Type of Submission:
Renewal Petition

Criteria: 602.10(a-b)
Description of Criteria

The agency must demonstrate that—

(a) If the agency accredits institutions of higher education, its accreditation is a required element in enabling at least one of those institutions to establish eligibility to participate in HEA programs. If, pursuant to 34 CFR 600.11(b), an agency accredits one or more institutions that participate in HEA programs and that could designate the agency as its link to HEA programs, the agency satisfies this requirement, even if the institution currently designates another institutional accrediting agency as its Federal link; or
(b) If the agency accredits institutions of higher education or higher education programs, or both, its accreditation is a required element in enabling at least one of those entities to establish eligibility to participate in non-HEA Federal programs.

Narrative:
The ACEN does not pre-accredit institutions/nursing programs, and this declaration will not be repeated in any regulation that references pre-accreditation.

The ACEN (formerly known as NLN 1952–1997 and NLNAC 1997–2013 in USDE recognition records) is recognized by the United States Department of Education (USDE) as a specialized accrediting agency (i.e., programmatic and institutional) for nursing programs located in the United States and its territories, including distance education.

The ACEN accredits clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma and practical programs located in secondary, post-secondary, and hospital-based institutions that offer certificates, diplomas, or degrees. [EXHIBIT 001]

The ACEN serves as the institutional accreditor/Title IV-HEA Gatekeeper for (a) single-purpose institutions that offer certificate, diploma, and professional degree programs, and (b) public K–12 schools that offer post-secondary adult practical programs.

As of April 1, 2021, the ACEN serves as the programmatic accreditor for 1259 programs (16 clinical
doctorate, 70 master’s, 199 baccalaureate, 769 associate, 31 diploma, and 174 practical nursing). Of these programs, the ACEN serves as the institutional accreditor/Title IV-HEA Gatekeeper for 61 institutions/programs (0 clinical doctorate, 0 master’s, 0 baccalaureate, 6 associate, 28 diploma, and 27 practical).

ACEN programmatic accreditation allows eligibility for all programs to participate in a non-HEA federal programs. [Exhibit 003a] Per Policy #3 Eligibility for Initial and Continuing Accreditation, the ACEN only accredits eligible institutions as defined in the 1998 Amendments to the Higher Education Act of 1965, Title I, Section 101, Part A. [EXHIBITS 002; 003b]

ACEN institutional accreditation allows (a) eligibility for public K–12 schools that offer post-secondary adult practical programs and (b) eligibility for single-purpose institutions (e.g., hospitals) that offer clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical programs to participate in Title IV-HEA programs administered by the USDE or other federal agencies; this represents 61 (4.85%) Title IV-HEA programs out of a total 1259 accredited programs.

All 1259 accredited programs are eligible for non-HEA federal programs such as the Health Resources and Services Administration (HRSA) Nursing Grants.

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Analyst Worksheet- Narrative
Analyst Review Status:

Substantially Compliant

Staff Determination:

The agency must provide additional narrative and supporting documentation that demonstrates all federal links provided in the petition require ACEN accreditation to establish eligibility to participate in non-Title IV HEA federal programs and documentation that one or more of the agency's accredited programs participate in each program.
The agency states in its narrative that it serves as the Title IV gatekeeper for single purpose institutions that offer certificate, diploma, and professional degree programs and public K-12 schools that offer post-secondary adult practical programs. The agency provided a list of the institutions/programs it accredits that are eligible to participate in Title IV, HEA programs [Exhibit 001]. Department staff verified with the Office of Federal Student Aid that as of 8/23/21, 58 of the agency’s 1,259 accredited institutions/programs use the agency’s accreditation to establish eligibility to participate in Title IV, HEA programs.

The agency qualifies for recognition based on its Title IV institutional Federal link. However, the agency also states that its 1,259 accredited programs are eligible for non-HEA federal programs such as the Health and Resources and Service Administration (HRSA) Nursing Grants. The agency submitted limited documentation to support this federal link. The agency provided screen prints from the HRSA website that lists several grants. The agency highlighted that the eligibility criteria for many of the grants requires the applicant to be an “accredited school of nursing;” however, the eligibility criteria does not specify that the accreditation must be by an accrediting agency recognized by the Secretary of the U.S. Department of Education. In addition, the agency did not provide a list of programs that rely on ACEN’s accreditation to qualify for any of the grants listed on the HRSA website. The website does list one program, the Nurse Corps Scholarship Program, that lists the schools receiving federal non-HEA funds and the agency highlighted those it accredits. However, it appears these are scholarships that go to individuals and not an education program and therefore do not appear to be a valid federal link.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

The ACEN agrees with the information quoted by Department Staff that as of 8/23/21, 58 of the ACEN’s 1,259 accredited institutions/programs use the ACEN’s accreditation to establish eligibility to participate in Title IV, HEA programs.

As stated in our petition, ACEN-accredited programs are eligible for non-HEA federal programs, such as the Resources and Service Administration (HRSA) Nursing Grants programs, which includes the Advanced Nursing Education Workforce (ANEW), Advance Nursing Education – Sexual Assault Nurse Examiners (ANE-SANE), Nurse Education, Practice, Quality and Retention (NEPQR), Nurse Faculty Loan Program (NFLP), and Nursing Workforce Diversity (NWD) [EXHIBIT 500] and the Nurse Corps Scholarship Program [EXHIBIT 501]. Each of these HRSA programs requires the applicant to be an accredited school of nursing, and the accreditation must be by an accrediting agency recognized by the Secretary of the U.S. Department of Education.

The HRSA definition of accredited is found at https://bhw.hrsa.gov/glossary. Accredited is defined by HRSA as:
A hospital, school, or program, officially recognized by a national body or state agency, and approved by the Secretary of Education.

A new school or program that is not eligible for accreditation when they apply for a grant/contract, due to an insufficient period of operation can become accredited by the Secretary of Education.

The Secretary must be reasonably assured that the program will meet the accreditation standards prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such a school or program.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency provided additional information and supporting documentation that demonstrates links to federal programs in addition to the link to title IV, HEA programs previously established. Specifically, the agency provided supporting documentation that programs accredited by ACEN are eligible to apply for various Health Resources and Service Administration (HRSA) Nursing Grants Programs such as the Advanced Nursing Education Workforce (ANEW), Advance Nursing Education — Sexual Assault Nurse Examiners (ANE-SANE), Nurse Education, Practice, Quality and Retention (NEPQR), Nurse Faculty Loan Program (NFLP), and Nursing Workforce Diversity (NWD) [EXHIBIT 500] and the Nurse Corps Scholarship Program [EXHIBIT 501]. In each case, the applicant (school or program of nursing) must be accredited by an accrediting agency recognized by the Secretary of the U.S. Department of Education.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.11(a-c)
Description of Criteria

The agency must demonstrate that it conducts accrediting activities within—

(a) A State, if the agency is part of a State govern-ment;
(b) A region or group of States chosen by the agency in which an agency provides accreditation to a main campus, a branch campus, or an additional location of an institution. An agency whose geographic area includes a State in which a branch campus or additional location is located is not required to also accredit a main campus in that State. An agency whose geographic area includes a State in which only a branch campus or additional location is located is not required to accept an application for accreditation from other institutions in such State; or
(c) The United States.

Narrative:
ACEN (formerly known as NLN 1952–1997 and NLNAC 1997–2013 in USDE recognition records) accreditation applies to nursing programs located in schools, both post-secondary and higher degree, which offer either a certificate, diploma, or recognized professional degree (clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing) in the United States and its territories, including those offered via distance education. [EXHIBIT 001]

The ACEN’s geographic area of accreditation activities is published on the ACEN website in Mission, Purpose, and Goals and in the Accreditation Manual. [EXHIBITS 004; 005]

The ACEN website hosts a searchable directory for accredited programs and the location of the program. [EXHIBIT 006] Anyone with access to the Internet can search for an accredited institution/nursing program by state, country, and/or by the name of the institution. Individuals can also narrow the directory search by nursing program type (i.e., clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing). For each nursing program, the following information is available:

1. The name of the institution.
2. The name of the nursing education unit.
3. The address of the nursing education unit.
4. The name, credentials, and contact information for the nursing program’s nurse administrator.
5. The nursing program’s accreditation status, including:
   a. The date of initial accreditation.
   b. The date of the most recent decision made by the Board of Commissioners.
   c. The current accreditation status.
   d. Any accreditation stipulation (i.e., conditions, warning, good cause).
   e. The date of the last site visit.
   f. The date of the next site visit.

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ACEN is a national specialized accrediting agency that accredits nursing programs located in schools, both post-secondary and higher degree, which offer either a certificate, diploma, or recognized professional degree (clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing) in the United States and its territories, including those offered via distance education. The agency’s geographic area of accrediting activities is published in its Accreditation Manual [Exhibit 004 and 005] and its website hosts a searchable directory of accredited programs by location. The agency provided a report from its website [Exhibit 006] that demonstrates it accredits programs/institutions in nearly all 50 states as well as the District of Columbia, U.S. Virgin Islands, Guan, and Puerto Rico; therefore, the agency will continue to be recognized under 602.11(c).

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.12(b)
Description of Criteria

(b)  
(1) A recognized agency seeking an expansion of its scope of recognition must follow the requirements of §§602.31 and 602.32 and demonstrate that it has accreditation or preaccreditation policies in place that meet all the criteria for recognition covering the range of the specific degrees, certificates, institutions, and programs for which it seeks the expansion of scope and has engaged and can show support from relevant constituencies.
for the expansion. A change to an agency's geographic area of accrediting activities does not constitute an expansion of the agency's scope of recognition, but the agency must notify the Department of, and publicly disclose on the agency's website, any such change.

(2) An agency that cannot demonstrate experience in making accreditation or preaccreditation decisions under the expanded scope at the time of its application or review for an expansion of scope may—

(i) If it is an institutional accrediting agency, be limited in the number of institutions to which it may grant accreditation under the expanded scope for a designated period of time; or

(ii) If it is a programmatic accrediting agency, be limited in the number of programs to which it may grant accreditation under that expanded scope for a certain period of time; and

(iii) Be required to submit a monitoring report regarding accreditation decisions made under the expanded scope.

(NOTE: Only recognized agencies seeking an expansion of scope need to respond. Refer to 602.32(j) for additional documentation to be submitted here.)

Narrative:

Document(s) for this Section

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must state whether or not it is seeking to expand its expansion of scope and provide a narrative and documentation that supports its expansion of scope request.

Analyst Remarks to Narrative:

The agency did not respond to this section. The agency must state whether or not it is seeking an expansion of scope. If it is seeking an expansion of scope it should provide:

-A list of institutions/programs that the agency has accredited covering the range of the expansion of scope request, if the agency has performed this function outside of its
current scope of recognition. If the agency has not already performed this function outside of its scope of recognition, it must provide documentation of the agency’s standards, policies, or procedures developed and that will be applied by the agency if granted the expansion of scope.

- Letters from at least three institution or programs that would seek accreditation under the expansion of scope.

- An explanation of how the agency will expand capacity to support the expansion of scope, if necessary, and how its budget will support the expansion of capacity, if needed.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

The ACEN is not seeking an expansion of scope.

Analyst Worksheet - Response

Analyst Review Status:

Not Necessary

Analyst Remarks to Response

In response to the draft analysis, the agency clarified it is not seeking an expansion of scope and therefore this section does not apply to the agency.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.14(a)

Description of Criteria

(a) The Secretary recognizes only the following four categories of accrediting agencies:

(1) A State agency that—
(i) Has as a principal purpose the accrediting of institutions of higher education, higher education programs, or both; and
(ii) Has been listed by the Secretary as a nationally recognized accrediting agency on or before October 1, 1991.

(2) An accrediting agency that—
(i) Has a voluntary membership of institutions of higher education;
(ii) Has as a principal purpose the accrediting of institutions of higher education and that accreditation is used to provide a link to Federal HEA programs in accordance with §602.10; and
(iii) Satisfies the "separate and independent" requirements in paragraph (b) of this section.

(3) An accrediting agency that—
(i) Has a voluntary membership; and
(ii) Has as its principal purpose the accrediting of institutions of higher education or programs, and the accreditation it offers is used to provide a link to non-HEA Federal programs in accordance with §602.10.

(4) An accrediting agency that, for purposes of determining eligibility for title IV, HEA programs—
(i) (A) Has a voluntary membership of individuals participating in a profession; or
     (B) Has as its principal purpose the accrediting of programs within institutions that are accredited by another nationally recognized accrediting agency; and
(ii) Satisfies the "separate and independent" requirements in paragraph (b) of this section or obtains a waiver of those requirements under paragraph (d) of this section.

Narrative:
The ACEN is seeking renewal of recognition under 602.14(a)(4).

ACEN accreditation is 100% voluntary.

The ACEN serves as the institutional accreditor/Title IV-HEA Gatekeeper for (a) single-purpose institutions that offer certificate, diploma, and professional degree nursing programs and (b) public K–12 schools that offer post-secondary adult practical nursing programs. [EXHIBIT 001]

As of April 1, 2021, the ACEN serves as the programmatic accreditor for 1259 programs (16 clinical doctorate, 70 master’s, 199 baccalaureate, 769 associate, 31 diploma, and 174 practical). Of these programs, the ACEN serves as the institutional accreditor/Title IV-HEA Gatekeeper for 60 institutions/programs (0 clinical doctorate, 0 master’s, 0 baccalaureate, 6 associate, 28 diploma, and 26 practical).

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The agency seeks to continue its recognition under 602.14(a)(4). The agency attests in its narrative that accreditation by ACEN is 100% voluntary as is stated in the Accreditation Manual. [Exhibit 004 section 602.1(a)-(c)]. The Accreditation Manual states that accreditation is a voluntary, peer-reviewed, self-regulatory process and the purpose of ACEN is to provide specialized accreditation for all levels of nursing education and transition-to-practice programs.

The agency further states that as of April 2021, it serves as the Title IV gatekeeper for 60 institutions/programs and the programmatic accreditor for 1,259 programs.

The agency must meet the separate and independent requirements, which will be discussed in the next section.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:
(2) At least one member of the agency’s decision-making body is a representative of the public, and at least one-seventh of the body consists of representatives of the public;

(3) The agency has established and implemented guidelines for each member of the decision-making body including guidelines on avoiding conflicts of interest in making decisions;

(4) The agency’s dues are paid separately from any dues paid to any related, associated, or affiliated trade association or membership organization; and

(5) The agency develops and determines its own budget, with no review by or consultation with any other entity or organization.

Narrative:
The ACEN is a not-for-profit subsidiary of the National League for Nursing (NLN). In August 2015, the ACEN Bylaws were revised to ensure that the ACEN has the legal authority to operate as an accrediting agency independently from the NLN related to accreditation activities and to ensure that the ACEN is able to fulfill its responsibilities as an accrediting agency without any undue influence or conflict of interest from the NLN. [EXHIBIT 007]

The Bylaws are composed of two parts. Part A deals with matters including the ACEN’s name, mission, purpose, members, fiduciary duties to the principal member, books, records, corporate seal, conflicts of interest, amendments to Part A of the Bylaws, and dissolution. Part A remains under the sole authority of the NLN as the sole member of the corporation.

Part B of the ACEN's Bylaws deals with the operational aspects of accreditation, which the NLN has delegated independent authority to the Board of Commissioners (BOC) to oversee. Part B addresses all accreditation matters, including function, goals, governance, committees, fiscal year, bonding and signature, parliamentary authority, amendments to Part B of the Bylaws, and indemnification. An example of the ACEN’s independence from the NLN includes the BOC revision to the Part B Bylaws without consent or interference from the NLN in July 2016, July 2018, September 2018, and September 2020. [EXHIBITS 008a, 008b, 008c, 008d]

According to Part B, Article 11, Section 3 of the Bylaws, the ACEN is governed by a 17-member BOC, which is solely responsible to direct, control, and manage the business and accreditation affairs of the agency. The BOC is composed of 11 nurse educators, 3 nurse clinicians, and 3 public members who are elected by ACEN-accredited programs. [EXHIBIT 009]

The BOC is led by officers elected by the Commissioners. The BOC meets at least 3 times annually, during which time the autonomous authority and accountability as an accrediting agency is exercised by carrying out the responsibilities inherent in accreditation processes, such as establishing and enforcing a common core of accreditation standards and criteria for the programs seeking initial or continuing accreditation with the ACEN. [EXHIBITS 010; 011a, 011b]

The following demonstrates the independence and separation from the NLN and that the ACEN is controlled by the BOC.

