Lac, WI (Practitioner)

Kent State University College of Podiatric Medicine; Independence, Ohio

- (b)(4) (Team Leader), Dean, Des Moines University College of Podiatric Medicine and Surgery, Des Moines, IA (Administrator)
- (b)(4) DPM; Practitioner, Henry Ford Health System, Sterling Heights, MI (Practitioner)
- (b)(4) President Emeritus, Santa Fe Community College, Corrales, NM (Educational...
Generalist/Academic) Assistant to the Dean/Director of Outcomes, New York College of Podiatric Medicine, New York, NY (Educational Generalist/Academic) Associate Dean for Clinical Affairs and Assistant Professor, Department of Medicine, California School of Podiatric Medicine at Samuel Merritt University, Oakland, CA (Educator)

Midwestern University Arizona School of Podiatric Medicine; Glendale, Arizona Team leader) Director Podiatric Medical Education, Jewish Hospital/University of Louisville, Kentucky (Practitioner)

Private Practitioner, Fort Worth, Texas (Practitioner)

Associate Professor and Department Chairman, Scholl College of Podiatric Medicine at Rosalind Franklin University of Medicine and Science, North Chicago, Illinois (Educator)

Dean, Graduate College, Professor of Chemistry and Biological Sciences, Western Michigan University, Kalamazoo, Michigan (Educational Generalist/Academic)

Dean, College of Podiatric Medicine and Surgery, Des Moines University, Des Moines, Iowa (Administrator)

Document(s) for this Section

Exhibit Title File Name Analyst Comments Agency's Exhibit Comments
Exhibit 9 Team Members Exhibit 9 Team Members.docx

Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

Since the agency serves as a programmatic accrediting agency, it is required to have both practitioners and educators on all programmatic site evaluation teams, and on all policy and decision-making bodies, including any appeals panel that may be needed.

The agency's bylaws (Exhibit 1, Chapter 6) state the council will include at least one practitioner, one educator, one administrator and one academic, and provides definitions for each category. The agency provided a roster of the current 11 council members (in Section 602.15(a)(3)), to include biographical information, which appears to reflect the composition required by the bylaws.

Per policy (Exhibit 14, CPME 935a Appeal Procedures), an appeals panel is composed of at least one public member, one academic/educator, one administrator, and one practitioner. The agency stated that it has not conducted an appeal in 18 years.

The agency states that the accreditation committee serves as an evaluation body for the agency. Per the bylaws (Exhibit 1, Chapter 5, Section 2), the accreditation committee consists of at least two representatives from CPME-accredited colleges of podiatric medicine (at least one of these representatives shall be a podiatric educator), one representative from the podiatric practice community, and at least two council members (at least one shall be either a public member or postsecondary educator member of the Council). The agency provided a roster of the current accreditation committee members (in Section
602.15(a)(3)), to include biographical information, which appears to reflect the composition required by the bylaws.

For site visitors, the agency states that at least one practitioner, one educator, one administrator and one academic are on each team, per the agency’s Procedures for Accrediting Colleges of Podiatric Medicine (Exhibit 6, CPME 130). The agency provided the roster of site visitors who participated in site visits during the recognition period (Exhibit 9), which appears to indicate that both academic and administrative representation. Department staff observed a site visit in December 2020 which included both an educator and practitioner.

Department staff conducted a virtual file review in January 2021. During the file review, Department staff reviewed documentation of the educator and practitioner qualifications of council members, accreditation committee members, and site visitors, and that the compositions of each entity met the agency’s requirements.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.15(a)(5) Public Representatives

Narrative:

As noted in the responses to 602.15(a)(2) and 602.15(a)(3), the membership of the Council includes two public members, and the Accreditation Committee must include at least one public member. The Council membership also includes a postsecondary educator member (since 1990) who has no relationship to either podiatric medicine or podiatric medical education. These three positions are currently held by (public), (public), and (postsecondary educator) (Please see Exhibit 20 Public and Postsecondary Member CVs). Since the inception of public membership on the Council in 1973, two nurses, two state legislators, a retired dentist, a public utility commission executive, a university professor, a university vice president, a university provost, a consultant to the American Medical Association, a retired association administrator, a CMS administrator, a business school dean, and a community college president have served. Each of the aforementioned persons has been well integrated into CPME activities, including participation in on-site evaluations, committee membership, and Council-level policy and accreditation deliberations. Moreover, in 1996 the Council elected a public member as chair for the first time, and in 2007 the Council elected a public member as chair for the second time.

Exhibit 1 CPME Bylaws includes the following language on page 4 (pdf page 8):

CHAPTER 3. MEMBERSHIP
B. Public
The Council shall elect two members of the public. As provided for in the U.S. Department of Education’s Requirements for Recognition of Accrediting Agencies, a public member means a person who is not: (1) An employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that either is accredited or provisionally by the agency or has applied for accreditation, provisional accreditation, or candidate status; (2) A member of any trade association or membership organization related to, affiliated with, or associated with the agency; or (3) A spouse, parent, child, or sibling of an individual identified in (1) or (2) of this definition.

Exhibit 1 CPME Bylaws includes the following language on pages 6-7 (pdf pages 10-11):
Section 2. Accreditation Committee
A. Representation

The composition of the Accreditation Committee shall include at least two representatives from CPME-accredited colleges of podiatric medicine (at least one of these representatives shall be a podiatric educator), one representative from the podiatric practice community, and at least two Council members (at least one shall be either a public member or postsecondary educator member of the Council). The members of the Committee are appointed by the Council chair and confirmed by the Council.

From CPME 935a, Guidelines for the Conduct of Appeals (Please refer to pages 3-4 in Exhibit 14 CPME 935a, Appeal Guidelines.)
6. Appointment of an Ad Hoc Committee for Appeals

One member of the Committee must be a public member as set forth in Chapter 3, Section 2 of the CPME Bylaws. One Committee member must meet the criteria of an academic/educator, one member must meet the criteria of an administrator, and one member must meet the criteria of a practitioner as set forth in Chapter 7, Section 1 of the CPME Bylaws.

CPME has had no college accreditation appeals in the past 18 years.

Public members must sign an attestation form annually or prior to each Council meeting, appeal hearing, and on-site evaluation in which they participate that confirms that they are aware of, and actually meet the definition of public member as provided in the U.S. Department of Education’s Requirements for Recognition of Accrediting Agencies (Exhibit 21 CPME Confidentiality and Conflict of Interest Agreement and Exhibit 48 Signed Public and Postsecondary Member Conflict of Interest Forms)

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency's definition of a public representative includes the requirements of the definition within the Secretary's Criteria for Recognition, as included in the agency's bylaws (Exhibit 1, Chapter 3, Section 2.B.). The agency's bylaws state that the council includes 11 members, to include two public representatives (Exhibit 1, Chapter 3), and the accreditation committee consists of at least two council members (at least one shall be either a public member or postsecondary educator member of the Council) (Exhibit 1, Chapter 5, Section 2).

CPME provided attestation forms for three individuals (Exhibit 48), that include the two public members on the council and the one postsecondary educator member on the accreditation committee. These attestation forms document that the council members and accreditation committee member meet the definition of a public representative.

Per policy (Exhibit 14, CPME 935a Appeal Procedures), an appeals panel is composed of at least one public member. The agency stated that it has not conducted an appeal in 18 years.

Department staff conducted a virtual file review in January 2021. During the file review, Department staff reviewed documentation of the attestations from council members, accreditation committee members, and site visitors that they meet the requirements to be a public representative, and that the compositions of each entity met the agency's requirements.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

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

Narrative:

The CPME conflict of interest policies are articulated in Exhibit 1 CPME Bylaws (please refer to Chapter 8. Responsibilities of Members and Officers, Section 1. Council Members, pages 21-22/pdf pages 25-26 and Chapter 15. Conflict of Interest on pages 36-38/pdf pages 40-42). The conflict of interest statement specific to the college accreditation process also is identified in Exhibit 6 CPME 130, Procedures (please refer to Reevaluation and Reaffirmation of Accreditation on pages 10-11).

The conflict of interest statement included in the Council's Bylaws includes the following language:
CHAPTER 15. CONFLICT OF INTEREST

The Council strives to avoid conflict of interest or the appearance of conflict of interest in all aspects of its activities. The Council expects all individuals involved in any relationship to declare potential conflicts of interest as they appear. All Council representatives, including Council members, committee members, evaluators, consultants, and staff, shall have the freedom to exercise their independent judgment without any undue pressure or perceived alliance to any organization or institution that the Council recognizes or to any political entity within the podiatric medical profession.

No Council representative as specified above may participate in any way in decisions in which he/she has a pecuniary or personal interest (or the appearance of same) or with respect to which, because of either present organizational, institutional, or program association or organizational, institutional, or program association during the past five years (e.g., college dean or faculty member, or program director or faculty member), he/she has divided loyalties or conflicts (or the appearance of same) on the outcome of the decision. This restriction is not intended to prevent participation and decision-making in matters which have no direct or substantial impact on the organization, institution, or program with which the Council representative is associated. A Council representative who represents an institution or organization must receive permission from the CPME chair to make a presentation regarding that institution or organization to the Council or one of its committees.

CPME members, committee members, evaluation team members, staff, and any other agency representatives or consultants are asked to disclose potential conflicts of interest annually (Exhibit 21 CPME Confidentiality and Conflict of Interest Agreement) and to confirm any conflicts at the time the agenda is finalized at the beginning of each meeting. Such disclosure may be made by the member or staff directly or about another member or staff.

Public members must confirm that they are aware of, and actually meet the following definition of public member as provided in the U.S. Department of Education’s Requirements for Recognition of Accrediting Agencies. A public member means a person who is not: (1) An employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that either is accredited or provisionally by the agency or has applied for accreditation, provisional accreditation, or candidate status; (2) A member of any trade association or membership organization related to, affiliated with, or associated with the agency; or (3) A spouse, parent, child, or sibling of an individual identified in (1) or (2) of this definition.

A secondary responsibility rests with the Council staff, to review the curricula vita and disclosure statements of the members and make potential conflicts known to the Chair prior to the meeting or on-site evaluation.

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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 on conflict of interest for council members, accreditation committee members, site visitors, staff, appeal panel members, and any other CPME representatives (Exhibit 1, Chapter 15). The conflict of interest policy provides examples of common conflicts of interest and require individuals to recuse themselves in the case of conflict. CPME provided an example of its conflict of interest form (Exhibit 21) and completed versions for its public members on the council and accreditation committee (Exhibit 47). As stated previously, CPME has not held an appeal in 18 years. Specific to site visits, CPME provides institutions and programs the right to review site visitors on the basis of a conflict of interest (Exhibit 6, CPME Procedures).

Department staff conducted a virtual file review in January 2021. During the file review, Department staff reviewed documentation of conflict of interest attestations of council members, accreditation committee members, site visitors and staff, and that institutions have the ability to review potential site visitors for conflicts of interest.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.15(b) Recordkeeping

Narrative:

The CPME policy related to records maintained for each college of podiatric medicine is specified in Exhibit 1 CPME Bylaws. Council staff maintains copies of all publications, documents, and forms (past and present editions). The Council maintains all records regarding colleges of podiatric medicine, including documents and reports for each institution inclusive of the previous two on-site visits. The Council maintains evaluation reports and significant correspondence (e.g., accreditation decisions and substantive modification requests and decisions) related to each of the nine colleges of podiatric medicine from the time of the initial CPME review.