1. Standards and Criteria
a. Bylaws: Part B, Article I, C; Article III, Section 5 detail the committee structure and meetings for the BOC
b. Policy: #23 Public Notice of Proposed New or Revised Standards and Criteria describes the BOC’s authority to govern the Standards and Criteria
c. Control: The BOC’s review and approval of the 2017 Standards and Criteria [EXHIBITS 012; 013]

2. Policies
a. Bylaws: Part B, Article II, Sections 9-11; Article III, Section 1 detail the committee structure and meetings for the BOC.
b. Policy: #11 Public Notice of Proposed Policy Changes describes the BOC’s authority to govern policies.
c. Control: Review and approval of policies. [EXHIBIT 014]

3. Accreditation Decisions
a. Bylaws: Part B, Article I, Section 1, B; Article 2, Section 11; and Article 3, Section 1, D specify the BOC’s authority to oversee accreditation decisions
b. Bylaws: Part B, Article II, Sections 9-11; Article III, Section 1 detail the committee structure and meetings for the BOC
c. Policy: All policies impact accreditation decisions either directly or indirectly
d. Control: Review of programs and accreditation decisions [EXHIBITS 015; 016; 017; 018; 019; 020a, 020b; 021a, 021b, 021c; 022a, 022b, 022c]

4. Governance and Operations
a. Bylaws: Part B, Article II, Section 1 itemizes the function and goals of the ACEN
b. Bylaws: Part B, Article II, Sections 1-11 explain the governance and operations of the ACEN
c. Bylaws: Part B, Article III, Sections 1-7 explain the BOC committee structure
d. Bylaws: Part B, Article II, Sections 3, 4, 7 and 9 and Article III, Section 4 explain how individuals are elected to the BOC, become officers. The NLN has no influence on the BOC
e. Bylaws: Part B, Article II, Section 5 and Article III, Section 1 explain the representation of public members on the Board [EXHIBIT 023]
f. Bylaws: Part B, Article II, Section 5 explains that NLN has no influence on the BOC [EXHIBIT 023?]
g. Bylaws: Part B, Article II, Sections 9, D and Article III, Section 2 and Section 3 demonstrate the BOC’s authority over the finances of the ACEN
h. Bylaws: Part B, Article VII specifies the BOC’s authority to amend Part B of the Bylaws
i. Policy: #1 Code of Conduct and Conflict of Interest demonstrates the avoidance of conflicts of interest by decision-making bodies [EXHIBITS 024; 025; 026; 027]
j. Policy: #2 Representation on Site Visit Teams, Evaluation Review Panels and the BOC
k. Policy: #10 Appeal Process and Submission and Review of New Financial Information Subsequent to Adverse Action shows the representation of a public member on the Appeal Committee [EXHIBIT 028]
l. Policy: #38 Binding Arbitration shows the representation of a public member as an arbitrator [EXHIBITS 029; 030]
m. Control: Review and approval of audit, budget, fees, investments, administrative policies, etc. [EXHIBIT 031]
n. Control: fee schedule verifies that membership with any organization is not required for accreditation with the ACEN [EXHIBIT 032]
o. Control: Election of Commissioners [EXHIBIT 033(a-b)]

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**Analyst Worksheet - Narrative**

**Analyst Review Status:**

Meets the requirements of this section
Analyst Remarks to Narrative:

As background, ACEN was found out of compliance with the Department’s “separate and independent” requirements from the spring 2012 NACIQI to the summer 2015 NACIQI meeting due to the structure of its relationship with its parent organization, the National League of Nursing (NLN). At the summer 2015 meeting, NACIQI made the decision to terminate the recognition of the agency but to leave the record open for three months to give ACEN the chance to submit new information. New information was submitted to the Secretary in August 2015 and that information was referred to Department staff to be reviewed under 34 C.F.R. 602.32 and to NACIQI to be considered under 34 C.F.R. 602.34. Department staff found that the new information brought ACEN into compliance with the Department’s “separate and independent” requirements. NACIQI agreed with the staff’s conclusion and subsequently, the SDO also agreed in her March 2016 decision letter, which granted recognition for a period of one and a half years. The agency underwent a focused review in 2018 and attested that there had been no changes to its status relevant to this section and therefore was again found to be compliant with the separate and independent requirements. The agency was required to submit a full petition due to new regulations coming into effect as of July 1, 2020 and therefore provided a full narrative and supporting documentation for this section. Department staff finds that the agency continues to meet the Department’s requirements to be separate and independent.

The agency states in this petition that it is a not-for-profit subsidiary of NLN but maintains separate and independent status as indicated by their standards, policies, governance and operations and accreditation decisions. The agency’s bylaws [Exhibit 007] are divided into two parts – Part A, corporate bylaws and Part B, operational bylaws. Although ACEN is a subsidiary of NLN and NLN remains the principal member of ACEN, the bylaws clearly establish ACEN as separate and independent as required by this section. Specifically, the bylaws establish the Board of Commissioners (BOC) as the agency’s decision-making body (Part B, Section 1) that governs, controls, directs and manages the affairs of the agency, including the agency’s finances and budget. The bylaws set forth the nomination and election of commissioners and committee members. The bylaws state the qualifications, terms of office and composition, including that at least 1/7 be representatives of the public. This will be further discussed in the applicable sections throughout section 602.15. Further, the bylaws allow ACEN to establish a conflict-of-interest policy (part A, article VII), which will be discussed in section 602.15(a)(6). The agency submitted supporting documentation demonstrating it is separate and independent from NLN, including revisions to its bylaws by ACEN’s BOC [Exhibits 008a-008d], the BOC election process [Exhibit 009], revision and approval of policy and standards by the BOC [Exhibit 010-012 and 014], copy of meeting minutes from the agency’s 8/19/19 meeting demonstrating approval of 2020 proposed budget including which BOC members were present [Exhibit 031], and documentation demonstrating that members of the BOC are not elected or selected by the board or chief executive officer of any related, associated, or affiliated trade association, professional organization, or membership organization and are not staff of the related, associated, or affiliated trade association, professional organization, or membership organization [Exhibits 033a and b]. Lastly, the agency submitted its roster of BOC as of April 2021, which included the names, bios, and terms of the Commissioners, including representatives of the public.

For the virtual file review conducted during February 2022 ACEN submitted the resumes for all current members on a decision-making body (BOC and Appeals), including documentation that public representatives meet the Department of Education’s definition of that role. ACEN also submitted the agendas and meeting minutes for BOC meetings from 2018-2021. The documentation included the name of the members present and any recusals as appropriate. The agency noted that they have had no
written requests from member institutions that raise concerns about conflicts of interest among members of its decision-making bodies. Meeting Minutes also reflect BOC review and approval of the 2019-2021 budgets in a manner consistent with separate and independent requirements. ACEN submitted specific meeting agendas and minutes that include the nomination of individuals to serve on its decision-making bodies, including the Appeals Committee and BOC as well as the correspondence to those individuals notifying them of their nomination as well as follow up emails informing candidates of their election and appointment.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
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<td>(c) The Secretary considers that any joint use of personnel, services, equipment, or facilities by an agency and a related, associated, or affiliated trade association or membership organization does not violate the “separate and independent” requirements in paragraph (b) of this section if —</td>
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<td>(1) The agency pays the fair market value for its proportionate share of the joint use; and</td>
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<td>(2) The joint use does not compromise the independence and confidentiality of the accreditation process.</td>
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Narrative:
Per Part A, Article IV of the Bylaws, the only fiduciary duty the ACEN has to the NLN is to provide a copy of its annual audit by July 31st each year. [EXHIBIT 034] The ACEN has no joint use agreement for any personnel, services, equipment, or facilities with the NLN. The ACEN is located in Atlanta, GA and provides and controls 100% of its personnel, services, equipment and facilities. [EXHIBIT 035]

Document(s) for this Section

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Meets the requirements of this section

Analyst Remarks to Narrative:

The agency states in its narrative that its only fiduciary duty to the NLN is to provide a copy of its annual audit each fiscal year [Exhibit 034]. The agency attests that it has no joint use agreement for any personnel, services, equipment, or facilities with the NLN and that it controls 100% of its personnel, services, equipment, and facilities [Exhibit 035]. The agency also stated during the file review that it does not share equipment, space, or staff with any membership or trade organization.

As discussed in section 602.14(a), the agency's bylaws set forth a separate and independent status for the agency from its principal member, NLN. Department staff notes that Exhibit 035 contains ample evidence that ACEN controls its personnel, services, equipment, and facilities. Contained within the exhibit are offers of employment by ACEN to job candidates, services billed to ACEN (e.g. Verizon wireless) as well as a lease agreement of office facilities between Lenox Towers, L.P., and ACEN and signed by ACEN's CEO.

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.15(a)(1)

Description of Criteria

The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition. The agency meets this requirement if the agency demonstrates that—

(a) The agency has—

(1) Adequate administrative staff and financial resources to carry out its accrediting responsibilities;
The ACEN has adequate financial resources to perform its accreditation activities efficiently and effectively, has a strong financial position, and has not postponed nor plans to postpone any accrediting responsibility due to insufficient financial or staff resources. [EXHIBIT 036] All such resources are utilized and applied for maximum benefit to the nursing programs through conservative resource management processes. As practiced and maintained by the ACEN Board of Commissioners (BOC), the ACEN Chief Executive Officer (CEO), and the ACEN staff, the organization's culture is one of accountability to constituents for its use of all resources. All financial decisions are viewed through the lens of appropriate and justifiable use of accreditation fees paid to the ACEN by the accredited programs. The BOC holds itself and the CEO accountable for all resources expended in the decision-making process and for any resources used in fulfilling this responsibility.

The ACEN has 3 primary revenue streams: site visits and related fees; candidacy and annual accreditation fees; and event fees (e.g., workshop registrations). [EXHIBITS 037a, 037b] The ACEN ensures the adequacy of revenues and expenditures through careful budgeting and ongoing planning and monitoring.

The ACEN fee schedule is prepared annually by the CEO and the ACEN Chief of Financial Operations (CFO) and approved by the BOC at its annual business meeting. [EXHIBITS 032; 038] Subsequently, the ACEN budget is prepared annually by the CEO and CFO and approved by the BOC at its fall meeting. [EXHIBIT 039] During the preparation of the fee schedule and budget, revenues are projected based on the continuing accreditation of currently accredited nursing; realistic projection of nursing programs anticipated to seek initial accreditation in the upcoming fiscal year; and conservative estimates of attendance at events. When determining revenue projections, the staff consider relevant financial history, outside economic factors, and reasonable and informed assumptions about accreditation activity. Revenues are projected conservatively to protect the ACEN's ability to meet its financial obligations. Similarly, expenses are projected as realistically as possible with the goal of protecting the ACEN from the unexpected expenses that can occur in the normal operations of any agency.

With guidance from the ACEN Investment Manager, the CEO, CFO, and Board Finance Committee collaboratively revised the Investment Policy in 2019. This was done in accordance with the strategy to include delegated, segregated responsibilities for the Finance Committee, Investment Manager, and CFO; the meeting also established investment guidelines to include a periodic policy review and update as necessary or every 2 years. The Investment Policy was distributed to the entire BOC after approval by the Finance Committee. The Investment Policy was reviewed and unanimously approved by the BOC at the March 2019 BOC meeting and was adopted as policy in July 2019. [EXHIBIT 040]

Through collaborative planning, the ACEN's operations are managed for maximum efficiency and cost effectiveness. For example, the CEO and CFO proposed a revised portfolio investment strategy to the Finance Committee in February 2020, which was approved by the Committee. [EXHIBIT 041] The purpose of the revision was to establish criteria pursuant to which the ACEN shall invest excess available funds to maximize earnings and minimize risk. The primary underlying objective of the strategy was to protect the ACEN's investment principal to meet future cash flow requirements.

Conscientious monitoring of the budget plays a significant role in ensuring sound financial management. The CEO and CFO monitor the budget and monthly financial statements and meet each month to review the previous month's financial statements, reconcile and discuss any budget-to-actual variances and
assess modifications to future expenditures to ensure annual budget compliance. Periodic, detailed financial statements and narratives are provided to the Board Chair, Treasurer, and Finance Committee. The Board Chair, Treasurer, Finance Committee, CEO, and CFO meet to review and discuss the financial statements and narrative prior to each BOC meeting. Once approved by the Finance Committee, the financial statements and narratives are distributed to the BOC. Each BOC meeting includes a financial presentation of the reports to the entire BOC. [EXHIBIT 042] The format of the financial report presentation is designed to highlight line items that are significantly above or below projections and provide a rationale for any variance. This format focuses the attention of the BOC and staff to maintaining the minimum projected revenues and the maximum projected expenses. In addition to monitoring by the BOC and staff, the ACEN engages in external review through a comprehensive annual audit. The auditor’s detailed report is provided to the Board Chair, Treasurer, and Audit Committee. The Board Chair, Treasurer, Audit Committee, CEO, and CFO meet to review and discuss the auditor’s detailed report. Once approved by the Audit Committee, the auditor’s detailed report is presented at the BOC’s annual business meeting. [EXHIBITS 043a, 043b] The 2019 audit acknowledged the organization’s outstanding processes for sound financial management. The annual audits have resulted in no adverse findings for the past several years.

The staff, under the direction of the CEO and CFO, maintain limits on all spending. All staff share the commitment to using organizational resources wisely and are accountable for eliminating waste, minimizing expense and making the best use of time, supplies, and vendor services. The staff participate in bi-weekly meetings during which some budget matters are discussed. Periodically throughout the fiscal year, any cash-flow surpluses are deposited in the organization’s reserve fund. The CEO and CFO, with the support of the Finance Committee and BOC, are committed to investing in long-term reserve investments for the long-term financial viability of the organization. Due to careful budgeting, planning, monitoring, and spending, the ACEN has successfully established, maintained, and is growing a reserve fund that will protect the accredited nursing programs from unplanned and unnecessary increases in fees.

The ACEN has adequate staff resources to ensure that its accreditation functions are carried out effectively, efficiently, and in a timely manner. A total of 25 full-time employees work for the ACEN, supporting the nursing programs and completing all required accreditation activities in accordance with set timelines and according to policies/procedures. [EXHIBIT 044] The current organizational structure is designed so that all employees perform work appropriate to their level of education, experience, and role responsibilities and all employees are academically and experientially qualified for their positions. [EXHIBIT 045] Two administrative staff oversee organizational processes and the staff assigned to their units; these administrative staff report to the CEO (Marsal Stoll). Four nurses with advanced degrees in nursing and appropriate experiential qualifications serve as Directors and report to the CEO. Directors focus on those processes which require their expertise. The support staff, which are the remaining 19 employees, support the work of the CEO, administrative staff, and Directors and those aspects of processes which require their expertise.

Satisfaction data demonstrate the ACEN’s staff-to-institution/program ratio is sufficient to meet the needs of accredited programs and that the ACEN performs its functions in a timely manner. [EXHIBIT 046] There are no plans to modify staffing.
### Analyst Worksheet - Narrative

#### Analyst Review Status:

Meets the requirements of this section

#### Analyst Remarks to Narrative:

Staffing

ACEN's accrediting activities are supported by a CEO, 4 directors, 3 administrative staff and 16 staff members [Exhibit 044]. The agency provided the job descriptions and resumes for professional staff involved in accreditation activities, which demonstrate the agency employs qualified staff to carry out its...
accreditation functions. The agency also provided a list of agency decisions demonstrating its administrative and fiscal capacity [Exhibit 036]. The document notes no decisions were postponed due to insufficient administrative or fiscal capacity. In addition, the Department has not received any complaints related to the agency’s administrative capability during this review period. Further, the agency provided the results of a satisfaction survey sent to its members [Exhibit 046], which notes high levels of satisfaction for the support received from ACEN. The agency provided resumes for its remaining administrative staff for the virtual file review conducted during February 2022.

Financial Resources

ACEN notes it has 3 primary revenue streams including site visit and related fees, candidacy and annual accreditation fees, and event fees. These fees are reflected in the agency’s budget for the two most recent fiscal years [Exhibits 037a and b], which demonstrate surpluses for both years. The budget is prepared each year by ACEN’s CEO and CFO and approved by the BOC as demonstrated in Exhibit 039. The agency also provided an audited financial statement for 2018 and 2019. The financial statement demonstrates sufficient net assets and unrestricted assets that ensure the agency’s ability to conduct all its accrediting activities. For the virtual file review conducted during February 2022 the agency submitted its budgets for the most recent fiscal years, which also indicate surpluses.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.15(a)(2)
Description of Criteria

(2) Competent and knowledgeable individuals, qualified by education or experience in their own right and trained by the agency on their responsibilities, as appropriate for their roles, regarding the agency’s standards, policies, and procedures, to conduct its on-site evaluations, apply or establish its policies, and make its accrediting and preaccrediting decisions, including, if applicable to the agency’s scope, their responsibilities regarding distance education and correspondence courses;

Narrative:
Competent and knowledgeable individuals are selected and utilized as peer evaluators based on their academic credentials and experience/expertise in nursing education (including distance education), nursing practice, or as public members. Peer evaluators compose the site visit teams, Evaluation Review Panels (ERPs), and Board of Commissioners (BOC) and are also used for Appeals and Binding Arbitration.
A list of current peer evaluators can be found on the ACEN website. Peer evaluators on the site visit teams and ERPs are nurse educators/nurse administrators and nurse clinicians; these peers make recommendations for consideration by the BOC. Peer evaluators on the BOC and used for Appeals and Binding Arbitration are nurse educators/nurse administrators, nurse clinicians, and public members; these peers are decision-makers for their respective process. Appeals and Binding Arbitration are optional processes, only occurring if the BOC denies initial or continuing accreditation and only if the nursing program pursues the optional process.

Policy #2 Representation on Site Visit Teams, Evaluation Review Panels, and the Board of Commissioners details the qualifying criteria for these bodies, Policy #10 Appeal Process and Submission and Review of New Financial Information Subsequent to Adverse Action details the qualifying criteria for the Appeal Committee and Policy #38 Binding Arbitration details the qualifying criteria for arbitrators. Nurse educators/nurse administrators and nurse clinicians start as peer evaluators, and, if recommended after serving on 3 site visit teams, may be asked to serve as team chair, on ERP, and/or on the Appeal Committee; note, the BOC approves ERP and Appeal Committee appointments. All Commissioners are elected by ACEN-accredited programs and follow the process specified in the Bylaws: Part B, Article 2, Section 3, and Part B, Article 3, Section 4. Arbitrators represent a broader range of expertise inside and outside of higher education, nursing, and the ACEN.

Individuals who are identified by the ACEN staff, nominated by a colleague, or self-nominated to serve as a peer evaluator submit a letter of interest, current curriculum vitae, and letter of recommendation. All required documents are carefully screened to ensure that potential peer evaluators are academically and experientially qualified. Selection is based on experience in nursing education, including distance education, nursing leadership, higher education leadership, and nursing practice. Peer evaluators are required to complete training online prior to onsite reviews and serving on ERP. In the online training, peer evaluators receive information related to the peer evaluators’ role in the review process, the Standards and Criteria, policies, processes, and the evaluation of a program’s compliance with the Standards, including distance education. Additional training specific to the role of team chair provides experienced peer evaluators with further knowledge, guidance, and mentorship needed to serve in the role of team chair. The goal of team chair training is to ensure team chairs are prepared to coordinate an effective onsite review in collaboration with the program, team members, and the ACEN staff. Team chair training is online and focuses on the review process, team chair roles, responsibilities, implementation of the site visit, coordination of the site visit, and communication with team members and nurse administrators.

Following completion of the online training, new peer evaluators are assigned to a site visit team with an experienced team chair who will further mentor them to the role of peer evaluator. Once assigned to a site visit team, all peer evaluators receive an extensive array of materials related to the preparation for and conduct of the site visit. Resources for peer evaluators are available on the ACEN website, including guidelines specific to distance education, which are in the Guidelines for Written Reports.

In addition to initial training and access to resources, each peer evaluator completes online training prior to each cycle. Completion of pre-visit online training is mandatory and the ACEN staff carefully track completion to ensure that all peer evaluators scheduled for a site visit in that cycle have completed pre-visit online training prior to the visit. The pre-visit online training provides information such as updates on the accreditation process, new or revised definitions and/or Standards and Criteria,
and any areas of concern as identified during the previous accreditation cycle. Updates are also shared related to distance education. [EXHIBIT 056(a-b)]

Peer evaluators who have served in previous cycles receive updates at specified intervals to keep them informed of trends and changes in the accreditation practices and policies. The updates serve to ensure consistent application of the Standards and Criteria and ACEN policies. To prepare each peer evaluator for application of the 2017 Standards and Criteria, all were required to complete the online training before conducting a visit that required the application of the 2017 Standards and Criteria. Since the implementation of the 2017 Standards and Criteria, the online training has been refined to provide comprehensive peer evaluator development as reflected on the ACEN website. [EXHIBITS 052a, 052b, 052c] The next Standards and Criteria will be published in 2022. Peer evaluator training and development will follow the same process used for the application of the 2017 Standards and Criteria.

The BOC appoints experienced nurse educators, nurse administrators, and nurse clinicians to serve on ERP. Panelists are selected based on their ACEN experience, nursing leadership, and expertise in nursing education. Prior to the ERP meeting, each panelist receives a packet of materials that includes orientation to the proceedings and online training, which provides panelists with an update on the functions and processes of this level of review. In addition, a briefing session is conducted at the beginning of each panel session, with time for questions from the panelists. [EXHIBIT 057]

The Bylaws, Part B, Article 2, Section 5, prescribes the composition of and selection process for the BOC: 11 Commissioners are nurse educators/nurse administrators who broadly represent schools and ACEN-accredited programs and bring differing experiences, skills, and perspectives to the BOC; 3 Commissioners represent the public; and 3 Commissioners represent nursing service. [EXHIBIT 058] Qualifying criteria for Commissioners follow Policy #2. Through the work of the elected Nominating Committee in preparing the slate of candidates, BOC membership for nurse educators, nurse clinicians, and public members is diversified, to the extent possible, in terms of geographical location, institutional governance (private, public, for-profit, religious-affiliated), institutional setting (rural, suburban, urban), size of the institution, and program type represented.

Once elected, all new Commissioners receive a detailed orientation related to role responsibilities prior to taking office and attending their first BOC meeting. The orientation is conducted by the BOC Chair, Co-Chair, and Chief Executive Officer (CEO) and includes an overview of the ACEN, Standards and Criteria, policies (including distance education), overview of the ACEN finances, and training on how to conduct a review of a program, followed by program case assignments to be reviewed independently by each Commissioner prior to the final part, which is a mock BOC meeting based on the assigned cases that were independently reviewed by each Commissioner. This orientation ensures that public members are fully informed and able to be actively engaged in role responsibilities. [EXHIBITS 059; 060]

Prior to a site visit, each peer evaluator must read Policy #1 Code of Conduct and Conflict of Interest to ensure members of the team do not have conflicts with the program as described in the policy. [EXHIBIT 061] Each team member must sign a conflict of interest form prior to each visit. [EXHIBIT 025] Likewise, every member of ERP must read Policy #1 to ensure panelists do not have conflicts with the program and sign the conflict of interest form. Prior to BOC decisions, each Board member must read Policy #1 and sign an affirmation to ensure members of the Board do not have conflicts with the program. [EXHIBIT 026] Each Board member must sign a conflict of interest form prior to accreditation decisions. [EXHIBIT 062] Peer evaluators who conduct site visits and serve on ERP as well as Board members must disclose all conflicts prior to their reviews. Upon disclosure, the ACEN staff reassign the peer evaluator,
panelist, and Board member to review another program.

Conflict of interest is also followed for any peer evaluator serving on an Appeal or Binding Arbitration Committee. [EXHIBIT 063] There has been no binding arbitration process used to date. The CEO or designee handles the process for orienting Appeal Committee members and Arbitrators.

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:
The agency must specify which members of the Board of Commissioners, Peer Evaluators, Evaluation Review Panel, and Appeal Board are serving in the role of educator/academic and which are serving as administrators.

Analyst Remarks to Narrative:

Board of Commissioners

ACEN’s Board of Commissioners (BOC) directs, controls, and manages the business and affairs of the agency, per the agency’s bylaws [Part B, Article II, Section 1, Exhibit 058]. The bylaws prescribe the duties, election, terms of office, and composition of the BOC, including officers and committees. The BOC is composed of 17 members, including 11 nurse educators who broadly represent schools and programs accredited by the agency, 3 public members, and 3 representing nursing service (practitioners) that meet the qualifications for their role as set forth in Policy #2 [Exhibit 049]. Section 11 states the BOC will hold at least 2 regular meetings a year to determine the accreditation status of programs. The agency submitted its roster of board members for 2020-2021 as of 2/24/21 [Exhibit 013 in section 602.14b]. The roster demonstrates 17 members, including 3 public members and 3 representatives from nursing service (practitioners). The remaining 11 appear to be a mix of educators/academics and administrators; however, the agency did not specify which board members serve in the role of educator/academic and which board members serve in the role of administrator.

BOC members receive extensive training by the agency on their roles and responsibilities via orientation conducted by ACEN’s CEO, BOC Chair and Co-Chair. As supporting documentation, the agency submitted its “Orientation to the Board of Commissioners August 2020”. This training covers the agency’s standards, policies, and procedures, including related to distance education [Exhibit 59]. The agency also notes it trains new board members by preparing them for and hosting a “mock BOC meeting.” The agency submitted the results of its BOC onboarding satisfaction survey, which shows 100% of those receiving the training, including orientation, mock board meeting, mentoring, observing a board meeting, and resources available to them were satisfied with the training offered.

For the file review conducted during February 2022, ACEN submitted an updates roster of BOC members as well as resumes/CVs demonstrating the BOC members are qualified for their roles. ACEN also submitted training materials used in past two years. Training is asynchronous, conducted online and covers the agency’s standards, policies, and procedures. The training utilizes multi-media, is interactive and quizzes participants on the subject matter. The agency submitted documentation demonstrating completion of training for current BOC members. In addition, the agency provided signed affirmation forms documenting that the public members of the BOC meet the Department’s definition of public representative.

Site Visitors

The agency’s policy #2 addresses qualifying and selection criteria for site visit teams [Exhibit 049]. The policy states that site visit teams include nurse educators and nursing clinicians/practitioners. ACEN’s Policy #2 states that nurse educators hold faculty or administrative appointments in ACEN accredited programs or held such positions and have been retired for no more than two years. Further, ACEN’s accreditation manual [Exhibit 050a] lists the academic credentials expected of peer evaluators by program type. For example, peer evaluators for clinical doctorate and master’s programs are expected
to have earned a doctoral degree from an accredited college/university and a graduate degree with a major in nursing from an accredited college/university. Peer evaluators for baccalaureate, associate, diploma, practical nursing programs as well as nurse clinicians are expected to have earned a graduate degree with a major in nursing from an accredited college/university. Nurse educators are responsible for designing, implementing, evaluating, and revising nurse education programs. The agency appears to combine educators/academics and administrators under the category “nurse educator.” This will be further discussed in sections 602.15(a)(3) and 602.15(a)(4). Nurse clinicians/practitioners are licensed nurses who currently hold full- or part-time position in a clinical practice environment. As supporting documentation, ACEN submitted its roster of peer evaluators as of 2/17/21. The roster contains 154 pages of peer evaluators and over 600 names. Each peer evaluator is listed along with their education credentials, current job title, place of employment and city and state. The list contains a mix of educators/academics, administrators and practitioners as required by this criterion.

Peer evaluators are required to complete online training prior to onsite reviews. The agency submitted examples of the online training as Exhibits 052a, 052b and 052c. The training sufficiently covers the agency’s accreditation standards, policies, and procedures, including distance education as well as the peer evaluator’s role in the review process. New peer evaluators are also assigned to a site team with an experienced team chair who serves as a mentor. Peer evaluators receive ongoing training and have access to plentiful resources on the agency’s website including guidelines for written reports [Exhibit 055], which includes sample questions and supporting documents, including as it relates to distance education. Lastly, team chairs receive additional training for their roles and responsibilities and the agency included an example of such a training [Exhibit 053].

For the file review conducted during February 2022, the agency submitted resumes/CVs for all site visitors placed on a site visit team during the recognition period. A review by Department staff confirm site visitors were qualified for their role as a peer evaluator. The agency also provided additional training material used to train peer evaluators and team chairs on the site visit process as well as the agency’s standards, policies and procedures. In addition, the agency submitted documentation demonstrating it tracks the progress and completion of training for all its peer evaluators.

Evaluation Review Panel

The agency’s Evaluation Review Panel (ERP) is part of the peer review process and makes recommendations regarding compliance with the agency’s standards [Exhibit 050a]. Members of the ERP consist of nurse educators, administrators, and clinicians (practitioners) and are appointed by the BOC based on ACEN experience, nursing leadership and expertise in nursing education.

Panelists are trained for their roles and responsibilities prior to each meeting. Panelists receive orientation to the proceedings and online training. In addition, a briefing session is conducted at the beginning of each panel session. [EXHIBIT 057] Department staff observed several ERP meetings the week of January 24, 2022. The panels consisted of a mix of educators, administrators and practitioners and that each panel received the training on their roles and responsibilities as discussed above. It was not clear that each panel consisted of the required mix of academics, educators, administrators, and practitioners as required by 602.15(a)(3) and (4). This is further discussed in those sections.

For the file review conducted during February 2022, the agency submitted resumes/CVs for all ERP members during the recognition period. A review by Department staff confirm ERP members were qualified for their role as a peer evaluator. The agency also provided additional training material used to
train ERP members on the review panel process as well as the agency’s standards, policies and procedures. The documentation included reports demonstrating the agency monitors the progress and completion of training by ERP members.

Appeal Board

ACEN’s Policy #10 addresses the composition, functions, and procedures of the Appeal Board [Exhibit 49]. The Appeal Board provides programs the opportunity to appeal an adverse action taken by the BOC. Policy #10 also describes the composition of the Appeal Board to include five members representing nursing education of the same program type as the appellant program, one member representing nursing practice, and one member representing the public. Members of each Appeal Board are appointed by ACEN’s CEO from among the Appeal Committee membership. As noted above, it appears educators/academics and administrators are included under one category, “nursing educators.” The agency provided the resumes/CVs for appeal board members who served during the recognition period and each were qualified for their role.

For the file review conducted during February 2022 the agency provided documentation that demonstrates it provides training to appeal board members prior to each appeal.

The agency also provided information related to its binding arbitration committee. The agency’s arbitration process will be further discussed in section 602.20(e); however, Department staff notes that the binding arbitration committee is not and should not be treated as a decision-making body by ACEN. ACEN must ensure that its policies are clear regarding this matter.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

602.15(a)(3) states that if an agency accredits institutions, then academic and administrative personnel must be on its evaluation, policy, and decision-making bodies. For ACEN, this regulation applies to only governing organizations/nursing programs for which ACEN serves as the institutional accreditor/Title IV gatekeeper. As of 10/3/22, the ACEN accredits 1,311 nursing programs; of these, according to ACEN records, the ACEN serves as the institutional/Title IV gatekeeper for 61 governing organizations/programs.

602.15(a)(4) states that if an agency accredits programs or single-purpose institutions that prepare students for a specific profession, then educators, practitioners, and/or employers must be on its evaluation, policy, and decision-making bodies. This regulation applies when ACEN serves only as the programmatic accreditor. As of 10/3/22, the ACEN accredits 1,311 nursing programs and of these, according to ACEN records, the ACEN serves as the programmatic accreditor for 1,250 programs.
To facilitate clarity, Policy #2 was revised, and the following summary is offered:

1. A nursing faculty member is an experienced, licensed nurse who has a complex role both as an educator and clinician/practitioner [EXHIBIT 502]. This role includes competency in theories and principles of adult learning; curriculum and instruction; nursing practice; research and evidence; communication, collaboration, and partnership; ethical/legal principals and professionalism; monitoring and evaluation; and management, leadership, and advocacy [EXHIBIT 503]. Nursing faculty are employed by a college/university/school and work in classroom, laboratory, and clinical practice settings to prepare the next generation of nurses with the necessary clinical judgement [EXHIBIT 504].

2. A clinician/practitioner is also a licensed nurse who has a complex role but solely as a clinician/practitioner employed in a broad range of employment settings.

3. An administrator is an individual who has administrative oversight for a nursing education program.

Therefore, all nursing faculty have expertise in at least two roles making them eligible to serve on the Board of Commissioners, a site visit team, an Evaluation Review Panel, and an Appeal Committee in the role of nurse educator and clinician; additionally, some nursing faculty are also administrators making them eligible to serve in this role. In contrast, other peer evaluators such as a clinician/practitioner have only one role and can only serve in the role of clinician/practitioner.

The nurse educators/clinicians, clinicians/practitioners, and administrators on the Board of Commissioners are identified in [EXHIBITS 505a, 505b].

The nurse educators/clinicians, clinicians/practitioners, and administrators eligible to serve on a site visit team are identified in EXHIBIT 506a in the tab entitled “All Eligible Peer Evaluators”. The fall 2021 and spring 2022 site visit team rosters demonstrating the role of representatives is detailed in EXHIBIT 506b in the tab entitled “21-22 Team Rosters and Roles”.

The nurse educators/clinicians, clinicians/practitioners, and administrators eligible to serve on an Evaluation Review Panel are identified in EXHIBIT 506c in the tab entitled “All Eligible ERP PEs”. The rosters for the January 2022 and June 2022 Evaluation Review Panels demonstrating the role of representatives are detailed in EXHIBIT 506d in the tab entitled “21-22 ERP Rosters and Roles”.

The nurse educators/clinicians, clinicians/practitioners, and administrators eligible to serve on an Appeal Committee are identified in EXHIBIT 507.

There has been only one appeal during this recognition period – Excelsior College. The ACEN serves only as the programmatic accreditor for Excelsior College; therefore, in accordance with 602.15(a)(4), the appeal committee composition must include educators, practitioners, and/or employers. The roster provided identifies the role each representative served on the committee [EXHIBIT 508].

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency revised its Policy #2 to clearly define the roles of faculty/educator, clinician/practitioner, and administrator [Exhibit 502]. In addition, the agency identified who is serving in the roles of educator/academic and who is serving as administrators for its Board of Commissioners, Peer Evaluators, Evaluation Review Panel, and Appeal Board [Exhibits 505a-507]. The agency notes there was only one appeal during the recognition period for which ACEN was the programmatic accreditor. The agency clearly identified in its response which members served in the roles of educator, practitioner and member of the public as required by 34 CFR 602.15(a)(4) [Exhibit 508]. This issue is further discussed in the next two sections.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.15(a)(3)

Description of Criteria

(3) Academic and administrative personnel on its evaluation, policy, and decision-making bodies, if the agency accredits institutions;

Narrative:
The evaluation, policy-making, and decision-making bodies are composed of academics (nurse educators) and administrators (nurse administrators) representing all program types accredited by the ACEN, including clinical doctorate/DNP certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing programs, as well as practitioners currently engaged in clinical nursing practice. Evaluation bodies include site visit teams, Evaluation Review Panels (ERPs), and the Board of Commissioners (BOC). The BOC is the only policy-making body, and the BOC, Appeal Committee, and Arbitrators are the decision-making bodies.

The selection process for academics (nurse educators) and administrators (nurse administrators) serving on the site visit teams, ERPs, BOC, Appeal Committee, and as Arbitrators is described in 602.15(a)(2).