The maintenance of records policy is included in the Council's Bylaws (pages 35-36/pdf pages 39-40):

CHAPTER 14. MAINTENANCE OF RECORDS

The Council staff shall utilize a filing system that combines the archiving and retrieval of data and information from hard copies and computer files. The Council shall maintain copies of all publications, documents, and forms (past and present editions). The Council also shall maintain up-to-date documents and materials related to accredited colleges, approved residency programs, approved fellowship programs, recognized specialty boards, and approved providers of continuing education in podiatric medicine.
The Council shall maintain records of all decisions made throughout an institution’s or program’s affiliation with the agency regarding the accreditation, provisional accreditation, and candidate status of any college of podiatric medicine, including all correspondence that is significantly related to those decisions. The Council shall maintain complete and accurate records of its last full accreditation, provisional accreditation, and candidate status reviews of each college, including on-site evaluation team reports, the college’s responses to on-site reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the college’s most recent self-study. The Council shall maintain records of all substantive change decisions. Effective with on-site evaluations conducted in 2010, the Council maintains electronic versions of all correspondence, documents, and reports. The Council shall maintain evaluation reports and significant correspondence related to each college of podiatric medicine from the time of the initial CPME review.

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**Analyst Worksheet- Narrative**

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency provided information and documentation about its records maintenance policy included in its bylaws that covers the necessary records and how long those records are to be maintained (Exhibit 1).

Although the agency did not provide an attestation, it does not appear that there have been any changes to the agency’s recordkeeping policies and procedures since it's last review before the NACIQI.

**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: 602.16(a)(i) Student Achievement**

Narrative:

The Accreditation Committee and the Council review student achievement outcomes annually through the
annual report, biannually through review of the college websites, and every eight years through the self-study. Exhibit 22 CPME 120, Standards constitutes the accreditation standards for podiatric colleges. Each standard is accompanied by requirements that taken together determine compliance with the standard. Each requirement is accompanied by questions to consider in the development of the self-study narrative which, when viewed with the requirement, provide the evidence by which a determination can be made by the institution, evaluation team, and accrediting agency regarding compliance. Colleges may provide other evidence they find relevant to their mission and activities. Some types of evidence suggested by the Council may not be appropriate for all colleges; therefore, the absence of a specific type of evidence does not in and of itself mean that the organization fails to meet a requirement. Altogether, the CPME Standards, specifically the student achievement standards, hold colleges of podiatric medicine accountable to the profession, consumers, employers, academic institutions, and students by ensuring that these colleges have established mission statements, goals/objectives, and outcomes that are appropriate for preparing individuals to enter postgraduate podiatric medical education.

Each requirement also identifies supporting documentation either to be included in the self-study appendix or available on-site for the evaluation team. Additional documentation may be provided as needed either in the self-study or on-site. This format is intended to clarify the meaning and application of standards for both those responsible for educational programs and those who evaluate these programs for the Council.

The Council serves as both the specialized accrediting agency for the accreditation of academic programs within educational institutions and the institutional accrediting agency for single-purpose institutions. Thus, the terms “college,” “school,” and “institution” are used interchangeably throughout this document. Colleges of podiatric medicine are required to use, but are not limited to, graduation rates, licensure examination pass rates, and residency placement rates with respect to student achievement (see page 43/pdf page 44 in CPME 120 Standards).

Graduation rates - The college maintains a four-year graduation rate of at least 70 percent. If the three-year average falls below 70 percent, the college must conduct a formal analysis and create a report containing information on measures being taken to improve completion rates. If the college does not meet the average three-year threshold for three consecutive years, the college would be considered noncompliant.

Licensure examination pass rates - The college is expected to demonstrate a licensure examination pass rate for first-time test takers, averaged over the most recent three years, of at least 75 percent on APMLE Part I and 80 percent on both parts of APMLE Part II.

Residency placement rates - The college is expected to demonstrate a residency placement rate of eligible graduates, averaged over the most recent three years, that is consistent with the mission of the college, as well as national trends as determined by annual reporting mechanisms.

The graduation rate standard was updated during the most recent standards review (completed October 2019) to more accurately set a bright line standard for schools. In the previous set of standards, the graduation rate was measured according to the following: The college is expected to demonstrate a graduation rate, averaged over the most recent three years, that is not lower than one standard deviation below the mean when compared to colleges nationally.

This change in how the graduation rate is measured, requiring a four-year graduation rate of at least 70 percent, better measures graduation outcomes in lieu of calculating the graduation rate based on the average of all podiatric colleges. Previously, colleges did not know if they would be in or out of compliance with this standard until the mean and standard deviation were calculated once per year based on the annual report data. Colleges are now able to better understand if they will be in or out of compliance based on their own measurements at their institution and more quickly put into place a correction plan during assessment of their outcomes. The bright line of 70 percent was chosen based on the most recent seven years’ of
graduation rate data collected among the nine colleges of podiatric medicine and following the review of how graduation rate is measured by other accreditors.

In 2018 the mean three-year graduation rate for all colleges for years 2016-2018 was 81.1%, the average first-time, three-year pass rate on the American Podiatric Medical Licensing Examination (APMLE) part 1 was 88 percent and 91 percent on the APMLE part 2, and the average residency placement rate for the years 2016-2018 was 96 percent.

The Council’s standards and requirements are sufficiently rigorous enough to ensure that graduates are able to enter podiatric medical practice as demonstrated through the licensing examination and the residency placement rates as well as feedback from the community of interest through the most recent standards’ revision process and the expectations of the podiatric medical profession. The bright-line APMLE licensure examination benchmarks were established in 2008 based on the assessment of student performance on the examination over the previous six years, adjusting for any outliers and averaging the pass rate outcomes of all of the colleges and from feedback from the community of interest.

Exhibit 22 CPME 120, Standards, page 6/pdf page 7, provides the Council’s expectations related to institution or program goals and objectives. CPME 120, pages 41-43/pdf pages 42-44, describes the Council’s expectations related to competencies, programmatic outcomes, and development of an assessment plan.

The underpinning for Standard 8, Education Program Effectiveness, is Standard 1, Mission and Planning. The mission of a college of podiatric medicine is expected to reflect the established precedents, traditions, and contemporary definition of podiatric medicine and be appropriate in serving the interests of the public. All aspects of a college of podiatric medicine are based upon a clear statement of mission and institutional objectives that are appropriate for colleges of podiatric medicine. CPME does not prescribe the mission statement, institutional objectives, or specific curricular content for colleges seeking accreditation. Throughout the evaluation process, colleges are obliged to demonstrate in tangible and concrete ways how the mission, objectives, and curricular content are correlated to the expectations of the podiatric medical profession and to sound professional education practice.

A college may define its mission to include roles and functions that derive from the purposes of its parent institution (if applicable), that reflect its own aspirations, and that are responsive to changing health needs and demands of populations in what it defines as its service region. The Council emphasizes the evidence of consistency between the mission and the institutional objectives of the college (and between the college and the parent institution if applicable).

The mission and institutional objectives should identify in specific terms what this particular college has set out to accomplish through its instructional, clinical, and scholarly activities. The mission and institutional objectives of a college should prioritize the activities of the college in ways that permit rational allocation of resources and evaluation of outcomes. Each college is evaluated based on its own mission, objectives, strategic planning, and ongoing evaluation processes.

As part of the strategic planning process, the college must continuously evaluate the extent to which the college is achieving its mission and institutional objectives. The college must demonstrate how the results of this ongoing evaluation process are used for improving the college. Evaluation and planning are interrelated functions that need to be ongoing and explicit.

Exhibit 23a Midwestern University Arizona Self-Study demonstrates that the agency expects institutions/programs to address the relevant standards, including standard 8 related to student achievement (pages 1-9 and 10-30).
Exhibit 18 Midwestern University Arizona School of Podiatric Medicine Team Report demonstrates the evaluation of colleges against the relevant standards, including standard 8 related to student achievement (pages 42-46).

Exhibit 24 Midwestern University Arizona Action Letter and Response, provides the final actions of the Council related to a site visit and follow-up at the next meeting of the Council (October 2019).

Exhibit 25 College Outcomes Results provides information to the Accreditation Committee and CPME related to the extent to which each school satisfies the requirements. This information is collected yearly through each institution’s annual report.

If a college is not meeting a standard, including the student achievement standards, the Accreditation Committee will recommend to the Council that an area of noncompliance be cited and place the college on a two year timeline to come into compliance (See page 43 of Exhibit 6 CPME 130 Procedures). Exhibit 26 Western University Action Letters and Progress Reports, provides an example of action letters and progress reports of a school that fell below the student achievement requirement threshold and the response from that institution.

Exhibit 28 Public Information on Program Outcomes Policies provides policies adopted related to public information of program outcomes (including an example of a website error letter to a college – Exhibit 29).

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**Analyst Worksheet- Narrative**

Analyst Review Status:

Meets the requirements of this section
Analyst Remarks to Narrative:

The agency provides its expectations regarding student achievement in relation to the institution's mission within Standards 1 and 8 of the agency's CPME 120 (Exhibit 22). Under Standard 1, the agency states that institutions "are obliged to demonstrate in tangible and concrete ways how the mission, goals/objectives, and curricular content are correlated to the expectations of the podiatric medical profession and to sound professional education practice."

Standard 8 of the CPME 120 includes the agency's established standards and benchmarks for graduation rates, licensure examination pass rates, and residency placement rates with respect to student achievement, which are report via an annual report (Exhibit 25). It also includes the agency's written procedures for institutions whose rates fall below the standards. The current graduation rate standard is a four-year average of 70%. The current licensure examination pass rate standard is 75% for first-time test takers, averaged over the most recent three years, on APMLE Part I and 80% on both parts of APMLE Part II. There is no current residency placement rate benchmark, but rather institutions are "expected to demonstrate a residency placement rate of eligible graduates, averaged over the most recent three years, that is consistent with the mission of the college, as well as national trends as determined by annual reporting mechanisms."

The agency provided information on how it determined that the use of those rates are sufficiently rigorous to ensure that the agency is a reliable authority regarding the education provided by the programs offered at the institutions it accredits.

The agency provided Midwestern University Arizona School of Podiatric Medicine as the institutional example in this section (Exhibits 18, 23a, and 24). In addition, CPME provided documentation of an institution that failed to meet the student achievement standards and the action taken by the agency in response (Exhibit 26). The example demonstrates the submission of information and documentation related to mission and student achievement, and the review of that information and documentation by the agency.

Department staff observed a site visit in December 2020, which included the review of the institution’s mission and student achievement. The site visit team evaluated the self-study and reviewed the documentation to verify the success of the institution in meeting the CPME student achievement benchmarks.

Department staff conducted a virtual file review in January 2021. During the file review, Department staff found documentation of guidance provided to institutions on the preparation of a self-study and of training provided to site visitors on what to evaluate in self-studies and on-site to determine compliance with standards. As Midwestern University Arizona School of Podiatric Medicine is the only institution to undergo a comprehensive accreditation evaluation during the recognition period and the documentation was provided in the petition, there were no other comprehensive reviews for Department staff to examine during the file review. However, the annual reports for the prior two years were reviewed during the file review, which includes student achievement information.

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Analyst Worksheet - Response

Analyst Review Status for Response:
Narrative:

Curricular matters are addressed in Exhibit 22 CPME 120, Standards (please refer to Standard 4 on pages 18-24/pdf pages 19-25, including an interpretation of the standard, question guides, and documentation for both evaluators and colleges to use in addressing the standard) and Exhibit 30 College Accreditation Eligibility Requirements (please refer to #5 for the educational program guidelines and #9 stipulating that an institution offering a new podiatric medical college must prepare a master plan that is designed to guide the establishment of the educational program and to ensure compliance with the CPME accreditation standards and requirements).

Standard 4, Requirements A and B stipulate that the curriculum must be designed and implemented in accordance with the educational goals and objectives. (Matters concerning mission, goals, and objectives are specified in Standard 1.) Requirement A related to Standard 4 stipulates the necessary length (minimum and maximum) of the overall curriculum, the necessity of integrating the basic sciences and clinical sciences, and that the curriculum is based upon a realistic set of education outcomes and consists of pre-clinical and clinical learning experiences that ensure achievement of the required educational outcomes. Standard 4, requirement A also stipulates that the degrees awarded must provide evidence of successful completion of courses of study.