Each site visit is conducted by a team of nurse educators/administrators with program-specific expertise and, when appropriate, a practitioner. A site visit team for review of a single program (clinical doctorate/DNP certificate, master’s/PMC, baccalaureate, associate, diploma, or practical program)
typically has a minimum of 3 members. Graduate programs (clinical doctorate/master’s) offering advanced practice nursing options will have at least 1 practitioner with current advanced practice certification on the team. The ACEN staff assign/invite all site visit team members to serve on a team and consider multiple factors regarding the program and team members in making team assignments. [EXHIBITS 047; 064; 065]

The ACEN staff assign/invite panelists, who were appointed to ERP by the BOC, to serve on ERP panels; multiple factors are considered regarding the programs being reviewed in making panel assignments. All panels are composed of a mix of program-specific nurse educators/administrators, and some panels include practitioners. [EXHIBITS 047; 065; 066]

The Bylaws (Part B, Article 2, Section 5) states that 11 Commissioners are nurse educators/administrators who broadly represent ACEN-accredited programs and bring differing experience, skills, and perspectives to the BOC. Through the work of the elected Nominating Committee in preparing the slate of candidates, the candidates represent, to the extent possible, educators/administrators from programs and institutions of various sizes; from diverse settings (private, public, for-profit, religious-affiliated; rural, suburban, urban); and in diverse geographical areas. All program types (clinical doctorate/DNP certificate, master’s/PMC, baccalaureate, associate, diploma, practical) accredited by the ACEN are represented on the BOC. [EXHIBIT 023] Nurse educator nominees for the BOC must attest, in writing, that they meet the definition of a nurse educator. [EXHIBIT 067]

The Appeal Committee is another decision-making body due to its authority to affirm, reverse, or remand the BOC’s decision to deny initial or continuing accreditation. The authority of the Appeal Committee is stated in Policy #10 Appeal Process and Submission and Review of New Financial Information Subsequent to Adverse Action. [EXHIBIT 068] The Chief Executive Officer (CEO) works with the Directors to appoint 7 members from the BOC-appointed Appeal Committee pool to an Appeal Committee to examine a specific appeal. Per Policy #10, 5 members of the Appeal Committee shall represent nursing education (nurse educators/administrators) of the same program type as the appellant program, 1 member shall represent nursing practice (practitioner), and 1 member shall represent the public. [EXHIBITS 068; 069a, 069b]

Arbitrators are another decision-making body due to their authority to affirm or reverse the decision of the Appeal Committee. The authority of Arbitrators is stated in Policy #38 Binding Arbitration. [EXHIBIT 029] The Chief Executive Officer (CEO) works with the Directors to appoint 3 members from the Arbitrator pool. Per Policy #38, 1 Arbitrator shall represent nursing education (nurse educators/administrators), 1 Arbitrator shall represent nursing practice (practitioner), and 1 Arbitrator shall represent the public [EXHIBITS 068; 069b]; accordingly, one third of Arbitrators represents the public. Members of the public appointed as Arbitrators are selected in accordance with the ACEN and the USDE definition of a public member. To date, there has been no binding arbitration process used.

The ACEN maintains ongoing recruitment activities for nurse educators/administrators and clinicians to serve as peer evaluators. During events, the ACEN staff announce a “Call for Nurse Educators and Clinicians.” Further, the website includes a “Become a Peer Evaluator” section, in which an application is linked for peer evaluators, including nurse educators/administrators and clinicians interested in supporting nursing education by serving as peer evaluators. [EXHIBIT 070] The Directors also recruit nurse educators/administrators and clinicians when they attend, present exhibits, or speak at professional meetings, particularly those meetings for advanced practice nurses. All peer evaluators receive the same online training receive to ensure they understand their role as a member of a site visit.
team. The training of peer evaluators is discussed in 602.15(a)(2), as is the supplemental online training provided before a site visit and ERP. To ensure a diverse and appropriate pool of clinicians, 5 clinician (non-advanced-practice) peer evaluators were trained between September 1, 2018 – September 1, 2020; all remain active peer evaluators. Additionally, 9 advanced practice nurses were trained during this same timeframe as well as 173 nurse educators.

The ACEN maintains ongoing recruitment activities for arbitrators. [EXHIBIT 071]

Document(s) for this Section

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Does not meet the requirements of this section

Staff Determination:

Agency must provide a roster of commissioners specifying which nurse educators on the BOC serve in the role of academic representative and which serve in the role of administrative representative. Agency must provide rosters of site team visits demonstrating it uses academics and administrative representatives on each site team for institutional accreditation. Agency must provide further documentation demonstrating it uses academics and administrative representatives on each ERP panel that reviews institutions.

Analyst Remarks to Narrative:

As an accrediting agency that accredits program and institutions, ACEN is required to include academic and administrative personnel on its evaluation, policy, and decision-making bodies. The agency states in its narrative that these bodies are composed of academics (nurse educators) and administrators (nurse administrators) representing all program types accredited by ACEN. The agency further notes that it considers its evaluation bodies to include site visit teams, Evaluation Review Panels (ERPs), and the Board of Commissioners (BOC). Per the agency’s narrative the BOC is the only policy-making body, and the BOC, Appeal Board, and Arbitrators are the only decision-making bodies.

Board of Commissioners

Per Part B, Article II, Section 3 of ACEN’s bylaws, the BOC is composed of 17 members elected by the agency’s accredited nursing programs [Exhibit 008 in section 602.14(b). 11 Commissioners shall be nurse educators, 3 shall represent the public and 3 shall represent nursing service. As discussed in the previous section, ACEN’s Policy #2 sets forth the specific qualifications for nurse educators, nurse clinicians/practitioners, and public members. (Exhibit 49 in section 602.15(a)(2)). Specific to this criterion, nurse educators include both academics/educators and administrators. The policy states that nurse educators are individuals who currently hold full-time faculty, part-time faculty, or administrative appointments in an ACEN accredited program or held one of these positions and has been retired for no more than 2 years. The agency provided its roster of current commissioners that reflect 11 nurse educators [Exhibit 023]; however, the roster does not specify if the nurse educator is serving in the role of academic representative or administrative representative.

Site Visitors

ACEN’s Policy #2 states that site teams are composed of nurse educators and nursing clinicians/practitioners as discussed and defined above. The agency further states in its narrative that
each site visit for a single program typically has 3 members assigned by ACEN staff with consideration of multiple program factors as described in the agency's handbook [Exhibit 047] and information contained in the peer evaluator information update form [Exhibit 064]. The agency provided examples of several site visit team announcements listing the site visitors; however, the announcements did not designate each person’s role. [Exhibit 064, example, page 28]

Evaluation Review Panel

ACEN’s Policy #2 also states that Evaluation Review Panel (ERP) members are composed of nurse educators and nursing clinicians/practitioners [Exhibit 049]. Members of the ERP are recommended by ACEN staff from among peer evaluators, Commissioners, and accredited programs and appointed by the BOC. Members must be eligible peer evaluators. The agency provided an example of an ERP for the Spring 2020 accreditation cycle for associate programs that demonstrates the inclusion of nurse educators; however, the roster does not designate which members are serving as academic representatives and which members are serving as administrative representatives, as applicable. [Exhibit 066] In addition, Department staff observed an ERP meeting in January 2022. The roster of ERP members submitted for the panels observed list each person’s role as “educator” except one person was listed as a clinician (practitioner). It appeared that at least one of the panels reviewed Title IV institutions; however, it is not clear if the panel consisted of both administrators and academics as required by this criterion [Exhibit A3D CMB2 P with peer evaluator role.pdf]

Appeal Board

The agency’s appeal process is outlined in Policy #10 [Exhibit 0680 and states, in part, that 7 members from the BOC appointed Appeal Committee membership will be appointed by ACEN’s CEO to an appeal committee to examine a specific appeal. Policy #10 also states that 5 members shall represent nursing education of the same program type as the appellant program and one member shall represent the public, and one member shall represent nursing practice. The agency submitted a sample roster of an appeal committee that lists each member’s role. [Exhibit 069b] The roster shows the agency appoints representatives as stated in its policy; however, the roster does not distinguish which educator role represents academics and which represents administrators as required by this criterion.

The agency also provided information related to its binding arbitration committee. The agency’s arbitration process will be further discussed in section 602.20(e); however, Department staff notes that the binding arbitration committee is not and should not be treated as a decision-making body by ACEN. ACEN must ensure that its policies are clear regarding this matter.

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Response:

A roster of the Board of Commissioners (BOC) specifying which nurse educators on the BOC serve in the role of academic representative and which serve in the role of administrative representative is detailed in EXHIBITS 505a, 505b.
The nurse educators/clinicians, clinicians/practitioners, and administrators eligible to serve on a site visit team are identified in EXHIBIT 506a in the tab entitled “All Eligible Peer Evaluators”. The fall 2021 and spring 2022 site visit team rosters demonstrating the use of academics and administrative representatives on each team for which the ACEN serves as the governing organization/Title IV gatekeeper is detailed in EXHIBIT 506b, in the tab entitled “21-22 Team Rosters and Roles”.

The nurse educators/clinicians, clinicians/practitioners, and administrators eligible to serve on an Evaluation Review Panel are identified in EXHIBIT 506c in the tab entitled “All Eligible ERP PEs”. The rosters for the January 2022 and June 2022 Evaluation Review Panels demonstrating the use of academics and administrative representatives on panels for which the ACEN serves as the governing organization/Title IV gatekeeper is detailed in EXHIBIT 506d in the tab entitled “21-22 ERP Rosters and Roles.”

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

As noted in the previous section, the agency revised its Policy #2 to clearly define the roles of faculty/academic and administrator. In response to the draft analysis for this section, the agency submitted additional supporting documentation to demonstrate it includes academics and administrators on its Board of Commissioners, as well as site visit teams and Evaluation Review Panels. Specifically, the agency included documentation that specifies the role of each member on its rosters for site visit teams and evaluation review panels [Exhibits 506a and 507c] as well as rosters for each specific team/panel for fall 2021 and spring 2022 [Exhibits 506b and 506d]. The agency also resubmitted its Board of Commissioners roster with each member’s role identified. As noted in the previous section, the agency had only one appeal during the current period of recognition. That appeal was submitted by a program and not institution so is not relevant to this criterion. Together, the additional information and exhibits demonstrate the agency includes academic and administrative personnel on its evaluation, policy, and decision-making bodies for the institutions it accredits.

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Criteria: 602.15(a)(4)
Description of Criteria

(4) Educators, practitioners, and/or employers on its evaluation, policy, and decision-making bodies, if the agency accredits programs or single-purpose institutions that prepare students for a specific profession;

Narrative:
The evaluation, policy- and decision-making bodies are composed of nurse educators representing all program types accredited by the ACEN, including clinical doctorate/DNP certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing programs as well as clinicians currently engaged in clinical nursing practice; clinicians are also considered representatives of employers. Evaluation bodies are the site visit teams, Evaluation Review Panels (ERP), and Board of Commissioners (BOC). The BOC is the only policy-making body and the BOC, Appeal Committee, and Arbitrators are the decision-making bodies.

The selection process for nurse educators and practitioners (clinicians) serving on the site visit teams, ERPs, BOC, Appeal Committee, and Arbitrators is described in 602.15(a)(2).

Each site visit is conducted by a team of nurse educators with program-specific expertise and, when appropriate, a practitioner. A site visit team for review of a single program (clinical doctorate/DNP certificate, master’s/PMC, baccalaureate, associate, diploma or practical program) typically has a minimum of 3 members. Graduate programs (clinical doctorate/master’s) offering advanced practice nursing options will have at least 1 practitioner with current advanced practice certification on the team. The ACEN staff assign/invite all site visit team members to serve on a team and consider multiple factors regarding the program and team members in making team assignments. [EXHIBIT 064]

The ACEN staff assign/invite panelists, who were appointed to ERP by the BOC, to serve on ERP panels; multiple factors are considered regarding the programs being reviewed in making panel assignments. All panels are composed of a mix of program-specific nurse educators and some panels include practitioners. [EXHIBITS 050a; 065; 066]

The Bylaws (Part B, Article 2, Section 5) states that 11 Commissioners are nurse educators who broadly represent ACEN-accredited programs and bring differing experience, skills, and perspectives to the BOC. The Bylaws (Part B, Article 2, Section 5) states that 3 Commissioners are from nursing service (practitioners/clinicians). [EXHIBIT 023] Clinicians are licensed nurses who currently work full- or part-time in a clinical practice environment and represent a wide range of clinical settings/employers and experiential backgrounds. A clinician’s primary role as a peer evaluator is to apply knowledge and experience in clinical settings as a component of the evaluation process in verifying that a program is preparing students to function in a safe and competent manner in contemporary healthcare settings. Nurse educators and clinicians nominated for the BOC must attest, in writing, that they meet the definition of a nurse educator or nurse clinician. [EXHIBIT 067]

The Appeal Committee is another decision-making body due to its authority to affirm, reverse, or remand the BOC’s decision to deny initial or continuing accreditation. The authority of the Appeal Committee is stated in Policy #10 Appeal Process and Submission and Review of New Financial Information Subsequent to Adverse Action. [EXHIBIT 068] The Chief Executive Officer (CEO) works with the Directors to appoint 7 members from the BOC-appointed Appeal Committee pool to an Appeal Committee to examine a specific appeal. Per Policy #10 Appeal Process and Submission and Review of
New Financial Information Subsequent to Adverse Action, 5 members of the Appeal Committee shall represent nursing education (nurse educators/administrators) of the same program type as the appellant program; 1 member shall represent nursing practice (practitioner); and 1 member shall represent the public. [EXHIBITS 068; 069a, 069b]

Arbitrators are another decision-making body due to their authority to affirm or reverse the decision of the Appeal Committee. The authority of Arbitrators is stated in Policy #38 Binding Arbitration. [EXHIBIT 029] The Chief Executive Officer (CEO) works with the Directors to appoint 3 members from the Arbitrator pool. Per Policy #38 Binding Arbitration, 1 Arbitrator shall represent nursing education (nurse educators/administrators); 1 Arbitrator shall represent nursing practice (practitioner); and 1 Arbitrator shall represent the public [EXHIBITS 068; 069a, 069b]; accordingly, one-third of Arbitrators represents the public. Members of the public appointed as Arbitrators are selected in accordance with the ACEN and the USDE definition of a public member. To date, there has been no binding arbitration process used.

The ACEN maintains ongoing recruitment activities for nurse educators and clinicians to serve as peer evaluators. During events, the ACEN staff announce a “Call for Nurse Educators and Clinicians.” Further, the website includes a “Become a Peer Evaluator” section, in which an application is linked for peer evaluators, including nurse educators and clinicians interested in supporting nursing education by serving as peer evaluators. [EXHIBIT 070] The Directors also recruit nurse educators and clinicians when they attend, present exhibits or speak at professional meetings, particularly those meetings for advanced practice nurses. All peer evaluators receive the same online training receive to ensure they understand their role as a member of a site visit team. The training of peer evaluators is discussed in 602.15(a)(2), as is the supplemental online training provided before a site visit and ERP. To ensure a diverse and appropriate pool of clinicians, 5 clinicians (non-advanced practice) peer evaluators were trained between September 1, 2018 – September 1, 2020; all remain active peer evaluators. Additionally, 9 advanced practice nurses were trained during this same timeframe as well as 173 nurse educators.

The ACEN maintains ongoing recruitment activities for arbitrators. [EXHIBIT 071]

Document(s) for this Section

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### Does not meet the requirements of this section

**Staff Determination:**

Agency must provide rosters of site team visits demonstrating it uses both educators and practitioner representatives on each site team for programmatic accreditation. Agency must provide further documentation demonstrating all Board of Commissioner members serving in the practitioner role meet the requirements for that role. Agency must provide further documentation demonstrating it uses educator and practitioner representatives on each ERP panel that reviews programs.

**Analyst Remarks to Narrative:**
As an accrediting agency that accredits programs and institutions, ACEN is required to include educators and practitioners on its evaluation, policy, and decision-making bodies. The agency states in its narrative that these bodies are composed of educators (nurse educators) and practitioners (nurse clinicians) representing all program types accredited by ACEN. The agency further notes that it considers its evaluation bodies to include site visit teams, Evaluation Review Panels (ERPs), and the Board of Commissioners (BOC). Per the agency’s narrative the BOC is the only policy-making body, and the BOC, Appeal Board, and Arbitrators are the only decision-making bodies. However, Department staff has informed the agency that its Arbitrators should not be classified as a decision-making body as this body does not make accreditation decisions.

Board of Commissioners

Per Part B, Article II, Section 3 of ACEN’s bylaws, the BOC is composed of 17 members elected by the agency’s accredited nursing programs [Exhibit 008 in section 602.14(b). 11 Commissioners shall be nurse educators, 3 shall represent the public and 3 shall represent nursing service. As discussed in the previous section, ACEN’s Policy #2 sets forth the specific qualifications for nurse educators, nurse clinicians/practitioners, and public members. (Exhibit 49 in section 602.15(a)(2). Specific to this criterion, nurse educators include both educators and administrators. The policy states that nurse educators are individuals who currently hold full-time faculty, part-time faculty, or administrative appointments in an ACEN accredited program or held one of these positions and has been retired for no more than 2 years. Nurse clinicians/practitioners licensed nurses who currently hold full or part-time position in a clinical practice environment. The agency provided its roster of current commissioners that reflect 11 nurse educators and 3 nurse practitioners [Exhibit 023]; however, the roster does not specify if the nurse educator if serving in the role of academic/educator representative or administrative representative. In addition, Department staff reviewed the resumes/CVs of current Commissioners during the virtual file review conducted in February 2022. It is not clear from a review of the resumes for the three practitioners that each is qualified for their role as a practitioner representative. Specifically, Carolyn Jo McCormies is listed as a practitioner by the agency; however a review of her resume shows she has been the director of the nursing program at Eastern Arizona College since 2009. Department staff does note that her experience prior to 2009 appears to be as a nurse practitioner. The website lists her as a family nurse practitioner at Mount Graham Family Medicine; however, that experience is not reflected on her resume and so cannot be confirmed by Department staff.

Site Visitors

ACEN’s Policy #2 states that site teams are composed of nurse educators and nursing clinicians/practitioners as discussed and defined above. The agency further states in its narrative that each site visit for a single program typically has 3 members assigned by ACEN staff with consideration of multiple program factors as described in the agency’s handbook [Exhibit 047] and information contained in the peer evaluator information update form [Exhibit 064]. The agency provided examples of several site visit team announcements listing the site visitors; however, the announcements did not designate each person’s role. [Exhibit 064, example, page 28] In addition, Department staff reviewed 10 site visit reports for the virtual file review conducted during February 2022. All 10 were for programmatic accreditation and therefore required an educator and practitioner on each site team. The number of peer evaluators on each site team ranged from 3-6. None of the site visit reports specifically mentioned the role for each peer evaluator. However, it appears that from a review of each peer evaluators current job title and place of employment only 3 of the 10 site visit teams potentially utilized a practitioner as a peer evaluator.
Evaluation Review Panel

ACEN’s Policy #2 also states that Evaluation Review Panel (ERP) members are composed of nurse educators and nursing clinicians/practitioners [Exhibit 049]. Members of the ERP are recommended by ACEN staff from among peer evaluators, Commissioners, and accredited programs and appointed by the BOC. Members must be eligible peer evaluators. The agency provided an example of an ERP for the Spring 2020 accreditation cycle for associate programs that demonstrates the inclusion of nurse educators; however, the roster does not designate which members are serving as educator representatives and which members are serving as practitioner representatives. [Exhibit 066] Department staff observed 3 ERP panel meetings in January of 2022 and noted that it did not appear that practitioners were included on every panel that reviewed programs. [Exhibit A3D CMB2 P with peer evaluator role.pdf]

Apology Board

The agency’s appeal process is outlined in Policy #10 [Exhibit 0680 and states, in part, that 7 members from the BOC appointed Appeal Committee membership will be appointed by ACEN’s CEO to an appeal committee to examine a specific appeal. Policy #10 also states that 5 members shall represent nursing education of the same program type as the appellant program and one member shall represent the public, and one member shall represent nursing practice. The agency submitted a sample roster of an appeal committee that lists each member’s role. [Exhibit 069b] The roster shows the agency appoints representatives as stated in its policy; however, the roster does not distinguish which educator role represents academics and which represents administrators as required by 602.15(a)(3). The roster does clearly designate which member is the practitioner.

The agency also provided information related to its binding arbitration committee. The agency’s arbitration process will be further discussed in section 602.20(e); however, Department staff notes that the binding arbitration committee is not and should not be treated as a decision-making body by ACEN. The binding arbitration committee does not make accreditation decisions and therefore cannot be considered a decision-making body.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

A roster of the Board of Commissioners (BOC) specifying which clinician/practitioner representatives on the BOC serve in the clinician/practitioner role is detailed in EXHIBITS 505a, 505b.

1. From July 2009–June 2022 [D](6)
The nurse educators/clinicians, clinicians/practitioners, and administrators eligible to serve on a site visit team are identified in EXHIBIT 506a in the tab entitled “All Eligible Peer Evaluators”. The fall 2021 and spring 2022 site visit team rosters demonstrating the use of educators/clinicians and clinician/practitioner representatives on each site team for which the ACEN serves as the programmatic accreditor is detailed in EXHIBIT 506b in the tab entitled “21-22 Team Rosters and Roles.”

The nurse educators/clinicians, clinicians/practitioners, and administrators eligible to serve on an Evaluation Review Panel are identified in EXHIBIT 506c in the tab entitled “All Eligible ERP PEs”. The rosters for the January 2022 and June 2022 Evaluation Review Panels demonstrating the use of educators/clinicians and clinician/practitioner representatives on panel for which the ACEN serves as the programmatic accreditor are detailed in EXHIBIT 506d in the tab entitled “21-22 ERP Rosters and Roles.”

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

As noted in the previous section, the agency revised its Policy #2 to more clearly define the roles of faculty/educator and clinician/practitioner. In response to the draft analysis for this section, the agency submitted additional supporting documentation to demonstrate it includes educators and practitioners on its Board of Commissioners, as well as site visit teams, Evaluation Review Panels and Appeal panels for which ACEN serves as the programmatic accreditor. Specifically, the agency included documentation that identifies the role of each member on the rosters for site visit teams and Evaluation Review Panels [Exhibits 506a and 506c] as well as rosters for each specific team/panel for fall 2021 and spring 2022 [Exhibits 506b and 506d]. The agency resubmitted its Board of Commissioners roster with each member’s role identified. The agency also included additional narrative and supporting documentation to demonstrate the BOC members identified as practitioners meet the definition for that role [Exhibits
As noted in the previous section, the agency had only one appeal during the current period of recognition. ACEN served as the programmatic accrediting agency for that appeal. The agency provided additional information and supporting documentation in section 602.15(a)(2) that demonstrates that the appeal panel consisted of educators, practitioners and a member of the public. Together, the additional information and exhibits demonstrate the agency includes educators, practitioners, and/or employers on its evaluation, policy, and decision-making bodies for the programs or single-purpose institutions that prepare students for a specific profession that it accredits.

Criteria: 602.15(a)(5)
Description of Criteria

(5) Representatives of the public, which may include students, on all decision-making bodies; and

Narrative:
The Board of Commissioners (BOC), Appeal Committee, and Arbitrators are the decision-making bodies, and all these bodies have public members. The selection process for public members serving on the BOC and Appeal Committee and as Arbitrators is described in 602.15(a)(2).

The ACEN definition of a public member is consistent with the Department’s definition of a public member. Policy #2 Representation on Site Visit Teams, Evaluation Review Panels, and the Board of Commissioners stipulates that “public members are individuals with no connection to the discipline of nursing. An individual representing the public may not be (1) An employee, owner, or shareholder of an institution with any accredited or non-accredited nursing program or candidate/applicant program; (2) A member of the governing board for an institution with any accredited or non-accredited program or candidate/applicant program; (3) A consultant to any accredited or non-accredited program or candidate/applicant program; (4) Affiliated or associated with any nursing accreditation agency or nursing organization, such as AACN, ANA, or NLN; or (5) A spouse, parent, child, or sibling of an individual identified in the above statements.” [EXHIBIT 065] Public member nominees for the BOC must attest, in writing, that they meet the definition of a public member. [EXHIBIT 067]

The Bylaws Part B, Article 2, Section 5 specifically prescribes that 3 members (3 of 17 or 17.6%) of the BOC represent the public. [EXHIBIT 072] The current public members, as well as those who previously served on the BOC, represent an array of experience and expertise in non-profit agencies, healthcare and higher education. Currently, 2 public members are retired college presidents and 1 is a retired Associate Director of the Education Directorate at the American Psychology Associate. [EXHIBIT 073]

Public members fully participate in all Commissioner role responsibilities. Public members are assigned
programs to review in each accreditation cycle, just as the nurse educator and nurse clinician Commissioners are. As part of the decision-making process, public members make recommendations about programs’ accreditation statuses, raise concerns about programs’ compliance with the Standards, participate fully in discussions regarding accreditation decisions, and have a vote equal to that exercised by other Commissioners. The Bylaws Part B, Article 3, Section 1 stipulates that 1 member of the Executive Committee must be a public member; therefore, a public member also serves on the Executive Committee. At present, a public member serves as Treasurer on the BOC. [EXHIBIT 074]

The call for Commissioner nominations (nurse educators, nurse clinicians, public members) is disseminated electronically to several thousand individuals each year. Public members are identified for consideration and placement on the ballot through a call for nominations, which is disseminated to all ACEN-accredited and candidate programs, peer evaluators, and the public. The call for nominations also appears on the website, allowing potential public member to self-nominate. Additionally, the call for nominations is disseminated to agencies and other constituents, such as regulatory agencies, national organizations, other accrediting agencies, etc. [EXHIBIT 075]

Public member nominees are reviewed and selected by the Nominating Committee in the same manner as nurse educators and nurse practitioners. The Nominating Committee reviews all nominees for eligibility based on the ACEN and Departments’ definition of a public member and selects only those individuals who meet all eligibility requirements to appear on the election ballot. [EXHIBIT 076]

The Appeal Committee is another decision-making body due to its authority to affirm, reverse, or remand the BOC’s decision to deny initial or continuing accreditation. The authority of the Appeal Committee is stated in Policy #10 Appeal Process and Submission and Review of New Financial Information Subsequent to Adverse Action. [EXHIBIT 068] The Chief Executive Officer (CEO) works with the Directors to appoint 7 members from the BOC-appointed Appeal Committee pool to an Appeal Committee to examine a specific appeal. Per Policy #10, 5 members of the Appeal Committee shall represent nursing education (nurse educators/administrators) of the same program type as the appellant program, 1 member shall represent nursing practice (practitioner), and 1 member shall represent the public. [EXHIBITS 068; 069a, 069b] Accordingly, one-seventh of the Appeal Committee represents the public. Members of the public appointed to the Appeal Committee are selected in accordance with the ACEN and the USDE definition of a public member.

Arbitrators are another decision-making body due to their authority to affirm or reverse the decision of the Appeal Committee. The authority of Arbitrators is stated in Policy #38 Binding Arbitration. [EXHIBIT 029] The CEO works with the Directors to appoint 3 members from the Arbitrator pool. Per Policy #38, 1 Arbitrator shall represent nursing education (nurse educators/administrators), 1 Arbitrator shall represent nursing practice (practitioner), and 1 Arbitrator shall represent the public [EXHIBITS 068; 069a, 069b]; accordingly, one third of Arbitrators represents the public. Members of the public appointed as Arbitrators are selected in accordance with the ACEN and the USDE definition of a public member. To date, there has been no binding arbitration process used.

Additionally, the ACEN maintains ongoing recruitment activities for arbitrators. [EXHIBIT 071]
ACEN provided documentation demonstrating that the agency's decision-making bodies, the Board of Commissioners, Appeal Committee, and Arbitrators are composed of public members. The ACEN bylaws (Exhibit 072, Part B, Article 2, Section 5 specifically prescribes that 3 members (17.6%) of the Board of Commissioners be representatives of the public. The agency's policies also stipulate that 1 member of each Appeal Committee, and one Arbitrator must be a representative of the public (Exhibits 068 and 069).

The agency's definition of a public representative is compliant with the Department's regulatory definition. The agency described its call for and selection of public members [Exhibits 071, 075, 076]. The agency provided rosters showing 3 BOC members currently serve as a public representative and an example roster form an Appeal Committee showing 1 public representative. For the file review conducted during February 2022 the agency provided signed attestation forms affirming all members serving as a public representative on the agency's decision making bodies meet the definition of that
The agency also provided information related to its binding arbitration committee. The agency’s arbitration process will be further discussed in section 602.20(e); however, Department staff notes that the binding arbitration committee is not and should not be treated as a decision-making body by ACEN. The binding arbitration committee does not make accreditation decisions and therefore could not be considered a decision-making body.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.15(a)(6)
Description of Criteria

(6) Clear and effective controls, including guidelines, to prevent or resolve conflicts of interest, or the appearance of conflicts of interest, by the agency’s—
   (i) Board members;
   (ii) Commissioners;
   (iii) Evaluation team members;
   (iv) Consultants;
   (v) Administrative staff; and
   (vi) Other agency representatives; and

Narrative:
The ACEN has established and implemented policies/processes for clear and effective controls against conflicts of interest or the appearance of conflicts of interests by Commissioners, peer evaluators, staff, and other agency representatives. Policy #1 Code of Conduct and Conflict of Interest governs circumstances for actual or potential conflict of interests. [EXHIBIT 061]

CONFLICT OF INTEREST FOR PEER EVALUATORS
Policy #1 states that not only conflicts of interest, but also the appearance of conflicts of interest, must be avoided in all circumstances. All site visitors, Evaluation Review Panel (ERP) members, Commissioners, Appeal Committee members, Arbitrators, and any other individuals who act on behalf of the ACEN shall not have direct involvement with and/or participate in any evaluation or decision-making capacity for a program if they have an actual or potential conflict of interest with the program. Actual or potential conflicts of interest are identified in Policy #1. Additionally, peer evaluators are
advised to avoid:

- Advertising of one’s status as a site visitor, ERP member, Commissioner, Appeal Committee member, or Arbitrator for the purpose of consulting;
- Soliciting consultation arrangements with programs preparing for accreditation review;
- Giving advice to a program or consulting for a program for a period of 2 years after serving as a peer evaluator on any ACEN accreditation matter; and/or
- Offering definitive answers related to ACEN policies and processes or the Standards and Criteria.

CONFLICT OF INTEREST, CONDUCT, AND ETHICAL GUIDELINES FOR THE ACEN STAFF

Policy #1 states that not only conflicts of interest, but also the appearance of conflicts of interest, must be avoided in all circumstances by the ACEN staff. No staff member shall have direct involvement with a program if they have an actual or potential conflict of interest with the program. Staff members should inform the Chief Executive Officer if an actual or potential conflict of interest exists. Actual or potential conflicts of interest are identified in Policy #1. Additionally, staff members are prohibited from accepting fees, awards, or honorary degrees from an institution with a program that is accredited by the ACEN.

PROCESS FOR IMPLEMENTING THE ACEN CODE OF CONDUCT AND CONFLICT OF INTEREST POLICY

- All peer evaluators receive a copy of Policy #1 prior to each accreditation activity in which they participate and are required to attest through their electronic or hand signature that they have received and read and agree to comply in all respects with Policy #1. [EXHIBIT 025]
- Commissioners, ERP members, and site visitors are required to refrain from accepting membership on a site visit team and/or must recuse themselves from discussion during the review of any program if their presence would constitute or appear to constitute a conflict of interest. Commissioners and ERP members must also abstain from voting if a conflict of interest is identified. [EXHIBITS 077; 078]
- Any Commissioner or ERP member who was a member of a site visit team for a program under consideration or resides in or is currently employed in the same state as the program under consideration must recuse her/himself from the Commission or ERP discussion about the program and abstain from voting. [EXHIBITS 077; 078]
- Typically, when the program at which an ERP member is employed is being considered for accreditation or appeal, that individual does not serve on the ERP during that accreditation cycle.
  - When the program at which a Commissioner is employed is being considered for accreditation or appeal, the Commissioner will recuse her/himself from the portion of the Commission meeting agenda concerned with the evaluation of that program and abstain from voting.
- Site visitors, ERP members, Commissioners, Appeal Committee members, and Arbitrators are reminded of the confidentiality of all information pertaining to the review of programs and the need to avoid any actions that might give the appearance of a conflict of interest or could reasonably be perceived as affecting their objectivity.

Each year, all of the ACEN staff members receive a copy of Policy #1 and are required to confirm through their electronic or hand signature that they have received, have read, and agree to comply in all respects with this Policy. [EXHIBIT 079(a-b)]

Policy #10 Appeal Process and Submission and Review of New Financial Information Subsequent to Adverse Action also includes guidelines for avoiding conflicts of interest during appeal processes and refers to the adherence of Appeal Committee members to the conflict of interest policy as follows: “A member of the Appeal Committee shall recuse him/herself from the Appeal Committee if there is a conflict of interest or an appearance of a conflict of interest. Appeal Committee members are subject to
the requirements of ACEN Policy #1 Code of Conduct and Conflict of Interest.” [EXHIBITS 063; 068]

Furthermore, Policy #38 Binding Arbitration includes guidelines for avoiding conflicts of interest during the binding arbitration processes and refers to the adherence of Arbitrators to the conflict of interest policy as follows: “The selected arbitrators shall be governed by the conflict of interest provisions of ACEN Policy #1 Code of Conduct and Conflict of Interest. The ACEN CEO shall provide the selected arbitrators with a copy of ACEN Policy #1 and request that any selected arbitrator who has a conflict of interest recuse themselves and so notify the ACEN CEO.” [EXHIBIT 029] To date, there has been no binding arbitration process used.

The ACEN does not engage any consultants for the purpose of advising programs about the accreditation processes or providing advice or guidance regarding compliance with the Standards and Criteria. The ACEN does not endorse or recommend any individual to operate in the capacity of a consultant to any program at any time.

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:
ACEN has established and implemented policies/processes for clear and effective controls against conflicts of interest or the appearance of conflicts of interest for the individuals covered by this criterion. Policy #1 Code of Conduct and Conflict of Interest governs circumstances for actual or potential conflict of interests for Commissioners, Site Evaluators, Evaluation Review Panel members, Appeal Panel members, and ACEN staff. [Exhibit 061]. Policy #38, Binding Arbitration, states that selected Arbitrators are also governed by the Conflict of Interest provision in Policy #1 [Exhibit 029]. The agency states it does not engage any consultants for the purpose of advising programs about the accreditation process and does not endorse any individual to operate in the capacity of a consultant to any program at any time.

Policy #1 further states that each individual covered by this criterion will sign an attestation that they agree to comply with all aspects of ACEN’s "Code of Conduct and Conflict of Interest Policy" prior to each site visit, Evaluation Review Panel, or Board of Commissioners meeting, as applicable. Additionally, ACEN staff members are required to read the policy and sign the same form each year.

The agency provided documentation including conflict of interest forms signed by staff, commissioners, site evaluation team members and appeal panel members [Exhibits 025, 063, 077, 079a and b] as well as an example of an ERP meeting where conflicts were identified on the agenda [Exhibit 078]. Department staff observed recusals due to conflict of interest while observing ACEN’s Evaluation Review Panel the week of January 24, 2022. The agency provided all signed conflict of interest forms for the period 2019-2022 for Board of Commissioner meetings, Evaluation Review Panel Meetings, site visits and staff. Lastly, as part of the virtual file review, the agency noted that it has received no formal complaints during the recognition period related to conflict of interest.

The agency also provided information related to its binding arbitration committee. The agency’s arbitration process will be further discussed in section 602.20(e); however, Department staff notes that the binding arbitration committee is not and should not be treated as a decision-making body by ACEN. The binding arbitration committee does not make accreditation decisions and therefore could not be considered a decision-making body.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

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Criteria: 602.15(b)
Description of Criteria

(b) The agency maintains complete and accurate records of—
(1) Its last full accreditation or preaccreditation review of each institution or program, including on-site evaluation team reports, the institution's or program's responses to onsite reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the institution's or program's most recent self-study; and
(2) All decision letters issued by the agency regarding the accreditation and preaccreditation of any institution or program and any substantive changes.

Narrative:
Policy #12 Program Records on File describes in detail the types of records and format of records the ACEN retains. [EXHIBIT 080] The ACEN retains paper or digital accreditation records, non-accreditation records, and official correspondence. Additionally, the Records Retention and Destruction Policy details the length of time records are maintained, location where documents are saved, and destruction method. [EXHIBIT 081]

The ACEN retains the following records:

A. Accreditation Records
Per Policy #12, accreditation records are “documents (paper or digital) created by the institution/nursing program or created by the ACEN and are in the possession of the ACEN that relate to the review of an institution's/nursing program's seeking initial accreditation, continuing accreditation or approval of a substantive change.”