Requirement C related to Standard 4 concerns ensuring the faculty develops, delivers, assesses, and revises the curriculum. Requirements D and E related to Standard 4 stipulate broad but significant content elements such as pre-clinical sciences, clinical sciences and instruction, and student research exposure. Requirement E also stipulates the necessary exposure of students to patient care in terms of number and variety, relationship of the clinical education program to the overall goals of the four-year program, and comparability of student clinical experiences. Requirement F stipulates that the curriculum must be a matter for continuous review.

CPME 120 also includes a list of competencies (please see pages 48-51/pdf pages 49-52) that are to both guide the curriculum planning process and serve as a primary measure against which student achievement is measured. The college should periodically assess changes in residency requirements and the practice of podiatry, and revise its competencies to assure the continued relevance of its educational program.

The following additional documentation is offered in addressing this area:

Exhibit 23b Midwestern University Arizona Self-Study (please refer to pages 1-22 in the narrative and pages 23-203 in the appendices related to curriculum).

Exhibit 18 Midwestern University Arizona School of Podiatric Medicine Team Report (please refer to pages 19-27 related to curriculum).

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Exhibit 18 Midwestern University Arizona School of Podiatric Medicine Team Report.pdf

**Analyst Worksheet - Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency provides its expectations regarding curricula in Standard 4 of the CPME 120 (Exhibit 22) and the College Accreditation Eligibility Requirements (Exhibit 30). Requirements A and B of Standard 4 state that the curriculum must be designed and implemented in accordance with the institution’s educational goals and objectives. Item #9 of the College Accreditation Eligibility Requirements states that an institution offering a new podiatric medical college must prepare a master plan that is designed to guide the establishment of the educational program and to ensure compliance with the CPME accreditation standards and requirements. The Appendix of CPME 120 also includes a list of competencies that direct the curriculum planning process and serve as a primary measure against which student achievement is measured.

The agency's evaluation process requires an institution to submit its curricula information and documentation with its self-study, which is used by the site team to assess the institution's compliance with the agency's curricula standards.

The agency provided Midwestern University Arizona School of Podiatric Medicine as the institutional example in this section (Exhibits 18 and 23b), which demonstrates that the agency evaluates curricula in conjunction with the agency's standards.

Department staff conducted a virtual file review in January 2021. During the file review, Department staff found documentation of guidance provided to institutions on the preparation of a self-study and of training provided to site visitors on what to evaluate in self-studies and on-site to determine compliance with standards. As Midwestern University Arizona School of Podiatric Medicine is the only institution to undergo a comprehensive accreditation evaluation during the recognition period and the documentation was provided in the petition, there were no other comprehensive reviews for Department staff to examine during the file review.

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

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**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Faculty matters are addressed in Exhibit 22 CPME 120, Standards (please refer to Standard 5 on pages 25-30/pdf pages 26-31, including an interpretation of the standard, question guides, and documentation for evaluators and colleges to use in addressing the standard). Please also see #6 in Exhibit 30 College Accreditation Eligibility Requirements related to faculty.

Standard 5 is directed towards ensuring that a qualified and appropriate teaching staff is available to facilitate the didactic and clinical education components of the four-year program. The requirements related to Standard 5 stipulate the necessary faculty qualifications, size, diversity, policies, organization, governance, faculty evaluation, professional development, and scholarly activity.

A full review of faculty is conducted during each on-site evaluation and colleges report changes in faculty within the Annual Report (Exhibit 43 pages 10-16).

The following additional documentation is offered in addressing this area:
- Exhibit 23 Midwestern University Arizona Self-Study (please refer to pages 48-69 in the narrative related to faculty).
- Exhibit 18 Midwestern University Arizona School of Podiatric Medicine Team Report (please refer to pages 27-32 related to faculty).

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### Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency provides its expectations regarding faculty in Standard 5 of the CPME 120 (Exhibit 22) and the College Accreditation Eligibility Requirements (Exhibit 30). Standard 5 requires a qualified and
appropriate teaching staff is available to facilitate the didactic and clinical education components of the four-year program, which includes the necessary faculty qualifications, size, diversity, policies, organization, governance, faculty evaluation, professional development, and scholarly activity. Item #6 of the College Accreditation Eligibility Requirements states that an institution offering a new podiatric medical college must prepare a faculty plan for the first year and recruitment for beyond, to include policies on appointment, promotion and tenure.

The agency's evaluation process requires an institution to submit its faculty information and documentation with its self-study, which is used by the site team to assess the institution's compliance with the agency's faculty standards, and in its annual report.

The agency provided Midwestern University Arizona School of Podiatric Medicine as the institutional example in this section (Exhibits 18 and 23), which demonstrates that the agency evaluates faculty in conjunction with the agency's standards.

Department staff conducted a virtual file review in January 2021. During the file review, Department staff found documentation of guidance provided to institutions on the preparation of a self-study and of training provided to site visitors on what to evaluate in self-studies and on-site to determine compliance with standards. As Midwestern University Arizona School of Podiatric Medicine is the only institution to undergo a comprehensive accreditation evaluation during the recognition period and the documentation was provided in the petition, there were no other comprehensive reviews for Department staff to examine during the file review. However, the annual reports for the prior two years were reviewed during the file review, which includes faculty information.

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Analyst Worksheet - Response

Analyst Review Status for Response:

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**Criteria: 602.16(a)(1)(iv) Facilities/Equipment/Supplies**

Narrative:

Matters concerning facilities, equipment, and supplies are addressed in Exhibit 22 CPME 120, Standards (please refer to Standard 7 on pages 37-40/pdf pages 38-41, including an interpretation of the standard, question guides, and documentation for evaluators and colleges to use in addressing the standard). Please also see #8 in Exhibit 30 College Accreditation Eligibility Requirements, which stipulates that an institution offering a new podiatric medical college must provide evidence that it has the financial capability, human resources, and facilities to support the new program. Requirement E related to Standard 4 stipulates the necessity of having available appropriate clinical facilities to support the clinical training aspects of the program. Much of Standard 7 is directed towards the adequacy of the physical facilities, equipment, laboratory facilities, instructional and office equipment, library facilities, electronic information resources, and affiliated facilities.
The following additional documentation is offered in addressing this area:

- Exhibit 23 Midwestern University Arizona Self-Study (please refer to pages 86-100 in the narrative related to facilities/equipment/supplies).

- Exhibit 18 Midwestern University Arizona School of Podiatric Medicine Team Report (please refer to pages 38-42 related to facilities/equipment/supplies).

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**Analyst Worksheet- Narrative**

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency provides its expectations regarding facilities, equipment and supplies in Standard 7 of the CPME 120 (Exhibit 22) and the College Accreditation Eligibility Requirements (Exhibit 30). Standard 7 requires adequate physical facilities, equipment, laboratory facilities, instructional and office equipment, library facilities, electronic information resources, and affiliated clinical facilities. Item #8 of the College Accreditation Eligibility Requirements states that an institution offering a new podiatric medical college must provide documentation that it has the financial capability, human resources, and facilities to support the new program.

The agency's evaluation process requires an institution to submit its facilities, equipment and supplies information and documentation with its self-study, which is used by the site team to assess the institution's compliance with the agency's facilities, equipment and supplies standards.

The agency provided Midwestern University Arizona School of Podiatric Medicine as the institutional example in this section (Exhibits 18 and 23), which demonstrates that the agency evaluates facilities, equipment and supplies in conjunction with the agency's standards.

Department staff conducted a virtual file review in January 2021. During the file review, Department staff found documentation of guidance provided to institutions on the preparation of a self-study and of training provided to site visitors on what to evaluate in self-studies and on-site to determine compliance with standards. As Midwestern University Arizona School of Podiatric Medicine is the only institution to
undergo a comprehensive accreditation evaluation during the recognition period and the documentation was provided in the petition, there were no other comprehensive reviews for Department staff to examine during the file review.

**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: 602.16(a)(1)(v) Fiscal/Administrative Capacity**

**Narrative:**

Fiscal capacity

Fiscal matters are addressed in Exhibit 22 CPME 120, Standards (please refer to Standard 2 on pages 9-12/pdf pages 10-13, Standard 3 on pages 13-17/pdf pages 14-18, and Standard 7 on pages 37-40/pdf pages 38-41, including an interpretation of the standard, question guides, and documentation for evaluators and colleges to use in addressing the standards). Requirement B related to Standard 2 stipulates that a college of podiatric medicine that is part of an academic health center or that functions within a university has a relationship that requires an effective, autonomous, independent college of podiatric medicine and participation within the working structure of the parent institution. This relationship includes effective procedures utilized by the parent institution to determine budgeting and resource allocation, budget negotiations, indirect cost recoveries, distribution of tuition and fees, and support for development. Requirement A in Standard 3 stipulates the college's administrative structure and processes function in relation to budget and resource allocation.

Requirement E related to Standard 7 stipulates the financial support necessary to sustain the operations of the college, to enable achievement of the mission and objectives, and provide for future development. The ongoing review of each college of podiatric medicine requires that certified annual audits be submitted as part of the annual report. The audits are relied upon by the Council as evidence of the institution's continued viability.

Please also see #8 in Exhibit 30 College Accreditation Eligibility Requirements, which stipulates that an institution offering a new podiatric medical college must provide evidence that it has the financial capability, human resources, and facilities to support the new program.

Administrative capacity

Administrative capacity is addressed in Exhibit 22 CPME 120, Standards (please refer to Standard 3 on pages 13-17/pdf pages 14-18, including an interpretation of the standard, question guides, and documentation for evaluators and colleges to use in addressing the standard).

Please also see #4 in Exhibit 30 College Accreditation Eligibility Requirements, which stipulates that an institution offering a new podiatric medical college must provide evidence that it has delineated the governance structure of the college, including the governing board, if applicable, appointment of and job
description for the dean, plan for the appointment of the dean’s senior administrative staff and leadership of academic units, and the committee structure.

Requirement A of Standard 3 stipulates the necessity of having an adequate and appropriately credentialed, full-time administrative organization to ensure the success of the college. Requirement B requires that the chief academic officer of the colleges is a podiatric physician with senior faculty status and an understanding of contemporary podiatric medical education. Requirement C stipulates the necessity of a clinical education director, who is a podiatric physician and faculty member with an understanding of contemporary podiatric practice, quality clinical education, and the health care delivery system. Requirement D stipulates the necessity of having an adequate and appropriately credentialed, full-time professional staff to ensure the success of the college.

The following additional documentation is offered in addressing this area:

**Fiscal Capacity**
- Exhibit 23 Midwestern University Arizona Self-Study (please refer to pages 98-100).

**Administrative Capacity**
- Exhibit 23 Midwestern University Arizona Self-Study (please refer to pages 16-25).

Exhibit 18 Midwestern University Arizona School of Podiatric Medicine Team Report (please refer to pages 15-19 related to administrative capacity and 41-42 related to fiscal capacity).

Action letters pertaining to this criterion include: Exhibit 24 Midwestern University Action Letters and Response, which provides the final actions of the Council related to the site visit and the administrative standard (Standard 3, Requirement B – Chief Academic Officer).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**
The agency provides its expectations regarding fiscal and administrative capacity in Standards 2, 3, and 7 of the CPME 120 (Exhibit 22) and the College Accreditation Eligibility Requirements (Exhibit 30). Standard 2 requires a college of podiatric medicine that is part of an academic health center or that functions within a university has a relationship that requires an effective, autonomous, independent college of podiatric medicine and participation within the working structure of the parent institution. Standard 3 requires an adequate administration and Standard 7 requires that the college of podiatric medicine has the financial support necessary to sustain the operations of the college, to enable achievement of the mission and objectives, and provide for future development. Item #4 of the College Accreditation Eligibility Requirements states that an institution offering a new podiatric medical college must provide documentation that it has the appropriate governance structure.