1. Initial or Continuing Accreditation Records – retained for 1 accreditation cycle (5 years for initial accreditation or 8 years for continuing accreditation) and then destroyed. [EXHIBITS 082; 083; 084; 085] These records include the following:
   a. Program’s written report (i.e., Self-Study Report, Follow-Up Report, or Focused Visit Report) excluding supporting evidence
   b. Site visit team report, if applicable (i.e., Site Visit Report, Follow-Up Site Visit Report, Focused Site Visit Report)
   c. Nurse Administrator Response Form, if applicable
   d. Evaluation Review Panel Summary

2. Substantive Change Records – retained for 3 years and then destroyed. These records include the following:
   a. Written documents created by the institution/nursing program as required at the time of submission for Procedure 1, 2, 3, or 4 per Policy #14 Reporting Substantive Changes. [EXHIBITS 086; 087]

3. Candidacy Records – retained for 3 years or until initial accreditation is earned, whichever occurs first, and then destroyed. These records include the following:
   a. Written documents created by the ACEN or created by the institution/nursing program as required at the time of submission per Policy #34 Candidacy for an Institution/nursing program Seeking Initial Accreditation and candidacy process. [EXHIBITS 088; 089]

4. Annual Report – retained for 8 years. These records include the following:
   a. Written documents created by the institution/nursing program as required at the time of submission for the Annual Report. [EXHIBITS 090a, 090b(1-2), 090c]
B. Non-Accreditation Records

1. Complaint Records - retained for 8 years. These records include the following:
   a. Written documents created by the complainant or created by the institution/nursing program at the time of submission as required per Policy #20 Complaints Against an Accredited Program and the complaint process. [EXHIBITS 091; 092a, 092b]

C. Official Correspondence Records

Per Policy #12, official correspondence includes “correspondence on ACEN letterhead signed by the ACEN Chief Executive Officer and addressed to the institution chief executive officer and/or program administrator.”

1. Initial or Continuing Accreditation Official Correspondence – retained permanently and include the following:
   a. Accreditation decision letter to the institution’s chief executive officer and program’s nurse administrator. [EXHIBIT 093]
   b. Letter of voluntary withdrawal from initial or continuing accreditation process if the institution/nursing program withdraws before Board of Commissioners’ decision – only the institution’s/nursing program’s withdrawal letter and acknowledgement letter are retained permanently. [EXHIBIT 094]
   c. Letter of voluntary withdrawal from candidacy process – only the institution’s/nursing program’s withdrawal letter and acknowledgement letter are retained permanently. [EXHIBIT 095]

2. Substantive Change Official Correspondence – retained permanently and include the following:
   a. Board of Commissioners’ or Chief Executive Officer’s decision letter. [EXHIBITS 096a, 096b]

3. Other Official Correspondence – retained permanently as determined by the Chief Executive Officer or designee.
   a. Correspondence deemed critical to the accreditation functions of the ACEN.

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ACEN’s policy #12, Nursing Program Records on File, addresses the agency’s recordkeeping policy [Exhibit 080] and is in compliance with the requirements of this criterion. The policy requires the agency maintain paper and digital accreditation records, which includes self-study reports, site visit reports, follow-up and focus reports, program responses as applicable, and Evaluation Review Panel summary for five years if it is an initial accreditation or 8 years for continuing accreditation. The policy further requires the agency maintain substantive change records for three years. Candidacy records are maintained for 3 years or until initial accreditation is earned, whichever occurs first. Annual reports are maintained for 8 years and include paper and digital records created by the governing organization/nursing program as required at the time of submission. Non-accreditation records such as complaints are retained for 8 years. Official correspondence records to include all decision letters related to accreditation and substantive change are retained permanently.
To demonstrate compliance with this criterion, the agency submitted several complete and accurate examples of each type of record covered by this criterion (Exhibits 082-085, 089, 090a-090c, 093-96b).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.16(a)(1)(i)
Description of Criteria

(a) The agency must demonstrate that it has standards for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits. The agency meets this requirement if the following conditions are met:

1. The agency’s accreditation standards must set forth clear expectations for the institutions or programs it accredits in the following areas:
   (i) Success with respect to student achievement in relation to the institution’s mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of State licensing examinations, course completion, and job placement rates.

Narrative:

The 6 ACEN Standards are common to all nursing program types (clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma or practical). [EXB 097] Standard 6 Outcomes focuses on students’ achievement of the end-of-program student learning outcomes (EPSLOs) and program outcomes (POs); graduate programs also address role-specific professional competencies (RSPCs) for the program options offered. [EXB 098]

EPSLOs are statements of learner-oriented expectations written in measurable terms that express the knowledge, skills or behaviors students should be able to demonstrate upon completion of a program regardless of the program option. EPSLOs must be consistent with standards of contemporary nursing practice and are driven by established professional standards, guidelines and competencies; provide the framework for all curricular matters; and represent the point of transition from being a student to being an entry-level practitioner for the chosen level of nursing education. [EXB 099] As a practice discipline, nursing demands attainment of specific competencies to provide safe and effective care to diverse populations across the lifespan in promotion of wellness and therapeutic interventions. EPSLOs are used to organize the curriculum, guide the delivery of instruction and direct learning activities in which
students engage. The ACEN expects that evaluation of students’ progress uses varied evaluation methodologies, reflects established professional and practice competencies and measures the achievement of EPSLOs. Criterion 6.1 also outlines expectations for assessing the extent to which students achieve EPSLOs.

RSPCs are addressed in graduate-level programs only and are expected, measurable levels of graduate-level nursing performance that integrate knowledge, skills and behaviors in the specialty area. [EXB 100] Competencies may include but are not limited to specific knowledge areas, clinical judgments and behaviors based upon the role and/or scope of practice of the master’s- or doctoral-prepared nurse. Criterion 6.1 also outlines expectations for assessing the extent to which students achieve RSPCs.

POs are measurable indicators that reflect the extent to which the purposes/mission/goals of a program are achieved and by which program effectiveness is documented. [EXB 101] The ACEN specifies and requires the assessment of the following program outcomes:

1. Undergraduate:
   a. licensure examination pass rate
   b. program completion rate
   c. job placement rate
2. Graduate:
   a. licensure examination pass rate and/or certification examination pass rate
   b. program completion rate
   c. job placement rate
   d. Graduate programs with advanced practice registered nursing options are also expected to adhere to any outcomes, such as graduate and employer satisfaction, that are required by the current National Task Force Guidelines for Evaluation of Nurse Practitioner programs and other specialty organizations, as applicable.
3. The assessment of additional program outcomes in alignment with the institutional or program mission (e.g., graduate satisfaction, employer satisfaction, progression to a higher degree) is the choice of the institution and program.

Standard 6 requires a program to have a systematic evaluation plan (SPE) that emphasizes the ongoing assessment and evaluation of each EPSLO, RSPC and PO. The site visit team, Evaluation Review Panel and Board of Commissioners (BOC) review the SPE to evaluate the programs assessment practices and student achievement of each EPSLO, RSPC and PO. The ACEN expects an SPE to:

a. Specify measurable ELAs for each EPSLO, RSPC and PO;
b. Select appropriate assessment method(s) for each EPSLO, RSPC and PO;
c. Assess each EPSLO, RSPC and PO at regular intervals;
d. Collect sufficient data to inform program decision-making for the maintenance and improvement of each EPSLO, RSPC and PO;
e. Analyze assessment data to inform program decision-making for the maintenance and improvement of each EPSLO, RSPC and PO; and
f. Provide documentation demonstrating the use of assessment data in program decision-making for the maintenance and improvement of each EPSLO, RSPC and PO.

An SPE encompasses all students enrolled in a program, inclusive of all program options (e.g., method of delivery such as distance education, pre-licensure, post-licensure, etc.) and all locations (e.g., main campus, branch campus, off-campus instructional site). Standard 6 requires a program demonstrates the extent to which students/graduates achieve each EPSLO, RSPC and PO through the collection and
analysis of data. Data for each EPSLO, RSPC and job placement are also aggregated for the whole program. Data for licensure/certification examination pass rate are aggregated for the whole program and disaggregated by program option, location and date of completion. Data for program completion rate are aggregated for the whole program and disaggregated by program option, location, method of delivery and date of completion or entering cohort. [EXB 102; 103; 104; 105]

Criterion 6.1 sets an expectation that programs assess each EPSLO and RSPC in a regular and ongoing manner. The faculty determine which assessment methods are used, as well as what the expected levels of achievement (ELAs) are for the identified methods. The ACEN expects assessment methods will be appropriate for the outcome being measured. The assessment methods must align with the concepts and competencies of the EPSLOs or RSPCs they are intended to measure. The ACEN also expects programs to set realistic and genuine ELAs for each assessment method. This promotes consistency and flexibility for faculty to ensure alignment with their institutional and program mission. ELAs must also be appropriate for the faculty-selected assessment methods being used. Additionally, faculty are expected to utilize the data collected with these assessment methods for analysis and decision-making as part of a continuing quality improvement process for student learning.

Criterion 6.2 is related to the licensure/certification examination pass rate. The Criterion specifies the ELA for the most recent annual licensure examination pass rate will be at least 80% for all first-time test-takers during the same 12-month period in pre-licensure programs. For programs leading to a certification examination, ACEN specifies the ELA is the annual pass rate for all first-time test-takers and will be at or above the national mean for the same three-year period; in the absence of a national mean, the pass rate for each certification examination will be at least 80% for all first-time test-takers during the same 12-month period. The required ELA of 80% is a widely accepted practice in nursing education. This level of achievement is the most common ELA set by state nursing regulatory agencies and is also used by the Commission on Collegiate Nursing Education.

Criterion 6.3 is related to the rate at which students complete the program. The ELA for program completion is determined by the faculty and should reflect student demographics. Faculty assess the program’s historical performance to identify an appropriate quality benchmark and take into consideration the student population demographics. The ACEN expects the faculty-identified ELA will be high enough as to be genuine and encourage continuous improvement, but not so high as to be idealistic and thus unachievable. Programs must provide a rationale for the ELA for program completion and peer evaluators review the ELA to make a professional judgment regarding the appropriateness of the ELA.

Criterion 6.4 is related to the percentage of graduates, typically within 1 year of graduation, who are employed in a position for which a program prepared them. Like Criterion 6.3, the program faculty set the ELA, which should be based on program demographics. Faculty assess the program’s performance to identify an appropriate quality benchmark and take into consideration program demographics, the local job market and employment trends in their community. Again, ACEN expects the faculty-identified ELA will be high enough as to be genuine and encourage continuous improvement, but not so high as to be idealistic and, thus, unachievable. Programs must provide a rationale for the ELA for job placement and peer evaluators review the ELA to make a professional judgment regarding the appropriateness of the ELA.

If a program does not meet its ELA for a PO, per Policy #14 Reporting Substantive Changes, the program is required to submit a Prospectus documenting the impact on the compliance of the program with the
Standards. Based on the Prospectus, the BOC has options, which are detailed in Policy #14. Additionally, programs must submit PO data annually through an Annual Report. ACEN staff review the data to ensure that programs reported a decline in POs as required. If a Prospectus was not submitted, a program receives a letter requesting the Prospectus and reminding the program of its obligation.

Policy #29 Advertising and Recruitment of Students requires programs to publish their student achievement data regarding graduates’ success on the licensure/certification examination, program completion and job placement and additional student achievement data as the institution/nursing program considers appropriate to demonstrate the extent to which graduates are prepared. [EXB 106] All student achievement data published for any purpose are expected to reflect an accurate and verifiable portrayal of a program’s performance, which is subject to review for integrity, accuracy and completeness. ACEN reserves the right to request an institution/nursing program provide verification by an external source of a program’s student achievement data that ACEN relies on, in part, in making an accreditation decision. The institution/nursing program is responsible for any cost related to verification by an external source of student achievement data.

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section
Analyst Remarks to Narrative:

The agency's accreditation standards address student achievement for all nursing program types. Specifically, Standard 6 addresses outcomes and requires programs demonstrate students have achieved end-of-program student learning outcome and role-specific professional competency. The standard also requires nursing programs have a written systematic plan of evaluation that is ongoing and comprehensive assessment of student learning and program outcomes inclusive of all program options, including distance education [Exhibits 98 and 101]. Program outcomes are defined by the agency, in part, as measurable indicators that reflect the extent to which the purposes of the nursing program are achieved and by which the nursing program effectiveness is documented. The agency requires nursing programs to assess licensure examination pass rates, job placement and program completion rates. The agency has not established bright-line standards except that it requires that programs' most recent annual licensure examination pass rates be at least 80% for all first-time test takers. The agency notes that 80% is a widely accepted practice in nursing education and is the most common standard set by state nursing regulatory agencies and is also used by the Commission on Collegiate Nursing Education. The expected levels for program completion and job placement requirements are to be set by faculty and reflect student demographics [Sections 6.2 and 6.3, Exhibit 098].

The agency provides further guidance to the programs it accredits through the glossary in its Accreditation Manual [Exhibits 99 and 100]. The glossary offers more specific details regarding the agency's expectations for role-specific professional competencies and end of program student learning outcomes.

The agency ensures its student achievement metrics are sufficiently rigorous through its monitoring of expected levels of achievement (ELA). The agency expects programs to set realistic ELAs for each assessment that promotes consistency and flexibility and ensures alignment with institutional/program mission. Programs not meeting their ELA are required to submit a prospectus documenting the impact on compliance of the program with the agency's standards [Exhibit 106, Policy#14]. In addition, programs are required to submit program outcomes through an Annual Report that is reviewed by ACEN staff. Programs reporting a decline in program outcomes are required to submit a prospectus per Policy #14. See section 602.19(b) for further discussion regarding the annual report. The program's systematic evaluation plan is monitored by site visit teams, Evaluation Review Panels, and the Board of Commissioners to ensure it is compliant with the agency's standard.

The agency provided several examples of completed self-studies, site visit reports and decision letters, including for one institution selected by the Department [Franklin County Career and Technology Center, Exhibit 102], that demonstrate programs are required to use outcomes data to improve student achievement in relation to each programs' mission and that site visitors verify compliance with student achievement standards, including recommendations in preliminary site visit reports for programs not in compliance [Exhibits 102-104] and a special follow up report focused on Standard 6, Outcomes [Exhibit 105].

Lastly, the agency provided the full cycle of review for an additional 6 programs selected by Department staff for the virtual file review conducted during February 2022. All examples provided in the petition and virtual file review demonstrate that the agency has clear standards related to student achievement
that are sufficiently rigorous to ensure the agency is a reliable authority regarding the quality of education or training provided by the program it accredits.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.16(a)(1)(ii)
Description of Criteria

(ii) Curricula.

Narrative:
The ACEN accredits clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing programs. The Standards and Criteria effectively address the quality and effectiveness of a program’s curriculum in educating students for practice in the applied discipline of nursing. [EXHIBIT 097] The process of evaluation includes a comprehensive self-assessment for programs seeking initial or continuing accreditation, which is documented in a program’s Self-Study Report. [EXHIBITS 055; 107; 108; 109; 110a, 110b] The effectiveness of an accredited program’s curriculum could also be addressed in between a comprehensive review cycle through a Substantive Change Prospectus, Follow-Up Report or Focused Visit Report submitted by a program. [EXHIBITS 111; 112; 113; 114; 115]

Regardless of the method of delivery (e.g., face-to-face, distance education), Standard 4 Curriculum addresses how the curriculum supports the achievement of the end-of-program student learning outcomes (EPSLO) and program outcomes (PO) and is consistent with safe practice in contemporary healthcare environments. [EXHIBITS 116; 117] Peer evaluators review evidence verifying the extent to which a program meets the elements of all Criteria and make a professional judgment regarding compliance with Standard 4.

Peer evaluators are cognizant of the scope of practice for the type of program being reviewed. Peer evaluators conduct a comprehensive review of a program seeking initial or continuing accreditation, which includes but is not limited to the review of curriculum documents, interviews with faculty and students about components of the curriculum, assessment of whether there are sufficient numbers of qualified faculty to deliver the curriculum, evaluation of currency and adequacy of learning resources to support the pedagogy, and assessment of technology to support students in the learning process. Peer evaluators observe students in the classroom, in skills and simulation laboratories, and in clinical settings. The assessment is to determine if the curriculum is effective in providing the knowledge base, skill set, and values congruent with excellence in nursing practice. The effectiveness of a curriculum
could also be assessed for programs seeking continuing accreditation and removal of conditions or warning or related to a substantive change when there is a significant change in a curriculum.

Assessing a program’s compliance with Standard 4 involves a review of the curriculum, including how it is developed, implemented, and evaluated. The review begins with the identification of a program’s incorporation of established professional nursing standards, guidelines, and/or competencies. The faculty select the professional nursing standards, guidelines, and/or competencies to be incorporated into the program’s curriculum. The professional nursing standards, guidelines, and/or competencies must be consistent with contemporary nursing practice and appropriate for the program type. For example, the competencies for baccalaureate (registered) nursing students differ from those for practical nursing students because the scope of practice differs for registered nurses and practical nurses. All EPSLOs must be consistent with the program type and the scope of practice established by state regulation. The sequence of knowledge and skills that students are expected to learn as they progress through their program and built on the professional nursing standards, guidelines and/or competencies and general education courses must be evident. The general education courses/content are selected by faculty as appropriate to the program type within the guidelines of regulatory and accreditation agencies for the institution. A practical program may not have standalone general education courses but may incorporate general education concepts with the nursing curriculum. For example, anatomy and physiology within the curricular content related to each body system.

Nursing faculty are expected to regularly review the curriculum to ensure integrity, rigor and currency and ensure EPSLOs are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress in both classroom and clinical settings. Nursing curricula are expected to include concepts of cultural, ethnic, and social diversity to ensure that program graduates have the ability to provide nursing care for diverse populations. The amount and types of diversity included are selected by the faculty based on geographic setting and populations served.