The agency's evaluation process requires an institution to submit its fiscal and administrative capacity information and documentation with its self-study, which is used by the site team to assess the institution's compliance with the agency's fiscal and administrative capacity standards.

The agency provided Midwestern University Arizona School of Podiatric Medicine as the institutional example in this section (Exhibits 18 and 23), which demonstrates that the agency evaluates fiscal and administrative capacity in conjunction with the agency's standards.

Department staff conducted a virtual file review in January 2021. During the file review, Department staff found documentation of guidance provided to institutions on the preparation of a self-study and of training provided to site visitors on what to evaluate in self-studies and on-site to determine compliance with standards. As Midwestern University Arizona School of Podiatric Medicine is the only institution to undergo a comprehensive accreditation evaluation during the recognition period and the documentation was provided in the petition, there were no other comprehensive reviews for Department staff to examine during the file review. However, the annual reports for the prior two years were reviewed during the file review, which includes fiscal and administrative capacity information.

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**Analyst Worksheet - Response**

Analyst Review Status for Response:

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

**Narrative:**

Student services are addressed in Exhibit 22 CPME 120, Standards (please refer to Standard 6 on pages 31-36/pdf pages 32-37, including an interpretation of the standard, question guides, and documentation for evaluators and colleges to use in addressing the standard.) Requirement E includes the orientation and services available to students (e.g., personal and academic counseling, career guidance, financial aid and debt management counseling, housing assistance, health services, health care insurance, malpractice insurance, graduate placement advising, and advising related to professional licensure requirements, professional credentialing, and ethical practice). Requirement E also indicates that the college ensures that
all students are informed of the potential health risks associated with the environment within which their medical education occurs. Requirement G requires the institution to have an adequate system for maintaining and securing student records.

The following additional documentation is offered in addressing this area:
• Exhibit 23 Midwestern University Arizona Self-Study (please refer to pages 69-86 in the narrative related to students).
• Exhibit 18 Midwestern University Arizona School of Podiatric Medicine Team Report (please refer to pages 32-38 related to students).

**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 provides its expectations regarding student support services in Standard 6 of the CPME 120 (Exhibit 22). Standard 6 requires a college of podiatric medicine to have orientation and other support services, such as financial aid, counseling, insurance and advising. The standard also includes requirements related to maintaining and securing student records.

The agency's evaluation process requires an institution to submit its student support services information and documentation with its self-study, which is used by the site team to assess the institution's compliance with the agency's student support services standards.

The agency provided Midwestern University Arizona School of Podiatric Medicine as the institutional example in this section (Exhibits 18 and 23), which demonstrates that the agency evaluates student support services in conjunction with the agency's standards.

Department staff conducted a virtual file review in January 2021. During the file review, Department staff found documentation of guidance provided to institutions on the preparation of a self-study and of training provided to site visitors on what to evaluate in self-studies and on-site to determine compliance with standards. As Midwestern University Arizona School of Podiatric Medicine is the only institution to undergo a comprehensive accreditation evaluation during the recognition period and the documentation was provided in the petition, there were no other comprehensive reviews for Department staff to examine
during the file review.

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

Narrative:

Recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising are addressed in Exhibit 22 CPME 120, Standards (please refer to Standard 4 on pages 18-24/pdf pages 19-25 and Standard 6 on pages 31-36/pdf pages 32-37, including an interpretation of the standard, question guides, and documentation for evaluators and colleges to use in addressing the standard.)

Standard 4, Requirement A stipulates the expected length of an academic year and general expectations of the curriculum. Standard 6, Requirement A stipulates that admission policies must be developed in accordance with longitudinal analysis of incoming students as correlated with student success in the program, the minimum undergraduate requirements in terms of experience and credit necessary for admission and related to transfer and advanced standing, the technical and physical standards, and interviews. Requirement B relates to the maximum enrollment and Requirement C stipulates that the tuition and fees assessed to students must be commensurate with the subject matters taught and the objectives of the educational program and that a fair and equitable tuition refund policy is published. Requirement D stipulates that a comprehensive student handbook must be published, distributed, reviewed, revised, and approved annually and describes the expectations of the Council related to its content. Requirement E relates to student services, Requirement F relates to organization, Requirement G relates to student records, and Requirement H relates to student complaints. Matters concerning student evaluation, academic calendars, catalogs, publications, and advertising also are included in Standard 4, Requirement A. Furthermore, the Council specifies on page 41 in Exhibit 6 CPME 130, Procedures its expectations of accredited institutions to correct inaccurate or misleading information in a publication of the institution.

PERIODIC REVIEW OF INSTITUTIONAL PUBLICATIONS (Exhibit 6, CPME 130, Procedures, page 41)
The Council periodically reviews the publications of accredited institutions. Should inaccurate or misleading information appear in a publication of the institution, the Council will request the immediate correction of this information. Failure of the institution to correct inaccurate or misleading information in a timely fashion will result in a review of the accreditation status of the college. In the case of the institution failing to correct inaccurate or misleading information, the Council will take the necessary steps to publish and disseminate correct information.

The following additional documentation is offered in addressing this area:
- Exhibit 23 Midwestern University Arizona Self-Study (please refer to pages 26-35 related to curriculum and pages 69-86 related to students in the narrative).
• Exhibit 18 Midwestern University Arizona School of Podiatric Medicine Team Report (please refer to pages 19-22 related to curriculum and pages 32-38 related to students).

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### Analyst Worksheet- Narrative

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

**Analyst Remarks to Narrative:**

The agency provides its expectations regarding advertising and recruiting in Standards 4 and 6 of the CPME 120 (Exhibit 22). Standard 4 includes requirements related to the general expectations of the curriculum, to include the expected academic year. Standard 6 includes requirements related to admissions, tuition and fees, enrollment, student handbook, and student complaints.

The agency's evaluation process requires an institution to submit its advertising and recruiting information and documentation with its self-study, which is used by the site team to assess the institution's compliance with the agency's advertising and recruiting standards.

The agency provided Midwestern University Arizona School of Podiatric Medicine as the institutional example in this section (Exhibits 18 and 23), which demonstrates that the agency advertising and recruiting in conjunction with the agency's standards.

Department staff conducted a virtual file review in January 2021. During the file review, Department staff found documentation of guidance provided to institutions on the preparation of a self-study and of training provided to site visitors on what to evaluate in self-studies and on-site to determine compliance with standards. As Midwestern University Arizona School of Podiatric Medicine is the only institution to undergo a comprehensive accreditation evaluation during the recognition period and the documentation was provided in the petition, there were no other comprehensive reviews for Department staff to examine during the file review. However, the annual reports for the prior two years were reviewed during the file review, which includes fiscal and administrative capacity information.

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

- Exhibit 6 CPME 130 Procedures
- Exhibit 22 CPME 120 Standards
- Exhibit 23 Midwestern University Arizona Self Study
- Exhibit 18 Midwestern University Arizona School of Podiatric Medicine Team Report
Criteria: 602.16(a)(1)(viii) Program Length

Narrative:

Program length in relation to the subject matters taught and objectives of the educational program are addressed in Exhibit 22 CPME 120, Standards (please refer to Standard 4 on pages 18-24/pdf pages 19-25, including an interpretation of the standard, question guides, and documentation for evaluators and colleges to use in addressing the standard.)

Requirement A related to Standard 4 stipulates the expectations of the Council with respect to the minimum and maximum lengths of the curriculum and measures of program length in weeks of instruction. Requirement A stipulates that the curriculum must be of appropriate length and content to cover the essential education required in the basic and clinical sciences. Specifically, the podiatric medical program must be at least four academic years in length with each academic year consisting of at least thirty weeks and must be completed in a maximum of six academic years.

Please also see #5 in Exhibit 30 College Accreditation Eligibility Requirements, which stipulates that an institution offering a new podiatric medical college must provide evidence that the curriculum will be four years in length.

The following additional documentation is offered in addressing this area:
- Exhibit 23 Midwestern University Arizona Self-Study (please refer to pages 26-35 related to curriculum).
- Exhibit 18 Midwestern University Arizona School of Podiatric Medicine Team Report (please refer to pages 19-22 related to curriculum).

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### Analyst Worksheet- Narrative

#### Analyst Review Status:

Meets the requirements of this section

#### Analyst Remarks to Narrative:

The agency provides its expectations regarding program length in Standard 4 of the CPME 120 (Exhibit 22) and the College Accreditation Eligibility Requirements (Exhibit 30). Standard 4 includes the expectations for the minimum and maximum lengths of the curriculum and the measures of program length in weeks of instruction. The standard further states that the podiatric medical program must be at least four academic years in length with each academic year consisting of at least thirty weeks and must be completed in a maximum of six academic years. Item #5 of the College Accreditation Eligibility Requirements states that an institution offering a new podiatric medical college must provide documentation that the curriculum will be four years in length.

The agency's evaluation process requires an institution to submit its program length information and documentation with its self-study, which is used by the site team to assess the institution's compliance with the agency's program length standards.

The agency provided Midwestern University Arizona School of Podiatric Medicine as the institutional example in this section (Exhibits 18 and 23), which demonstrates that the agency evaluates program length in conjunction with the agency's standards.

Department staff conducted a virtual file review in January 2021. During the file review, Department staff found documentation of guidance provided to institutions on the preparation of a self-study and of training provided to site visitors on what to evaluate in self-studies and on-site to determine compliance with standards. As Midwestern University Arizona School of Podiatric Medicine is the only institution to undergo a comprehensive accreditation evaluation during the recognition period and the documentation was provided in the petition, there were no other comprehensive reviews for Department staff to examine during the file review.

### 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: 602.16(a)(1)(ix) Student Complaints

#### Narrative:

The matter of student complaints is addressed in Exhibit 22 CPME 120, Standards (please refer to Standard 6 on pages 35-36/pdf pages 36-37). Requirement H related to Standard 6 requires that each college of
podiatric medicine maintain a record of formal student complaints for the most recent five-year period. The record of the complaint must include the name of the student, the nature of the complaint, the process used in reviewing the complaint, and the final disposition. The Council reviews these records during all on-site evaluations.

The Council also specifies its mechanism for reviewing complaints in Exhibit 37 CPME 925, Complaint Procedures. This mechanism describes the procedures available for receiving, evaluating, and following up on complaints that pertain to possible noncompliance of an accredited institution with the standards and requirements for accreditation. The Council has not had a valid formal complaint filed against a college during the last recognition period.

The following additional documentation is offered in addressing this area:
• Exhibit 23 Midwestern University Arizona Self-Study (please refer to pages 84-85 related to complaints).
• Exhibit 18 Midwestern University Arizona School of Podiatric Medicine Team Report (please refer to pages 38 related to complaints).

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Analyst Worksheet- Narrative

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:
The agency provides its expectations regarding student complaints in Standard 6 of the CPME 120 (Exhibit 22) and CPME 925 (Exhibit 37). Standard 2 requires a college of podiatric medicine college of podiatric medicine maintain a record of formal student complaints for the most recent five-year period, and the complaint records must include the name of the student, the nature of the complaint, the process used in reviewing the complaint, and the final disposition. CPME 925 describes the agency’s procedures for receiving, evaluating, and following up on complaints that pertain to possible noncompliance of an institution with CPME standards. The agency stated that it has not received a formal complaint during the current recognition period.

The agency’s evaluation process requires an institution to submit its student complaint information and documentation with its self-study, which is used by the site team to assess the institution's compliance with the agency's student complaint standards.
The agency provided Midwestern University Arizona School of Podiatric Medicine as the institutional example in this section (Exhibits 18 and 23), which demonstrates that the agency evaluates student complaints in conjunction with the agency's standards.