Evaluation methods used to evaluate student learning are expected to be varied, reflect established professional and practice competencies, and measure achievement of EPSLOs. Curriculum review also determines whether the curriculum and instructional processes reflect educational theory, interdisciplinary collaboration and research, while allowing for innovation, flexibility and technologic advances such as using distance education. Faculty are encouraged to be innovative in meeting student learning needs. Innovations seen in ACEN programs include various teaching strategies (e.g., flipped classroom), use of simulation technology, methods of delivery, choice of clinical settings, and varied practicum/clinical opportunities.

The review of the curriculum includes whether clinical experiences and practice environments are appropriate for learning and support the achievement of outcomes. Programs utilizing any form of simulation in lieu of direct patient care must ensure the use is compliant with any state regulatory agency requirements related to the use of simulation. Written agreements/clinical contracts are reviewed to determine that expectations for all parties are specified and students are protected.

Peer evaluators go to practice learning environments to determine the appropriateness of the settings to support learning and whether the environments reflect contemporary practice and nationally established patient health and safety goals as well as the achievement of the EPSLOs. During interviews, peer evaluators ask students to reflect on how classroom content or simulation activities have prepared them for direct care experiences.
All Standard 4 Criteria address the importance of developing and maintaining a curriculum that is successful in preparing graduates to practice safely in contemporary healthcare environments. Because of constant changes in healthcare, EPSLOs can be attained only if the program maintains an ongoing awareness of trends and practices in healthcare and responds to ensure continued program relevance.

In addition to the focus on curriculum in Standard 4, other Standards address curriculum indirectly. Standard 1 requires the institution to provide the necessary infrastructure and input to support the program’s delivery of the curriculum. Standard 2 includes Criteria designed to ensure that the curriculum is delivered by qualified faculty who maintain expertise for teaching and clinical practice. Standard 3 Criteria focus on students to ensure that support services exist to facilitate student success and wellbeing. Standard 5 Criteria specify that programs have fiscal, physical, and learning resources to support teaching and learning. Standard 6 Criteria serve to provide the framework of assessment and evaluation of EPSLOs and POs that will ensure that the curriculum maintains its currency, rigor, relevance, and effectiveness.

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The agency's Standard 4 addresses curriculum. Standard 4 addresses program-specific expectations including distance education. The standard is clearly written and includes sub parts related to the development and design, delivery of instruction, direct learning activities and how the curriculum should be organized by end-of-program student learning outcomes. Standard 4.3 states that the curriculum be developed by faculty and regularly reviewed and evaluated. The agency included examples of guidance provided to programs for writing the self-study, including guidance on supporting documentation [Exhibits 110a, 110b]. The guidance provides clear direction and examples related to all the agency's standards, including Standard 4.

The agency determines compliance with its curricula standards through the self-study and site review process as well as substantive change prospectus, follow-up report and focused site visit reports and included several examples of each as supporting documentation [Exhibits 108-109, 111-115], including the self-study, site visit report, and decision letter for one institution selected by the Department [Franklin County Career and Technology Center, Exhibit 107]. The examples show that each program was thorough in describing how it met ACEN’s appropriate standard related to curricula and the site visit reports demonstrate that the site visitors verified compliance with each subpart of the agency’s curricula standard.

Lastly, the agency provided the full cycle of review for an additional 6 programs selected by Department staff for the virtual file review conducted during February 2022. All examples provided in the petition and virtual file review demonstrate that the agency has clear standards related to curricula that are sufficiently rigorous to ensure the agency is a reliable authority regarding the quality of education or training provided by the program it accredits.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Criteria: 602.16(a)(1)(iii)
Description of Criteria

(iii) Faculty.

Narrative:
The ACEN accredits clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing programs. The Standards and Criteria effectively address nursing faculty. [EXHIBIT 097] The process of evaluation includes a comprehensive self-assessment for programs seeking initial accreditation or continuing accreditation, which is documented in a program’s Self-Study Report. [EXHIBITS 082; 083; 084; 085; 118] Faculty could also be addressed in between a comprehensive review cycle through a Substantive Change Prospectus, Follow-Up Report, or Focused Visit Report submitted by a program. [EXHIBITS 114; 115; 119; 120]

Regardless of the method of delivery (e.g., face-to-face, distance education), Standard 2 Faculty and Staff addresses the role of qualified faculty and staff in ensuring that the program meets expectations for a quality program. Standard 2, in support of the end-of-program student learning outcomes (EPSLOs) and program outcomes (POs) for the program, addresses the credentials of all faculty (full- and part-time nursing faculty; full- and part-time non-nurse faculty) teaching nursing courses and credentials of personnel teaching/evaluating in the skills/simulation laboratories; the sufficiency of full-time faculty; the sufficiency of staff; the faculty involvement in scholarly activities and evidence-based teaching and clinical practices; the orientation and mentoring of full- and part-time faculty and mentors; the performance evaluation of full-time and part-time faculty; and the faculty development specific to instructional and distance education. [EXHIBITS 117; 121] Peer evaluators review evidence/documentation verifying the extent to which a program meets the elements of all Criteria and make a professional judgment compliance with Standard 2. [EXHIBITS 122; 123; 124]

Nursing faculty are nurses who teach and evaluate nursing students and are academically and experientially qualified to teach the content in assigned nursing courses. Non-nurse faculty are individuals who teach and evaluate nursing students, are academically qualified, and are assigned to teach a nursing course such as a dietician, pharmacologist, or physiologist. Non-nurse faculty are not faculty members that teach general education courses and are not guest speakers/invited presenters that teach selected topics in a nursing course.

Standard 2 requires that each full- and part-time nursing faculty member and non-nurse faculty member hold the educational qualifications and experience as required by the institution, the state and the institution’s accrediting agency and are qualified to teach the assigned nursing courses. The Standard allows for a rationale for using faculty who do not meet the required qualifications. Most importantly, the program must demonstrate that all faculty members are qualified to teach the assigned nursing courses. For example, 2 faculty members could hold the same educational qualifications but have different experience, which qualifies each to teach different content (e.g., pediatric content versus cardiac content).

A program’s report that includes Standard 2 (e.g., Self-Study Report, Substantive Change Prospectus, Follow-Up Report, or Focused Visit Report) is expected to include a narrative description responding to the Criteria as well as the Faculty Profile Table to demonstrate how each faculty member is qualified to teach the assigned nursing courses. [EXHIBITS 119; 120; 125; 126; 127; 128] The educational and experiential qualifications of each faculty member, correlated with respective teaching assignments, are reviewed to ensure that teaching assignments include consideration of educational and experiential
expertise. There must be evidence of faculty maintaining expertise in areas of responsibility and their performance must reflect scholarship and use of evidence-based teaching and clinical practice. There must be evidence of faculty being oriented and mentored in their areas of responsibility.

There must be a sufficient number of full-time nursing faculty to ensure that the EPSLOs and POs are achievable. Typically, this is reflected by the ratio of the number of full-time faculty to the total number of full-time and part-time nursing students enrolled in all the nursing courses required for a program; the required full-time faculty workload; the number of full-time faculty on overload and amount of overload for each full-time faculty member; and non-teaching responsibilities required by the institution and/or nursing education unit (NEU). When specified, ratios must meet the state requirements for the level of nursing education offered. Examples include but are not limited to ratios set by a state regulatory agency for nursing or ratios set by the institution/NEU.

There must be evidence that full- and part-time faculty performance is regularly evaluated in accordance with the institutional policy/processes and demonstrates effectiveness in assigned areas of responsibility. Self-evaluation with goal development, student evaluation, peer evaluation, and administrator evaluation are common measures used by a program to assess faculty performance. Commonly, reviews focus on teaching and scholarship, as well as service to the institution, profession, and community. The elements of faculty performance review must reflect the mission of the institution and the type of program. Programs choose the type, format, and amount of professional development needed to maintain expertise in clinical settings, and programs must show that faculty maintain expertise in their areas of role responsibilities. Faculty performance must reflect evidence-based practice and competencies consistent with program goals and outcomes as well as the delivery methods used, such as distance education. For example, evidence must show that faculty assigned to online courses are oriented and mentored in ways of maximizing student engagement and conducting effective evaluation of student learning.

Many programs use preceptors in the clinical setting. When utilized, preceptors must be academically and experientially qualified oriented, mentored, and monitored and have documented roles and responsibilities.

In addition to the focus on faculty in Standard 2, other Standards address the faculty role within the program. Standard 1 Mission and Administrative Capacity specifies that faculty must be involved in the governance of the institution and the program; and have input into the program budget through the nurse administrator. Standard 1 also requires that the NEU has fair and comprehensive policies consistent with those of the institution. Standard 4 Curriculum addresses the development and regular review of the curriculum by the faculty for integrity, rigor, and currency. Standard 5 Resources seeks to ensure that resources meet the needs of faculty and faculty participate in the selection of learning resources. Standard 6 Outcomes addresses the use of a systematic and ongoing evaluation plan by the faculty and use of assessment data by the faculty to inform decision-making.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**
The agency’s Standard 2, Faculty and Staff, addresses the roles, qualifications, and expectations for faculty, including as it relates to distance education. The standard is clearly written and includes subparts related to educational and experience qualification requirements, orientation and mentoring requirements, performance evaluation, as well as ongoing development and training. The agency included examples of guidance provided to programs for writing the self-study, including guidance on supporting documentation [Exhibits 110a, 110b in section 602.16(a)(1)(ii)]. The guidance provides clear direction and examples related to all the agency’s standards, including Standard 2. The agency also provided further examples of guidance it provides to programs in completing the faculty profile table included in the self-study [Exhibit 125].

The agency determines compliance with its faculty standards through the self-study and site review process as well as substantive change prospectus, follow-up report and focused site visit reports and included several examples of each as supporting documentation [Exhibits 082-085 and 114-119], including the self-study, site visit report, and decision letter of one institution selected by the Department [Franklin County Career and Technology Center, Exhibit 082]. The examples show that each program was thorough in describing how it met ACEN’s appropriate standard related to faculty and the site visit reports demonstrate that the site visitors verified compliance with each subpart of the agency’s faculty standard.

Lastly, the agency provided the full cycle of review for an additional 6 programs selected by Department staff for the virtual file review conducted during February 2022. All examples provided in the petition and virtual file review demonstrate that the agency has clear standards related to faculty that are sufficiently rigorous to ensure the agency is a reliable authority regarding the quality of education or training provided by the program it accredits.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

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Criteria: 602.16(a)(1)(iv)
Description of Criteria

(iv) Facilities, equipment, and supplies.

Narrative:
The ACEN accredits clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing programs. The Standards and Criteria effectively address facilities, equipment, and supplies. [EXHIBIT 097] The process of evaluation includes a comprehensive self-
assessment for programs seeking initial or continuing accreditation, which is documented in a program's Self-Study Report. [EXHIBITS 129; 130; 131] Facilities, equipment, and supplies could also be addressed in between a comprehensive review cycle through a Substantive Change Prospectus, Follow-Up Report, or Focused Visit Report submitted by a program. [EXHIBIT 132]

Standard 5 Resources addresses fiscal, physical, and learning resources, including facilities, equipment, and supplies to ensure the achievement of the end-of-program student learning outcomes (EPSLOs) and program outcomes (POs) of the program. [EXHIBITS 117; 133] Peer evaluators review evidence/documentation verifying the extent to which a program meets the elements of all Criteria and make a professional judgment of compliance with Standard 5.

The sufficiency of fiscal resources is reviewed to ensure the achievement of the EPSLOs and POs and whether fiscal resources allocated to the program are commensurate with the resources of the institution. The expectation is that there is sufficient funding to support all aspects of the entire program, including adequate physical facilities (e.g., classrooms, labs, offices, meeting space, etc.) and learning resources (e.g., equipment, supplies, technology, etc.). For institutions in which the program is offered at more than one location, there must be sufficient fiscal resources to ensure comparability of and access to physical facilities as well as learning resources for students to learn from and faculty to teach with. This is also true for programs using different methods of delivery (e.g., distance education). There must be sufficient fiscal resources to ensure comparability of and access to physical facilities (e.g., learning management system, information technology infrastructure, etc.) as well as learning resources for faculty to teach with (e.g., training and support for faculty, online resources, etc.) and for students to learn from (e.g., online resources, partnerships for testing/lab, etc.).

Programs must identify the origin of institutional fiscal resources (e.g., tuition, fees, aid, grants, etc.) and offer evidence of sustainability of these resources to support the program. Programs provide 3 years of institutional/program budgets and a comparison of fiscal resources allocated to the program to those allocated to similar programs (e.g., dental hygiene) within the institution. Commonly, the comparability of and access to fiscal resources focus on evidence, interviews, and a tour of physical facilities (main campus, branch campus, off-campus instruction site). In addition, reviews focus on the determination of adequate/qualified personnel available to orient students and faculty in the optimal use of the learning resources such as simulators in labs or computers in labs/classrooms. Peer evaluators interview instructional technology personnel, students, and faculty about the ways in which students and faculty are oriented and mentored in the use of technology, including distance education (e.g., online teaching) and the processes for maintenance of faculty expertise and use of best practices.

The sufficiency of physical resources is reviewed to ensure the achievement of the EPSLOs and POs. Evidence verifies that the physical resources, such as offices, work areas, storage space, classrooms, labs, and student areas, are sufficient to meet the needs of students, faculty, and staff. Classrooms must be sufficient in number and size to accommodate the current number of students and to provide an environment conducive to learning. The appropriateness of lab size, safety features, and equipment are noted. The ACEN does not prescribe that offices for faculty be private; however, there is an expectation that when only shared office space is available, there is a private space available for confidential conferences between students and faculty. Again, comparability of and access to resources at all locations is critical. Students and faculty are interviewed to assess the adequacy of classroom and lab/simulation space, access to technology, and adequacy of equipment/supplies to ensure that multidimensional student learning needs are met. During the Fall 2020 accreditation cycle, virtual accreditation visits were conducted due to the COVID-19 pandemic. While physical resources were
verified through electronic technology, all programs will have a verification visit within a reasonable
time to verify the physical resources available to faculty, staff, and students.

The adequacy, accessibility, and appropriateness of other types of learning resources are assessed, such
as libraries and learning resource centers; print, electronic access, and involvement in consortia
arrangements to supplement the resources of the institution; audiovisuals and various types of
instructional models; hardware, software, and computer-assisted instruction for the learning labs;
equipment and supplies for instruction, practice, and testing of skills in the nursing labs; and the
computerized and nursing labs that simulate the reality of actual clinical practice settings.

Evidence is sought to ensure that learning resources and technology are selected by the faculty and are
comprehensive, current, and accessible to students and faculty, including those engaged in alternative
methods of delivery and at all locations. Review includes assessment of the comprehensiveness and
currency of the learning resources, equipment, and supplies by peer evaluators who, based on their
expertise as nurse educators or practitioners, understand that nursing practice involves a complex and
ever-changing healthcare environment and that learning environments with technologies available at
actual clinical practice sites enhance learning transfer. The availability of equipment/supplies must be
consistent with student enrollment and program type. For example, pre-licensure LPN and RN students
require sufficient equipment/supplies in an on-campus lab to support skill development and validation
of skill attainment.

The sufficiency of fiscal, physical, technological, and learning resources for students and faculty engaged
in alternate methods of delivery is reviewed. Both students and faculty are interviewed during an
accreditation visit and questions are specifically asked about the accessibility, currency, and adequacy of
technology and technology support services. Innovations are encouraged in sharing of resources among
nursing or allied health programs to increase opportunities for access to the students.

Standard 1 Mission and Administrative Capacity speaks to facilities, equipment, and supplies indirectly
by requiring administrative support for the adequate delivery of the program and achievement of
identified outcomes. Standard 1 also addresses the budgetary process whereby the nurse administrator
and faculty have input into the process. Standard 3 also relates to the technology resources requiring
programs to ensure students receive orientation to technology and that technical support is available.

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The agency’s Standard 5, Resources, addresses facilities, equipment, and supplies, including as it relates to distance education. The standard is clearly written and stresses that fiscal, physical, and learning resources must be sufficient to ensure achievement of the end-of-program student learning and program outcomes. The standard contains subparts related to fiscal resources, physical resources, and learning resources [Exhibit 097].

The agency determines compliance with Standard 5 through the self-study and site review process as well as substantive change prospectus, follow-up report and focused site visit reports and included several examples of each as supporting documentation (Exhibits 129-132 including the self-study, site visit report, and decision letter of one institution selected by the Department [Franklin County Career and Technology Center, Exhibit 082]. The examples show that each program was thorough in describing how it met ACEN’s appropriate standard related to facilities, equipment and supplies and the site visit reports demonstrate that the site visitors verified compliance with each of the subparts of the agency’s Standard 5.

Lastly, the agency provided the full cycle of review for an additional 6 programs selected by Department staff for the virtual file review conducted during February 2022. All examples provided in the petition and virtual file review demonstrate that the agency has clear standards related to facilities, equipment, and supplies that are sufficiently rigorous to ensure the agency is a reliable authority regarding the quality of education or training provided by the program it accredits.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:
Criteria: 602.16(a)(1)(v)
Description of Criteria

(v) Fiscal and administrative capacity as appropriate to the specified scale of operations.

Narrative:
The ACEN accredits clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing programs. The Standards and Criteria effectively address fiscal and administrative capacity. [EXHIBIT 097] The process of evaluation includes a comprehensive self-assessment for programs seeking initial or continuing accreditation, which is documented in a program's Self-Study Report. [EXHIBITS 134; 135; 136] Fiscal and administrative capacity could also be addressed in between a comprehensive review cycle through a Substantive Change Prospectus, Follow-Up Report, or Focused Visit Report submitted by a program. [EXHIBITS 137; 138]

Standard 1 Mission and Administrative Capacity addresses the mission of the nursing education unit (NEU) reflecting the institution’s core values and being congruent with its mission/goals and whether the institution and program have administrative capacity to ensure the achievement of the end-of-program student learning outcomes (EPSLOs) and program outcomes (POs) of the program. [EXHIBITS 117; 139] Peer evaluators review evidence/documentation verifying the extent to which a program meets the elements of all criteria and make a professional judgment of compliance with Standard 1.