Department staff conducted a virtual file review in January 2021. During the file review, Department staff found documentation of guidance provided to institutions on the preparation of a self-study and of training provided to site visitors on what to evaluate in self-studies and on-site to determine compliance with standards. As Midwestern University Arizona School of Podiatric Medicine is the only institution to undergo a comprehensive accreditation evaluation during the recognition period and the documentation was provided in the petition, there were no other comprehensive reviews for Department staff to examine during the file review.

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: 602.16(a)(1)(x) Title IV Responsibilities

Narrative:

The Council understands that it has no direct responsibility to review institutional compliance with Title IV (or Title VII) responsibilities. The Council, however, recognizes its responsibility to review a college of podiatric medicine if information is provided by the Secretary that demonstrates the presence of potential problems. Council procedures specifically call for the Council to conduct an evaluation if information is provided by the Secretary that a college has failed to comply with its program responsibilities under Title IV or Title VII. The following procedure is identified in Exhibit 6 CPME 130, Procedures on pages 31 and 32, Federally Initiated Reviews.

Federally Initiated Reviews

The Council will evaluate a college of podiatric medicine to determine the college’s compliance with CPME standards and requirements if data provided by the US Secretary of Education indicate the student loan default rate for the college equals or exceeds federally prescribed limits or if the Council receives information that a college has failed to comply with its program responsibilities under Title IV of the Higher Education Act or Title VII of the US Public Health Service Act.

Title IV Responsibilities

A college of podiatric medicine that participates in a Federal student aid program must take all of the following actions:
* Inform CPME of its status as a participant in the federal program and immediately inform CPME of any change in that status.
* Report to CPME annually its federal student loan default rates as defined by the US Department of Education. If the report identifies any rates defined by the Department as too high, develop and submit a corrective action plan to address such rates.

* Inform CPME promptly of any audit, program review, or any other inquiry by a Federal agency such as the US Department of Education regarding the institution’s participation in federal financial aid programs and promptly update the Council regarding all communications with the Department until resolution or conclusion.

* Inform CPME promptly of any findings or actions by the US Department of Education relative to the institution’s participation in the Title IV program.

The Council will evaluate the failure of an institution to maintain compliance with its requirements under the Title IV program to determine potential noncompliance with accreditation requirements. The Council will direct the institution to provide whatever evidence it deems necessary to resolve the question and may conduct an on-site evaluation.

Additionally, the Council requires that colleges monitor the default rates of their students, to submit the default rates in the annual report, and to report to CPME in a timely and appropriate manner if the default rates exceed federal limitations.

The following additional documentation is offered in addressing this area:

- Exhibit 23 Midwestern University Arizona Self-Study (please refer to pages 85-86) demonstrates that the agency expects institutions to address monitoring of the default rate.

- Exhibit 18 Midwestern University Arizona School of Podiatric Medicine Team Report (please refer to page 38 related to default rates) demonstrates the evaluation of institutions against the relevant standards.

CPME serves as the institutional accreditor for only one institution: the New York College of Podiatric Medicine (NYCPM). The NYCPM is a freestanding, nonprofit podiatric college that has been continuously accredited by CPME since 1922. The NYCPM had its last on-site visit in June 2012 with the next visit scheduled for June 2020. The NYCPM documentation was provided and reviewed by Department staff and NACIQI in the last Petition for Recognition. Exhibit 15 New York College of Podiatric Medicine Team Report provides an example of the evaluation of the institution against the relevant standard when that college’s institutional accreditor is CPME (see page 32 related to default rates). In the most recent annual report (2018-2019 annual report), the NYCPM reported a 2.2% default rate (See Exhibit 38 NYCPM Annual Report 2018-2019 Excerpts, pages 29, 37-38, and 46).

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The agency provides its expectations regarding Title IV responsibilities in the Federally-Initiated Reviews section of the CPME 130 (Exhibit 6). The procedures require the agency to evaluate a college of podiatric medicine to determine the college’s compliance with CPME standards and requirements if student loan default rate data for the college equals or exceeds federally prescribed limits or if the Council receives information that a college has failed to comply with its program responsibilities under Title IV of the Higher Education Act. CPME currently serves as the institutional accrediting agency for one college of podiatric medicine, which is a freestanding nonprofit that has been continuously accredited by CPME since 1922.

The agency’s evaluation process requires an institution to submit its Title IV responsibilities information and documentation with its self-study, which is used by the site team to assess the institution’s compliance with the agency's Title IV responsibilities standards, and in its annual report.

The agency provided Midwestern University Arizona School of Podiatric Medicine as the institutional example in this section (Exhibits 18 and 23), which demonstrates that the agency evaluates Title IV responsibilities in conjunction with the agency's standards. CPME also provided information and documentation of its review of New York College of Podiatric Medicine (Exhibits 15 and 38).

Department staff conducted a virtual file review in January 2021. During the file review, Department staff found documentation of guidance provided to institutions on the preparation of a self-study and of training provided to site visitors on what to evaluate in self-studies and on-site to determine compliance with standards. As Midwestern University Arizona School of Podiatric Medicine is the only institution to undergo a comprehensive accreditation evaluation during the recognition period and the documentation was provided in the petition, there were no other comprehensive reviews for Department staff to examine during the file review. However, the annual reports for the prior two years were reviewed during the file review, which includes Title IV responsibility information.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status for Response:

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

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.17(a) Mission & Objectives

Narrative:

(1) Two of the purposes specified by the Council for conducting the accreditation process for colleges of podiatric medicine are: (1) To hold colleges of podiatric medicine accountable to the profession, consumers, employers, academic institutions, and students by ensuring that these colleges have established mission statements, goals/objectives, and outcomes that are appropriate for preparing individuals to enter postgraduate podiatric medical education and (2) To evaluate the college's success in achieving its mission, goals/objectives, and outcomes. (see page 2/pdf page 3 of Exhibit 22 CPME 120, Standards).

Standard 1 and its related requirements (see pages 6-8/pdf pages 7-9 of CPME 120) describe the Council's expectations that the institutional mission, goals, and objectives be stated clearly and that they be consistent with ensuring the preparation of competent practitioners in the field of podiatric medicine. Standard 4 and its related requirements also reflect the Council's expectations that the educational program offered be consistent with the mission, goals, and objectives of the institution, ensuring graduation of competent and ethical podiatric physicians (see pages 18-24/pdf pages 19-25 of CPME 120).
Each standard includes evaluator/self-study guidance showing how the agency's standards should be applied in evaluating the college's mission and education objectives.

(2) The nature of the Council's standards and requirements as they pertain to evaluation of institutional and educational objectives is to direct colleges to document assessment of the aspects of the institution's objectives and the educational achievements of their students in various and consistent ways. Standard 1 on pages 6-8/pdf pages 7-9 of CPME 120 describes the Council's expectation regarding the review and revision of stated institutional objectives. Standard 4 on pages 18-24/pdf pages 19-25 describes the Council's expectations regarding the development, review, and revision of curricular objectives. Standard 8 states the Council's expectation that the college develop and implement an assessment process that incorporates multiple indicators for determining the success of the program. While the Council provides several methodologies for measuring outcomes, CPME also urges the college to be innovative in exploring multiple techniques for substantiating a determination of success (or failure) in achieving goals and objectives. The Council believes that by utilizing multiple measuring devices, the institution can further substantiate the validity and reliability of its assessment results.

Within the field of podiatric medicine, three long-established indicators are readily available for the colleges to utilize in evaluating the success of the educational process. One indicator is a standardized national examination (the American Podiatric Medical Licensing Examination or APMLE) that must be completed by all podiatric medical students. This examination is conducted by the National Board of Podiatric Medical Examiners and is administered to second-year students (Part I) and to fourth-year students (Parts II). Student results from these standardized examinations are reported for each college with the college's annual report, posted on the college's website, and made available for review by CPME's Accreditation Committee and for CPME evaluation teams in background information provided each on-site team from the Council office and in each institution's self-study. In 2018 the colleges reported an average first-time, three-year pass rate on the American Podiatric Medical Licensing Examination (APMLE) part 1 of 88 percent and 91 percent on the APMLE part 2.

A second indicator of student success is the institution's record of achievement in its graduates being accepted into approved postgraduate residencies. In 2018, the colleges reported an average residency placement rate of 96 percent.

A third indicator involves the success of podiatric medical graduates in achieving specialty certification. Certification is voluntary and may be obtained from the two certifying boards recognized by the Council: the American Board of Podiatric Medicine and the American Board of Foot and Ankle Surgery. Candidates for certification must complete specific requirements, including oral and written examinations. Approximately 70 percent of the population of podiatric physicians currently holds certification in a podiatric specialty. Data about the success of graduates in obtaining specialty certification are being gathered by some colleges as part of longitudinal studies of graduates.

Colleges of podiatric medicine are required to use, but are not limited to, graduation rates, licensure examination pass rates, and residency placement rates with respect to student achievement (see pages 41-43/pdf pages 42-44 in Exhibit 22 CPME 120, Standards).

Programmatic outcomes deal with the qualifications students need for the educational program and what students are capable of achieving once they have completed the educational program. Methods to evaluate programmatic outcomes include longitudinal admissions analyses, graduation rates, residency placement studies, national board examinations, licensure examinations, and surveys of graduates regarding hospital
privileges obtained and specialty board certification.

The Council has no specific requirements regarding acceptable methods or procedures for the college to employ in evaluating the effectiveness of the educational process. The suggestions listed here represent only a sampling of possible methods. The Council encourages each institution to develop and employ innovative methods best suited for its specific podiatric medical education program.

(3) The Council specifies a requirement related to its expectations for the awarding of the Doctor of Podiatric Medicine degree on page 20/pdf page 21 in CPME 120, Standard 4, Requirement A. To confer the degree of Doctor of Podiatric Medicine, the podiatric medical curriculum must require a minimum of four years (maximum of six academic years) of academic study with at least 30 academic weeks in each academic year.

The following additional documentation is offered in addressing this area:

- Exhibit 23 Midwestern University Arizona Self-Study (please refer to pages 4-9 related to mission and planning and pages 101-109 related to programmatic effectiveness), Exhibit 31 Barry University Self-Study (please refer to pdf pages 17-25 related to mission and planning and pdf pages 118-126 related to programmatic effectiveness), and Exhibit 34 Kent State University Self-Study (please refer to pdf pages 4-10 related to mission and planning and pdf pages 129-157 related to programmatic effectiveness) demonstrates that the agency expects colleges to address mission, educational objectives, and program success.

- Exhibit 18 Midwestern University Arizona School of Podiatric Medicine Team Report (please refer to pages 8-12 related to mission and planning and pages 42-46 related to program effectiveness), Exhibit 16 Barry University Team Report (please refer to pdf pages 4-8 related to mission and planning and pdf pages 37-40 related to program effectiveness), and Exhibit 17 Kent State University Team Report (please refer to pdf pages 9-11 related to mission and planning and pdf pages 42-45 related to program effectiveness) demonstrate the evaluation of institutions against the relevant standards.

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Meets the requirements of this section

Analyst Remarks to Narrative:

The agency requires, in Standard 1 of the CPME 120 (Exhibit 22), that institutional mission, goals, and objectives be stated clearly and that they be consistent with ensuring the preparation of competent practitioners in the field of podiatric medicine. In addition, the agency requires that the educational program offered be consistent with the mission, goals, and objectives of the institution, ensuring graduation of competent and ethical podiatric physicians, as stated in Standard 4 of the CPME 120. The agency states that it evaluates the appropriateness of the mission and objectives for the podiatric medicine programs delivered and degrees awarded during the site visit. The agency provided examples to verify its review and evaluation of the mission and objectives of an institution or program and determination if it is successful in achieving those objectives (Exhibits 16, 17, 18, 23, 31 and 34).

For the assessment of qualitative and quantitative program effectiveness and student outcomes measures, the agency states it primarily uses three indicators: a standardized national examination (the American Podiatric Medical Licensing Examination or APMLE) that must be completed by all podiatric medical students; the institution's or program's record of achievement in its graduates being accepted into approved postgraduate residencies; and the success of podiatric medical graduates in achieving specialty certification. The agency also requires institutions and programs to use graduation rates, licensure examination pass rates, and residency placement rates with respect to student achievement. Each institution and program is required to provide information and documentation about its assessment program within its annual report and self-study, which are both reviewed by the accreditation committee and council.

The agency includes its specific requirements for the Doctor of Podiatric Medicine degree to conform to commonly accepted standards in Standard 4 of the CPME 120. Specifically, CPME states that the podiatric medical curriculum requires a minimum of four years (maximum of six academic years) of academic study with at least 30 academic weeks in each academic year. The agency provided examples of credential review to demonstrate that the agency requires its institutions to adhere to commonly accepted standards for degree programs (Exhibit 16, 17, 18, 23, 31 and 34).

Department staff conducted a virtual file review in January 2021. During the file review, Department staff reviewed accreditation reviews and annual reports, which included the review of the institution’s or program’s mission and program objectives.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status for Response:
### Criteria: 602.17(b) Self-Study

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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**Analyst Worksheet - Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

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### Criteria: 602.17(c) On-Site Review

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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**Analyst Worksheet - Narrative**

**Analyst Review Status:**


Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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: 602.17(d) Response to Site Review

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status for Response:

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

Narrative:

(1)

The procedures used in developing and reviewing the evaluation team report are described on page 14 of Exhibit 6 CPME 130, Procedures and throughout Exhibit 8 CPME 125, Accreditation Guide. The evaluation reports are structured such that a section is written with respect to each of the Council’s eight standards. At the end of the report is a section entitled Areas of Noncompliance with CPME Standards and Requirements. This section describes those areas that the evaluation team believes are in potential noncompliance with CPME requirements. The evaluation report also identifies those areas worthy of commendation or needing improvement.
Exhibit 18 Midwestern University Arizona School of Podiatric Medicine Team Report, Exhibit 16 Barry University Team Report, and Exhibit 17 Kent State University Team Report document that CPME informs the college of the agency’s assessment of compliance with the agency standards.

(2) Among the matters covered by the standards are specific requirements pertaining to methods used to gather, analyze, and report data on the achievement of students (please refer to Standard 8 pages 41-43/pdf pages 42-44 in Exhibit 22 CPME 120, Standards).

In addition, Exhibit 6 CPME 130, Procedures includes the following:

Preparation of the Report (page 14)

The team report represents the findings of the team based upon its study of institutional documents, other materials provided by the institution, and information garnered during confidential interviews with college constituents. All statements, findings, and recommendations included in the report are made in good faith with a view toward enhancing the quality of the educational program. The report reflects only that information obtained as part of the educational evaluation process conducted in accordance with CPME procedures. The team does not formulate an accreditation recommendation about the college, but it does identify areas of potential noncompliance. In all cases, the report must address the college’s performance with respect to student achievement.

Each member of the evaluation team is assigned specific areas to review during the evaluation visit. These areas correspond to each team member’s responsibilities in completing the report. The team chair coordinates the development of the report and ensures that a first draft of the report is finished before leaving the site. The draft is provided to CPME staff for final editing. Staff circulates a copy of the report to all members of the evaluation team. After receipt of comments and revisions from members of the evaluation team, the report is sent to the chief executive officer and the chief academic officer.

Training of On-site Evaluators (page 45-46)

The Council conducts a training program the day before each focused and comprehensive on-site evaluation for evaluators participating in their first on-site evaluation for the Council. The objective of these training sessions is to ensure that evaluators are knowledgeable about Council accreditation standards, policies, and procedures, and are clear about their roles as agency representatives. Each training session emphasizes Standard 8, Educational Program Effectiveness, related to student achievement (i.e., assessment of the college’s students with regard to institutionally-developed standards as well to the Council’s student achievement standards). Experienced evaluation team members and staff collaborate to conduct the formal training session provided during the afternoon before the visit. The Council has developed materials for orientation and training purposes, including an accreditation guide offering guidance to evaluation team members. Guidance also is provided during the executive session of the team the evening before the visit, at which time procedures and processes are discussed and roles and assignments clarified.

Page 32/pdf page 34 in Exhibit 8 CPME 125, Accreditation Guide, includes the following:

Because the Accreditation Committee weighs the team report heavily in its decision-making process, the report should reflect a consensus of the observations and opinions of all team members, and portray a clear picture about the status of the college so that it may render a fair decision. In preparing the written report,
team members are responsible for ensuring that the report:

• represents an independent analysis by the evaluation team;

• includes enough descriptive information to give the Accreditation Committee and the council an adequate picture of the college;

• describes whether the college is performing well or poorly with regard to the achievement of its students in the context of both institutionally-developed standards and CPME’s student achievement standards;

• states clearly the strengths and weaknesses of the college, including rationale and evidence for the identification of concerns, recommendations, and areas of potential noncompliance.

• describes any aspects of the college that are unique or especially notable in relation to its stated model, mission, or institutional setting; and

• is consistent with the content and tone of the oral report presented during the exit summary.

CPME has integrated formally a discussion of standard 8 related to student achievement into all pre-evaluation sessions. CPME conducts a formal orientation prior to the evaluation visit (please see Exhibit 7 Site Team Orientation).

CPME has conducted three on-site evaluations since consideration of the last petition to NACIQI (See Exhibit 18 Midwestern University Arizona School of Podiatric Medicine Team Report (pages 42-46), Exhibit 16 Barry University Team Report (pages 37-40), and Exhibit 17 Kent State University Team Report (pages 42-45).

Commendations are developed by the evaluation team and confirmed by the Accreditation Committee and CPME. For examples of commendations related to student achievement, please refer to Exhibit 18 Midwestern University Arizona School of Podiatric Medicine Team Report (page 46-47, commendation #1), Exhibit 16 Barry University Team Report (page 42, commendation #8), and Exhibit 17 Kent State University Team Report (page 46, commendations #1 and #5).

Recommendations are developed by the evaluation team and confirmed by the Accreditation Committee and CPME. For examples of recommendations related to student achievement, please refer to Exhibit 18 Midwestern University Arizona School of Podiatric Medicine Team Report (page 49, Standard 8), Exhibit 16 Barry University Team Report (page 44, recommendation #9), and Exhibit 17 Kent State University Team Report (page 49, recommendations #8 and #14).

Colleges may provide a response to the draft team report. Please refer to Exhibit 44 Midwestern Arizona Response to Team Draft Report, Exhibit 45 Kent State Response to Team Draft Report, and Exhibit 46 Barry University Response to Team Draft Report.

CPME Outcome Measures and Compliance

Areas of noncompliance can be cited during the on-site visit. For example, Midwestern University Arizona was cited with three areas of noncompliance as a result of the site visit – Requirement 1.B related to the Strategic Plan, Requirement 2.B related to Parent Institution, and Requirement 3.B related to the Chief Academic Officer. The school submitted a progress report for consideration at the October 2019 meetings.
of the Accreditation Committee and the Council that included the school’s progress of correcting the areas of noncompliance (See Exhibit 24 Midwestern University Action Letters and Response for progress report). Barry University had no areas of noncompliance cited as a result of the site visit, and Kent State University had three areas of noncompliance cited (Requirement 4.E related to curriculum evaluation; Requirement 8.A and Requirement 8.B - related to the assessment plan and competencies/student learning outcomes) were cited following the on-site visit. (See Exhibit 35 Kent State CPME Action Letters and Response.)

To ensure the public is kept abreast of all accreditation actions that take place at a meeting of the CPME, the actions are placed on the www.cpme.org homepage, and one can link to the accreditation actions information by clicking on the “Podiatric Medical Colleges” list of accredited colleges. If a college receives an adverse action (decision of the Council to deny or withdraw candidate status, withhold accreditation, and withdraw accreditation) or if a college is placed on probation, that decision would be posted as a hyperlink to provide a definition of the status as well as information regarding the action.

Exhibit 22, CPME 120, Standards, includes standards on educational program effectiveness (Standard 8, Educational Program Effectiveness, pages 41-43/pdf pages 42-44). The colleges must post the programmatic outcomes on their webpages. Outcomes data may also be found through the www.cpme.org website by clicking on the “Podiatric Medical Colleges” list of accredited colleges.

Examples of the accreditation actions listed on the www.cpme.org website include Exhibit 39 Midwestern Arizona Accreditation Actions, Exhibit 40 Kent State Accreditation Actions, and Exhibit 41 Western University Accreditation Actions.

Please see Exhibit 49 Accreditation Committee Agendas 2018-2019 and Exhibit 50 CPME Agendas 2018-2019 for the agendas from all decision-making body meetings for the prior two years.

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<td>Exhibit 35 Kent State CPME Action</td>
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The agency utilizes the site visit team report to communicate the assessment of an institution’s compliance with the agency’s standards, to include performance with respect to student achievement. The requirement to provide such a report is included in CPME 130 (Exhibit 6). The examples provided document the use of the site team report to communicate areas of compliance and non-compliance, as well as the institution’s performance with respect to student achievement (Exhibits 16, 17, 18). CPME provided information and documentation concerning the training of site visitors in this section and in Section 602.15(a)(2).

In addition to the site team report, CPME reviews student achievement performance via the annual report, as noted in Section 602.17(a) and as required by CPME 130 (Exhibit 6). The agency also provided agency action letters to demonstrate that CPME takes action on the site visit reports and requires institutions and programs to demonstrate compliance with the agency’s standards (Exhibits 24 and 35).

Department staff conducted a virtual file review in January 2021. During the file review, Department staff reviewed accreditation reviews and annual reports, which included the use of the site team report and agency action letters to communicate areas of compliance and non-compliance.
Criteria: 602.18(a) Standards Respect Mission, Ensure Quality & Are Clearly Written

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Not Reviewed

Criteria: 602.18(b) Consistent Application of Standards

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a
petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

**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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

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**Analyst Worksheet - Response**

Analyst Review Status for Response:

Not Reviewed

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**Criteria: 602.18(c) Decisions Based on Published Standards**

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

**Document(s) for this Section**

No files uploaded

**Analyst Worksheet- Narrative**

Analyst Review Status:

Meets the requirements of this section
The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

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**Criteria: 602.18(d) Reasonable Assurance of Accurate Information**

Narrative:
There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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Analyst Worksheet - Response

Analyst Review Status for Response:
### Criteria: 602.18(e) Report Clearly Identifies Deficiencies

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

### 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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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### Analyst Worksheet - Response

**Analyst Review Status for Response:**

Not Reviewed

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### Criteria: 602.19(a) Reevaluation

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.
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Analyst Worksheet - Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.19(b) Monitoring

Narrative:

Exhibit 6 CPME 130, Procedures, documents that the Council and its Accreditation Committee seek assurances from accredited and candidate institutions of continued progress toward accomplishment of stated missions, goals, and objectives by requesting progress reports as evidence of addressing areas of noncompliance, conducting focused evaluation visits when necessary, and conducting re-evaluation visits at least once every eight years (please refer to the sections related to Accreditation Period on pages 17 and 18 and Monitoring Compliance: Follow-up Reports, Focused Evaluations, and Substantive Modifications on pages 20-32).

Evidence of the Council’s follow-up efforts is shown as Exhibit 42 Follow-up Letters.

The Council also collects qualitative and quantitative information annually from each accredited college (please refer to Exhibit 43 Annual Report).

Information garnered from the annual report process enables the Council's Accreditation Committee to focus on the continuing compliance of the college with all standards and requirements. As noted in CPME 130, each accredited college of podiatric medicine is required to submit the annual report to the Council, providing information about the college of podiatric medicine, its faculty, and its students. To be submitted with the Annual Report is a copy of a certified audit of the institution's financial status and, in the case of
programs conducted within universities or academic health centers, a financial statement for the college of podiatric medicine. A portion of the information submitted in the Annual Report is utilized by the Council in the continuing evaluation of the college of podiatric medicine. A portion of the information is utilized to tabulate aggregate data about the colleges and is included in the Council’s annual report to the podiatric profession.

The report consists of a detailed description of any new strengths, limitations, and/or objectives identified by the college during the past year, and the institution’s efforts toward improving the college as based upon ongoing self-study and continued compliance with the Council’s requirements. The report contains documentation and statistical data about any changes in the educational program and changes in the college as a whole.

The Accreditation Committee reviews the Annual Report, considering not only compliance with specific requirements, but also warning signs of potential difficulties the college may be encountering or facing and significant areas of improvement made. The Accreditation Committee may request additional information if particular concerns are identified or clarification required. Enclosed as Exhibit 42 Follow-up Letters are several letters requesting additional information following review by the Accreditation Committee and CPME.

The more extensive annual reporting process has worked well for the agency by generating a greater sense of trust between the colleges and CPME, by providing the agency time to flesh out the appropriate approach to very college-specific issues without identifying areas of noncompliance, and by providing the college time to respond to agency recommendations for improvement without the threat of probation if solutions are not determined and implemented within a specific period of time.

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**Analyst Worksheet- Narrative**

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:

This section of the criteria requires that an agency have an effective mechanism for monitoring an institution’s or program’s compliance with the agency’s standards during its grant of accreditation. CPME states that it has monitoring approaches to include an annual report, and, as needed, progress reports and focused site visits, as described in the CPME 130 (Exhibit 6).

The agency utilizes annual report as the main instrument for measuring continued compliance with its standards for its accredited institutions and programs in between its comprehensive compliance reviews. The annual report collects key data and indicators from all of the agency’s standards, to include financial
and student achievement data, so that the agency can identify problems with an institution's or program's continued compliance with the standards. CPME provided documentation of a blank copy of the annual report and the agency’s follow-up letters for all nine accredited institutions and programs for 2018 and 2019 on any issues noted (Exhibits 42 and 43).

Department staff conducted a virtual file review in January 2021. During the file review, Department staff reviewed the annual reports for all nine accredited institutions and programs for the previous two years, as well as the agency’s related action letters to resolve issued noted.

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**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

**Criteria: 602.19(c) Annual Headcount**

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

**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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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### Criteria: 602.19(d) Significant Growth

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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**Analyst Worksheet - Narrative**

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

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### Criteria: 602.20(a) Enforcement Timelines

**Narrative:**

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When the Council determines that an institution is in noncompliance with one or more of its requirements, the Council must immediately initiate adverse action against the college or require that the college take appropriate action to bring itself into compliance with the Council’s requirements within two years. Failure to bring into compliance the area(s) of noncompliance will result in withdrawing or withholding accreditation. The extent to which the institution is in compliance with the area(s) of noncompliance will be based on review of one or more progress or special reports and/or a focused or comprehensive on-site evaluation. (See Exhibit 6 CPME 130 Procedures, page 43-44)

A report on the extent to which the college has addressed the areas of noncompliance is requested for review at the next meeting of the Accreditation Committee and Council. Colleges are required to submit a progress report for review at every meeting until the college is in compliance with the Council’s standards or the expiration of the two year period. If the Council determines that a college is in compliance with all of the standards, but is not in compliance with one or more of the requirements, the Council’s action would be to continue accreditation with the institution expected to submit a follow-up report to describe and illustrate efforts to address areas of noncompliance. The follow-up report(s) may be requested within six months, 12 months, or 18 months, depending on the nature and extent of noncompliance.

The Council may elect to extend the two-year year period for the following good causes:
• Change in chief executive officer
• Change in chief academic officer
• Demonstration of progress on a plan whose fulfillment would require an extension in time
• Other substantive financial or administrative changes which affect the operation of the college

This period of extension is to be determined by the Council, but is usually limited to a maximum of two additional years. Failure to meet the requirements as stated by the Council during the two-year period, including any extension for good cause, will result in withdrawal or withholding accreditation.

See page 20 in Exhibit 6 CPME 130, Procedures related to the submission of progress reports and pages 43-44 in CPME 130 related to enforcement of standards. CPME has taken no adverse actions since the 2005 DOE recognition review. However, currently one college does have an area of noncompliance with respect to graduation rates. After reviewing Western University’s 2016-2017 annual report, the Accreditation Committee recommended to the Council that the college be cited with a plan of noncompliance with requirement 8C in CPME 120, Standards and Requirements for Accrediting Colleges of Podiatric Medicine, related to the college’s four year graduation rate, which for the three year period of 2014-2016 averaged 69%, more than one standard deviation below the national average of 78% for 2014-2016. Since the Council first identified the college as being in noncompliance with requirement 8C in April 2017, the College had until April 2019 to come into compliance with the requirement unless an extension for good cause was submitted by the college and granted by the Council. The College was in compliance with all other standards and requirements and met the Council’s outcome measures related to APMLE pass rates and residency placement rates.

The college has been monitored at every meeting of the Accreditation Committee and Council (see Exhibit 26 Western University Action Letters and Progress Reports and in April 2019, at the two year mark when the extension for good cause was set to expire, the Committee and the Council considered the annual report and progress report. Based on a recommendation from the Committee, the Council determined that the college remained in compliance with all standards except requirement 8C in CPME 120, Standards and Requirements for Accrediting Colleges of Podiatric Medicine related to the College’s four year graduation rate, which for the three year period of 2016-2018 was 69%. The mean three year graduation rate for all colleges for years 2016-2018 was 81.1% with a standard deviation of 6.2, meaning the college fell outside of one standard deviation and continued to be in noncompliance with the standard. The College was
notified that it had entered its third year of noncompliance and has until April 2020 to come into compliance with the requirement, due to the approval of an extension for good cause. The college was notified that they are at risk for probation and subsequent withdrawal of accreditation at the upcoming meetings of the Accreditation Committee and Council if the area of noncompliance is not corrected. (Exhibit 26 Western University Action Letters and Progress Reports).

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<td>Exhibit 26 Western University Action Letters and Progress Reports</td>
</tr>
</tbody>
</table>

**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

This criterion requires that an agency either initiate immediate adverse action or allow an institution or program a time period to come into compliance with its standards and requirements, when the agency's review of an institution or program under any standard indicates that the institution or program is not in compliance with that standard. The agency has a written policy within CPME 130 (Exhibit 6) that provides a time period of no more than two years for an institution or program to return to compliance.

The agency provided a summary of one program that failed to demonstrate compliance during the two-year time period and was granted a good cause extension during the current recognition period (Exhibit 26). During the virtual file review conducted by Department staff in January 2021, the agency provided the documentation of the review and actions for the program included in Exhibit 26.

**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(b) Enforcement Action**

**Narrative:**

When the Council determines that an institution is in noncompliance with one or more of its requirements, the institution has a maximum of two years, or less as defined by the Council, to bring the area(s) into
compliance. The Council may extend the two year limit only for clear progress that the institution is coming into compliance with the requirement(s) and good cause. Failure to bring into compliance the area(s) of noncompliance will result in withdrawing or withholding accreditation. The extent to which the institution is in compliance with the area(s) of noncompliance will be based on review of one or more progress or special reports and/or a focused or comprehensive on site evaluation.

Please refer to pages 43-44, Enforcement of Standards, in Exhibit 6 CPME 130, Procedures, which includes the following language:

When the Council on Podiatric Medical Education determines that an institution is in noncompliance with one or more of its requirements, the Council must immediately initiate adverse action against the college or require that the college take appropriate action to bring itself into compliance with the Council’s requirements within two years. Failure to bring into compliance the area(s) of noncompliance will result in withdrawing or withholding accreditation.

The extent to which the institution is in compliance with the area(s) of noncompliance will be based on a review of one or more progress or special reports and/or a focused or comprehensive on-site evaluation. The Council may elect to extend the two-year year period for the following good causes:

- Change in chief executive officer
- Change in chief academic officer
- Demonstration of progress on a plan whose fulfillment would require an extension in time
- Other substantive financial or administrative changes which affect the operation of the college

This period of extension is to be determined by the Council, but is usually limited to a maximum of two additional years. Failure to meet the requirements as stated by the Council during the two-year period, including any extension for good cause, will result in withdrawal or withholding accreditation.

The Council most recently used this procedure in 2019 with Western University (See 602.20(a) as well as Exhibit 26 Western University Action Letters and Progress Reports) but prior to this instance, the Council has not utilized the procedure since the last DOE petition review in 2011.

The Council's policies state that the date of an adverse action will be immediate if the Council’s actions are upheld at the conclusion of an institution's appeal. Pages 16-17, Accreditation Withdrawn, in CPME 130 states that accreditation is withdrawn by the Council when, after a period of probationary accreditation, the college continues to demonstrate noncompliance with the Council’s standards and requirements. When the Council considers an action to withdraw accreditation, factors that have a significant impact on the effectiveness of the educational program are identified as the basis for the action. The institution has an ethical obligation to inform its students and applicants to the program of this status once final.

The Council also issues a public statement concerning final actions to withdraw accreditation. (See Disclosure, pages 35-38 in Exhibit 6, CPME 130.) Before an action of the Council to withhold accreditation may be made public, the institution must be afforded the opportunity to seek and fully exhaust the procedural reconsideration and appeal processes. (See Procedural Reconsideration/Appeal, pages 32 and 33 in CPME 130.) Following implementation of the procedural reconsideration and appeal processes, if the action to withdraw accreditation is sustained by the Council, the effective date of the withdrawal of accreditation will be the date on which the action is sustained.

Document(s) for this Section
Exhibit Title | File Name
---|---
Exhibit 6 CPME 130 Procedures | Exhibit 6 CPME 130 Procedures .pdf
Exhibit 26 Western University Action Letters and Progress Reports | Exhibit 26 Western University Action Letters and Progress Reports .pdf

**Analyst Worksheet - Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has a written policy in the CPME 130 that meets the requirements of this section (Exhibit 6) and makes clear the potential circumstances under which a good cause extension would be granted. The policy limits the extension of a good cause extension to two years.

The agency provided a summary of one program that failed to demonstrate compliance during the two-year time period and was granted a good cause extension during the current recognition period (Exhibit 26). During the virtual file review conducted by Department staff in January 2021, the agency provided the documentation of the review and actions for the program included in Exhibit 26.

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

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**


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

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

**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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Not Reviewed

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Criteria: 602.21(c) Revision of Standards

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

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Criteria: 602.22(a)(1) Approval of Substantive Changes

Narrative:

The following information is included on pages 21-29 in the Substantive Modifications section of Exhibit 6 CPME 130, Procedures. CPME has not considered a substantive modification since implementation of the procedures following the 2011 petition process.

Substantive Modifications

If a college of podiatric medicine wishes to implement a substantive change, the college must receive prior approval from the Council before implementing the substantive change. The effective date of the substantive change approval is the date of the CPME meeting at which the approval was determined unless the approval letter specifies a different effective date. Regardless, the effective date may not be retroactive.

The college’s request and supporting documentation serve as the basis for the Council’s decision to approve or deny a substantive modification request. To assist the college in preparing its request, the documentation required for the substantive change submission is listed under each substantive change category on pages 21-29 in Exhibit 6, CPME 130, Procedures.

Note that the Council will not consider the addition of programs of study at a degree or credential level different from that which is included in the institution’s accreditation or preaccreditation.

Document(s) for this Section

<table>
<thead>
<tr>
<th>Exhibit Title</th>
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</tbody>
</table>

Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency's written policies require an institution to obtain the agency's approval of a substantive change prior to inclusion within the scope of accreditation previously granted, as included on pages 21-29 of the CPME 130 Procedures (Exhibit 6). The agency's policies and procedures are detailed as to the agency's expectation for submitting substantive change applications.

CPME stated that it has not had an opportunity to apply these procedures since they were implemented in
2011. Department staff conducted a virtual file review in January 2021 and examined documentation of a substantive change request received in September 2020, which is currently under review by the agency.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Criteria: 602.22(a)(2)(i-vii) Types of Substantive Change

Narrative:

The following information is included on pages 21-29 in the Substantive Modifications section of Exhibit 6 CPME 130, Procedures. CPME has not considered a substantive modification since implementation of the procedures following the 2011 petition process.

Substantive Modifications

If a college of podiatric medicine wishes to implement a substantive change, the college must receive prior approval from the Council before implementing the substantive change. The effective date of the substantive change approval is the date of the CPME meeting at which the approval was determined unless the approval letter specifies a different effective date. Regardless, the effective date may not be retroactive.

The Council will consider the following substantive changes:
1. Change in the educational mission
2. Change in the location of the institution
3. Change in the legal status or form of control, or ownership, of the institution
4. Addition of instruction which represents a significant departure, in terms of curriculum content or method of delivery, from the curriculum as offered at the last on-site evaluation of the college of podiatric medicine
5. A change from clock hours to credit hours or vice versa
6. An increase or decrease in the length of the curriculum
7. Establishment of an additional location geographically apart from the main campus, including a branch campus
8. Contracting with a non-Title IV certified institution for greater than 25 percent of a college’s educational program
9. Acquisition of any other institution or any program or location of another institution
10. Addition of a permanent location at which a teach-out is being conducted for students of another institution that has ceased operations before all students have completed their program of study
11. Addition of a branch campus

The college’s request and supporting documentation serve as the basis for the Council’s decision to approve or deny a substantive modification request. To assist the college in preparing its request, the documentation required for the substantive change submission is listed under each substantive change category.
The Council will not consider the addition of programs of study at a degree or credential level different from that which is included in the institution’s accreditation or preaccreditation.

Substantive changes requiring comprehensive evaluation
The Council may require that the requests for substantive change be evaluated with a comprehensive on-site evaluation, in addition to the evaluation requirements that exist for that type of substantive change, whenever the college meets one or more of the following conditions:

• Had its last comprehensive visit four or more years ago
• Has received a probationary accreditation status within the last five years
• Had an approved authorization to increase enrollment within the last five years
• Had an approved unauthorized increase in enrollment within the last three years
• Had an approved substantive change related to a branch campus within the last five years
• Had an approved substantive change related to an additional location within the last five years

The Council may grant a new eight-year cycle of accreditation to a college that undergoes a comprehensive on-site visit for the purpose of evaluating a request for a substantive change.

NOTE: Throughout CPME 130, including the substantive change section, a comprehensive on-site evaluation requires another full accreditation process, including submission of a self-study and the conduct of an on-site visit.

1. Change in educational mission of the institution.
The college must notify the Council 60 days prior to the scheduled Council meeting that the college wants the substantive change to be reviewed. The following documentation must be submitted at least 30 days prior to the Council meeting during which the change will be reviewed.

• The rationale for the change
• The effect this change will have on learning outcome assessments, facilities, faculty admission policies and procedures, and the curriculum
• Governing body review and approval
• Announcement of the proposed change to students, faculty, professional staff, alumni, and the public

Monitoring
The Council will require a progress report in years two and four of the change in the educational mission. That progress report must address the following:

• The linkage of its outcome assessments to its new mission plans
• Any changes to facilities as a result of changes in the mission
• Any changes to faculty as a result of changes in the educational mission
• Any changes to the admission policies and procedures as a result of changes in the educational mission
• Any curricular changes as a result of changes in the educational mission

3. Change in legal status or form of control or ownership of the institution.
The college must notify the Council 60 days prior to the scheduled Council meeting that the college wants the substantive change to be reviewed. The following documentation must be submitted at least 30 days prior to the scheduled Council meeting during which the change will be reviewed.

• Proposed terms of the affiliation, including the date on which the affiliation is to become effective
• Impact the affiliation will have on the college and its resources (i.e., administration, governance, finances,
• Plans of the institution to alleviate any negative effects on the college and its resources
• Plans of the institution to reallocate resources to accommodate the affiliation
• Benefits to the college of podiatric medicine
• Announcement of the proposed changes to students, faculty, professional staff, alumni, the public

Monitoring
The Council will schedule either a comprehensive or a focused visit as soon as practicable, but within six months. That on-site visit will review the following:
• Governing body bylaws and/or policies and procedures
• Organization of governing body and its relationship to college administration and academic officers
• Impact the affiliation will have on the college and its resources (i.e., administration, governance, finances, faculty, physical plant, curriculum, and student services)

4. Addition of instruction which represents a significant departure, in terms of curriculum content or method of delivery, from the curriculum as offered at the last on-site evaluation of the college of podiatric medicine.
The college must notify the Council 60 days prior to the scheduled Council meeting that the college wants the substantive change to be reviewed. The following documentation must be submitted at least 30 days prior to the scheduled Council meeting during which the change will be reviewed.

• The curriculum change
• Analysis of additional resources—financial, facilities, and faculty—needed for the change
• Curriculum committee discussion and approval
• Faculty governance discussion and approval
• Governing body discussion and approval

Monitoring
The Council will require a progress report for four years, beginning in the year after the first year of the curriculum change. The progress report must address the following:
• Analysis of changes—positive and/or negative—that resulted from the curriculum change
• Analysis of additional resources—financial, facilities, and faculty—needed for this change
• Student achievement data relating to the curriculum change

Document(s) for this Section

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<thead>
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</tbody>
</table>

Analyst Worksheet- Narrative

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:
The agency's policies and procedures in CPME 130 (Exhibit 6) include all of the types of substantive changes required by this section. CPME stated that is has not had an opportunity to apply these procedures since they were implemented in 2011. Department staff conducted a virtual file review in January 2021 and
examined documentation of a substantive change request received in September 2020, which is currently under review by the agency.

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

No files uploaded

### Analyst Worksheet - Response

Analyst Review Status for Response:

### Criteria: 602.22(a)(2)(viii) Approving Additional Locations

**Narrative:**

CPME does not offer preapproval of additional locations.

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

### 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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

### Analyst Worksheet - Response

Analyst Review Status for Response:

Not Reviewed
Criteria: 602.22(a)(2)(ix-x) Other Locations Needing Approval

Narrative:
See the response provided in 602.22(a)(2)(i-vii) concerning how CPME reviews these substantive changes.

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

Criteria: 602.22(a)(3) When New Evaluation Required

Narrative:
There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.
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<th>Document(s) for this Section</th>
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**Analyst Worksheet- Narrative**

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

**Analyst Remarks to Narrative:**
The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**
Not Reviewed

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**Criteria: 602.22(b) Substantive Change Procedures**

**Narrative:**
There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

**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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:

Not Reviewed

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**Criteria: 602.22(c) Fiscal and Administrative Capacity Determination**

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

**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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:
Criteria: 602.22(c)(1) Approval of Additional Locations

Narrative:
There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

Criteria: 602.22(c)(2) Approval Procedures for 3+ Locations

Narrative:
There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.
### 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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

### Analyst Worksheet - Response

**Analyst Review Status for Response:**
Not Reviewed

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### Criteria: 602.22(c)(3) Approval Procedures for Rapid Growth

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

### 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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:

Not Reviewed

---

**Criteria: 602.22(d) Purpose of Visits**

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

**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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:
Criteria: 602.23(a) Public Information

Narrative:

There have been no changes to our agency’s policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

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

Narrative:

There have been no changes to our agency’s policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.
The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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**Criteria: 602.23(c) Complaint Procedures**

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.
The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:

Not Reviewed

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

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

**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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:
Criteria: 602.23(e) Public Correction of Inaccurate Information

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Not Reviewed

Criteria: 602.23(f) Proviso for additional procedures

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.
The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

Criteria: 602.24(a) Branch Campus

Narrative:
There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.
The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:
Not Reviewed

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**Criteria: 602.24(b) Change in Ownership**

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

**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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:
Criteria: 602.24(c)(1) Teach-out Plan Triggers

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Not Reviewed

Criteria: 602.24(c)(2) Treatment of Students

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.
**Document(s) for this Section**

No files uploaded

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**Analyst Worksheet- Narrative**

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:
The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

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**Analyst Worksheet - Response**

Analyst Review Status for Response:
Not Reviewed

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**Criteria: 602.24(c)(3) Notifying Other Agencies**

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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**Document(s) for this Section**

No files uploaded

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**Analyst Worksheet- Narrative**

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:
The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

Analyst Worksheet - Response
Analyst Review Status for Response:
Not Reviewed

Criteria: 602.24(c)(4) Requiring Teach-out Agreements

Narrative:
There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

Analyst Worksheet - Response
Analyst Review Status for Response:
### Criteria: 602.24(c)(5) Approving Teach-out Agreements

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

**Document(s) for this Section**

No files uploaded

**Analyst Worksheet - Narrative**

**Analysis Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status for Response:**

Not Reviewed

### Criteria: 602.24(d) Closed Institution

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.
The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

**Criteria: 602.24(e) Transfer of Credit Policies**

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.
The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:

Not Reviewed

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**Criteria: 602.24(f)(2) Credit Hour Review**

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

**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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:
### Criteria: 602.24(1)(3) Actions of Deficiencies

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

**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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:

Not Reviewed

### Criteria: 602.24(f)(4) Credit Hour Notifications

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.
The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

Narrative:
There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.
The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Not Reviewed

Criteria: 602.25(f) Specific Appeals Requirements

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:
Criteria: 602.25(g) Basis for Appeal Outcome Provided

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Not Reviewed

Criteria: 602.25(h) New Financial Information

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.
**Criteria: 602.26(a) Notifications: Positive Decisions**

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

**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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:

Not Reviewed
The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

Criteria: 602.26(b) Notifications: Negative Decisions

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:
### Criteria: 602.26(c) Notice to Public w/in 24 hours

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

**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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:

Not Reviewed

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### Criteria: 602.26(d) Brief Summary w/in 60 Days

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.
The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.
The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:

Not Reviewed

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**Criteria: 602.27(a)(1-5) Other Information to be Provided**

**Narrative:**

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

**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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:
Criteria: 602.27(a)(6-7),(b) Fraud and Abuse

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:

Not Reviewed

Criteria: 602.28(a) Regard for the Legal Authorization of an Institution

Narrative:

There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.
### Criteria: 602.28(b) Regard for Negative Actions by Other Accreditors

**Narrative:**
There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

### 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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.
The agency attests there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

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

Narrative:
There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status for Response:
Criteria: 602.28(d) Requirement to Initiate Review

Narrative:
There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.

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

Analyst Worksheet - Response

Analyst Review Status for Response:
Not Reviewed

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

Narrative:
There have been no changes to our agency's policies and/or practices since our last NACIQI review (of a petition and/or compliance report) that could bring our agency into noncompliance with any of the requirements of this section of the Secretary's Criteria for Recognition.
**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 there have been no changes to its policies and/or practices since its last NACIQI review that could bring the agency into noncompliance with any of the requirements of this section of the Secretary’s Criteria for Recognition.

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

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status for Response:

Not Reviewed

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**3rd Party Written Comments**

There are no written comments uploaded for this Agency.

**3rd Party Request for Oral Presentation**

There are no oral comments uploaded for this Agency.