The organizational structure for NEUs is not prescribed by the ACEN. Rather, the institutional structure for the NEU must work effectively and efficiently to deliver the program so students are able to achieve the EPSLOs and POs. The organizational structure must be defined so administrative reporting functions are clear to students, faculty, and other stakeholders.

The congruency of the mission/philosophy of the NEU with that of the institution; whether there is representation of the nurse administrator (NA) and faculty in institutional governance activities; faculty representation in NEU governance activities; and opportunities for student representation in institutional and/or NEU governance activities are reviewed. Representation of students in governance activities offers an opportunity for the students’ voices to be heard, providing a unique perspective in developing policies and processes that impact students’ educational experience. Commonly, student cohorts select peers to attend the NEU meetings and represent students’ interests to the faculty or there are regularly scheduled meetings with the NA and student representatives. Sometimes nursing students participate in institutional governance activities. Inclusion of the NA and faculty in governance of the institution provides opportunities for collaboration with faculty from non-nursing units and advocating for the unique needs of the program, students and faculty. Representation of nursing faculty on NEU committees enables the work of the program to be effectively conducted. For example, work related to curriculum review and revision, policy development, strategic planning, and systematic evaluation of the program is completed by the faculty to ensure attainment of EPSLOs and POs.

Additionally, when distance education is utilized, its use must be congruent with the mission of the institution and the mission/philosophy of the NEU.

For institutions in which the program is offered at more than 1 location, faculty representation is expected regardless of where the faculty members are located and the same is true for students. This is
also true for programs using different methods of delivery (e.g., distance education).

The ACEN accredits programs in diverse types of institutions and consequently, there are differences in organizational structure and titling for the NA. The NA is the individual with responsibility and authority for the development and administration of the program. Although the NA may have support from coordinators/faculty with responsibilities that include administrative activities, there can be only 1 NA with ultimate authority for the program. For some programs, the NA’s role is 100% administrative, while for others the NA also has some teaching responsibilities. Whatever the NA’s workload is, the NA must have sufficient time and resources to administer the program consistent with role responsibilities. Coordinators and/or faculty that assist the NA with the administration of the program must be academically and experientially qualified.

The NA’s budgetary authority and faculty input into the budget are reviewed. Attention to budgetary authority and responsibility is essential to ensure that the NEU has the ability to determine how fiscal resources are best used to facilitate student learning.

The NA must be academically and experientially qualified, meet institution and state requirements and be oriented and mentored to the role. Additionally, the NA must meet the qualifications set by the ACEN for the program type. For example, the NA of a practical program must hold a graduate degree with a major in nursing and the NA of a clinical doctorate program must hold a graduate degree with a major in nursing as well as an earned doctoral degree. The ACEN monitors the NA position for each accredited program. Changes in NAs must be reported in accordance with Policy #14 Reporting Substantive Changes and evidence provided (e.g., resume) to determine a NA’s qualifications. [EXHIBIT 086] Turnover in the NA role is monitored; stability in this important role is encouraged to enhance program quality and ensure EPSLOs and POs are achieved. [EXHIBITS 140a, 140b; 141]

Communities of interest are defined by the faculty and are a group of people (e.g., students, graduates, employers, state regulatory agency representatives and members of the public) that influence program processes, decision-making of a NEU and the EPSLOs and POs. It is essential for communities of interest to have input into program processes and decision-making and to be informed about the assessment of the EPSLOs and POs.

Partnerships that exist to promote excellence in nursing education, enhance the profession and benefit the community are determined at the discretion of an institution and NEU and vary widely. Partnerships are generally a formal relationship between an institution and NEU and an outside agent/agency to accomplish specific objectives and goals over a period of time that must benefit both the program and the community.

NEU policies, including their comprehensiveness in providing for the welfare of faculty and staff and comparability with policies of the institution, is reviewed. As an applied science and practice-related discipline, there are variances in policy for nursing faculty related to state regulatory and/or clinical agency requirements that provide for safeguarding patient populations. These variances, however, should be found justified by the purpose and outcomes of the program.

In addition to the focus on administrative capacity in Standard 1, fiscal capacity to deliver the program is addressed in Standard 5 Resources; see 602.16(a)(1)(iv). Overall, the focus of Standard 5 is the sufficiency of fiscal resources, physical resources, and learning resources.
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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency's Standard 1, Mission and Administrative Capacity, and Standard 5, Resources, addresses fiscal and administrative capacity as appropriate to the specified scale of operations including as it relates to distance education [Exhibit 097]. Standard 1 states, in part, that the governing organization and program have administrative capacity to effectively deliver the nursing program and achieve identified program outcomes. Standard 1 contains 11 subparts that detail the agency's requirements including that the nursing program is administered by an experientially qualified nurse administrator who has authority and responsibility for the development and administration of the program. ACEN states in its narrative that it monitors the nursing administrator for each accredited program. Any program seeking to change its nurse administrator must report the change to ACEN according to its
Policy #14 [Exhibit 086]. Standard 5, Resources, states, in part, that fiscal resources are sustainable and sufficient to ensure the achievement of end-of-program student learning and program outcomes and commensurate with the resources of the governing organization.

The agency determines compliance with Standards 1 and 5 through the self-study and site review process as well as substantive change prospectus, follow-up report and focused site visit reports and included several examples of each as supporting documentation [Exhibits 134-138] including the self-study, site visit report, and decision letter of one institution selected by the Department [Franklin County Career and Technology Center, Exhibit 134]. The examples show that each program was thorough in describing how it met ACEN’s appropriate standard related to fiscal and administrative capacity and the site visit reports demonstrate that the site visitors verified compliance with each of the subparts of the agency’s Standards 1 and 5. The agency also provided several examples of its review and decision on changes to programs’ nurse administrators [Exhibits 140a, 140b, and 141].

Lastly, the agency provided the full cycle of review for an additional 6 programs selected by Department staff for the virtual file review conducted during February 2022. All examples provided in the petition and virtual file review demonstrate that the agency has clear standards related to fiscal and administrative capability that are sufficiently rigorous to ensure the agency is a reliable authority regarding the quality of education or training provided by the program it accredits.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.16(a)(1)(vi)
Description of Criteria

(vi) Student support services.

Narrative:
The ACEN accredits clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing programs. The Standards and Criteria effectively address student support services. [EXHIBIT 097] The process of evaluation includes a comprehensive self-assessment for programs seeking initial or continuing accreditation, which is documented in a program’s Self-Study Report. [EXHIBITS 142; 143; 144] Student support services could also be addressed in between a comprehensive review cycle through a Substantive Change Prospectus, Follow-Up Report, or Focused Visit Report submitted by a program. [EXHIBITS 145; 146]

Standard 3 Students focuses on student policies and services that support the achievement of the end-
of-program student learning outcomes (EPSLOs) and program outcomes (POs) of the program. [EXHIBITS 117; 147] Peer evaluators review evidence/documentation verifying the extent to which a program meets the elements of all Criteria and make a professional judgment of compliance with Standard 3.

The type of and access to support services must enable students enrolled at all locations (e.g., main campus, branch campus, off-campus instructional site) and methods of delivery (e.g., distance education) to successfully complete the program. Accurate, clear, and consistent information about policies and support services must be accessible to students enrolled at all locations and in all methods of delivery.

Student support services for nursing students must be commensurate with the needs of students, consistent with the institution/program type, and consistent with those available to non-nursing students. For example, it is reasonable to expect that services available at a residential campus may be different than a campus where most students commute to/from campus. Common student support services include but are not limited to health and wellness, counseling, academic advisement, career placement, tutoring, financial aid, and financial aid counseling. Peer evaluators interview nursing students, support services personnel, faculty, and administrators about the types of services available to students at all locations and for all methods of delivery. Interviews with nursing students enrolled in all program options (e.g., distance education, pre-licensure, post-licensure, etc.) verify the students’ perceptions of the services available, any concerns that students may have about services and perceived comparability. Peer evaluators also tour support service areas. In the Fall 2020 cycle, all accreditation visits were conducted virtually due to the COVID-19 pandemic, including tours of student services. While support service areas were verified through electronic technology, all programs will have a verification visit within a reasonable time to verify the support service areas available to students.

Student educational records (e.g., financial aid, academic, etc.) must comply with the policies of the institution and state and federal guidelines; during a site visit, nursing student records are reviewed. Interviews are conducted with personnel from the departments that are responsible for records such as the registrar, financial aid officer, admissions personnel, etc.

Students must be able to function in technology-rich clinical environments and their orientation to technology in clinical and on-campus labs (e.g., simulation technology), as well as technologic support available to students, is reviewed.

Lastly, peer evaluators review whether information related to technology requirements and policies specific to distance education are accurate, clear, consistent, and accessible. Peer evaluators review how the privacy of students enrolled in distance education courses or programs is protected; whether processes are in place (e.g., login name/password, use of technology such as cameras/video stream) through which the institution can establish that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit; whether written processes are distributed at the time of registration or enrollment in a distance education course that notify students of any projected additional student charges associated with the verification of student identity (e.g., proctoring center fee, required purchase of specific technology such as a camera); and whether students are charged to verify their identity.

Document(s) for this Section
Exhibit Title | File Name | Analyst Comments | Agency's Exhibit Comments
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Exhibit_097_2017 Standards and Criteria All Program Types | Exhibit_097_2017 Standards and Criteria All P | - | -
Exhibit_117_ACEN Glossary-EPSLOs POs | Exhibit_117_ACEN Glossary-EPSLOs POs.pdf | - | -
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Exhibit_143_RLC Spring 2020 Cycle Review-S3 | Exhibit_143_RLC Spring 2020 Cycle Review-S3.p | - | -
Exhibit_144_WBU Spring 2020 Cycle Review-S3 | Exhibit_144_WBU Spring 2020 Cycle Review-S3.p | - | -
Exhibit_145_GSU Fall 2019 FUR-S3 | Exhibit_145_GSU Fall 2019 FUR-S3.pdf | - | -
Exhibit_146_GWU Spring 2020 Focused Visit Review-S3 | Exhibit_146_GWU Spring 2020 Focused Visit Rev | - | -
Exhibit_147_2017 Standards and Criteria - Standard 3 | Exhibit_147_2017 Standards and Criteria - Sta | - | -

Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s Standard 3, Students, addresses student support services, including as it relates to distance education. The standard is clearly written and stresses that student policies and services support end-of-program student learning and program outcomes. The standard contains sub parts related to public information, changes in policies, procedures, and program information, student educational records, and orientation to technology and technological support, including students enrolled via distance education [Exhibit 097].

The agency determines compliance with Standard 3 through the self-study and site review process as well as substantive change prospectus, follow-up report and focused site visit reports and included several examples of each as supporting documentation [Exhibits 142-146] including the self-study, site visit report, and decision letter of one institution selected by the Department [Franklin County Career and Technology Center, Exhibit 142]. The examples show that each program was thorough in describing how it met ACEN’s appropriate standard related to student support services and the site visit reports demonstrate that the site visitors verified compliance with each of the subparts of the agency’s Standard 3.

Lastly, the agency provided the full cycle of review for an additional 6 programs selected by Department staff for the virtual file review conducted during February 2022. All examples provided in the petition and virtual file review demonstrate that the agency has clear standards related to student support services that are sufficiently rigorous to ensure the agency is a reliable authority regarding the quality of education or training provided by the program it accredits.
Criteria: 602.16(a)(1)(vii)
Description of Criteria

(vii) Recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising.

Narrative:
The ACEN accredits clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing programs. The Standards and Criteria effectively address recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising. [EXHIBIT 097]

The process of evaluation includes a comprehensive self-assessment for programs seeking initial accreditation or continuing accreditation, which is documented in a program’s Self-Study Report. [EXHIBITS 142; 143; 144] Recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising could also be addressed in between a comprehensive review cycle through a Substantive Change Prospectus, Follow-Up Report, or Focused Visit Report submitted by a program. [EXHIBITS 145; 146]

Standard 3 Students focuses on student policies and services that support the achievement of the end-of-program student learning outcomes (EPSLOs) and program outcomes (POs) of the program. [EXHIBITS 117; 147] Peer evaluators review evidence/documentation verifying the extent to which a program meets the elements of all criteria and make a professional judgment of compliance with Standard 3.

Policies for nursing students must be congruent with those of the institution and state, publicly accessible, non-discriminatory, and consistently applied; differences in policies for nursing students must be justified by the purpose of the program and EPSLOs and POs. For example, common differences include more stringent academic requirements for admission, progression, and graduation; more comprehensive health screening and immunizations; expected behaviors in the skills/simulation labs and clinical settings; test-taking policies; and those that govern ethical behavior. Nursing involves practice in healthcare settings in which students must meet clinical agencies’ specifications related to health and background screenings. Changes in policies, processes, and program information and whether these are clearly and consistently communicated to students in a timely manner are reviewed.

Examples of policies reviewed include but are not limited to the institution’s definition of a credit hour, transfer of credit policy, grading policies, refund policy, and the program’s policies. Examples of information reviewed include but are not limited to the institution’s academic calendar; the
representation of the program in recruitment materials; and the disclosure of the program’s licensure/certification examination pass rate, program completion rate, and job placement rate.

Advertising for the program is generally the purview of the institution. However, the nurse administrator (NA) and faculty typically help promote the program and assist with recruiting students through events such as career fairs or visits to high schools. Some programs hold special sessions where prospective students and their families visit the NEU and learn about nursing as a career and about the program. Interviews with the NA, faculty, and admissions staff confirm the recruitment and admission activities and the ethicality of these practices. Policy #29 Advertising and Recruitment of Students requires the governing organization/nursing program must provide current and accurate information regarding the program, including but not limited to advertising, publications, promotional literature, and admissions. [EXHIBIT 148]

Per Policy #31 Integrity, the institution and NEU are required to ensure that integrity and consistency exist for all information intended to inform the public about the program, including information related to admissions, grading, academic schedules, the program’s accreditation status, and the ACEN contact information. [EXHIBIT 149] Changes in policies, processes, and program information are required to be clearly and consistently communicated to enrolled students in a timely manner. Peer evaluators review information on the program’s and institution’s websites and in printed documents to determine consistency, accuracy, and clarity. Interviews with nursing students verify what measures are used to inform students of program information.

Admission requirements for programs are typically more rigorous than for other disciplines. As an applied discipline, nursing is academically challenging and requires knowledge and skills to manage emergent situations and to make life-impacting decisions. For the same reasons, the grading for nursing courses often varies from the grading for non-nursing courses. Information related to grading must be clearly communicated to students, typically as part of each nursing course syllabus and in the nursing student handbook and/or catalog. Peer evaluators review the grading policies and student information and verify the information during interviews with the students, faculty, and NA.

In pre-licensure programs (e.g., practical, diploma, associate, baccalaureate) examinations account for a portion of the final grade in most nursing courses, as faculty use the exams not only to confirm students' knowledge but also to provide experience with questions demanding higher order thinking similar to those used on the licensure examination. When exams are used by the program, the processes related to development of examination blueprints and assurance of validity and reliability of examination items are typically described in the program’s report and evidence provided such as examinations, blueprints, and psychometrics from the examination assessments. Other student work for which grades are assigned is variable, depending on program type and program philosophy, but often includes scholarly papers or projects, patient care maps, plans of care, and evidence-based practice projects, health assessments, and dosage calculation examinations. Grading rubrics often are associated with evaluation of student work and if so, will be a part of course materials reviewed. Standardized testing is often used to assess the students' knowledge base and/or to serve as a predictor of probability for passing the licensing examination. In such cases, students must be fully informed of the score(s) required. The use of these examinations is addressed in the program’s report with justification provided for the required score(s).

Nursing is an applied science and practice discipline such that grading and evaluation also occur in the skills/simulation lab and clinical settings. Formative and summative evaluation data are generally
documented on a specific evaluation tool for this purpose; the evaluation instrument must be based on course student learning outcomes/objectives and EPSLOs or competencies to be demonstrated. Some programs use a pass/fail or satisfactory/unsatisfactory grading scale for these types of settings, with a designation for areas needing improvement. Other programs, while using similar documentation to guide student development, assign an actual letter grade. The evaluation policies and processes must be accessible to students, accurate, clear, comprehensive, and consistent. Students and faculty are interviewed about related policies and processes to ensure that the policies and processes of the nursing education unit are clearly communicated and understood.

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’s Standard 3, Students, addresses recruiting and other practices, including as it relates to distance education. The standard is clearly written and stresses that student policies and services support end-of-program student learning and program outcomes. Specific to recruiting and other practices, section 3.2 requires public information to be accurate, clear, consistent, and accessible [Exhibit 097]. The agency also provided its policy on advertising, publications, and promotional literature.
[Policy 29, Exhibit 148]. This policy contains further requirements for nursing programs for recruiting, admissions, academic calendars, catalogs, publications, grading and advertising as required by this section.

The agency determines compliance with Standard 3 and Policy 29 through the self-study and site review process as well as substantive change prospectus, follow-up report and focused site visit reports and included several examples of each as supporting documentation [Exhibits 142-146] including the self-study, site visit report, and decision letter of one institution selected by the Department [Franklin County Career and Technology Center, Exhibit 142]. The examples show that each program was thorough in describing how it met ACEN’s appropriate standard related to recruitment and other practices and the site visit reports demonstrate that the site visitors verified compliance with each of the subparts of the agency’s Standard 3.

Lastly, the agency provided the full cycle of review for an additional 6 programs selected by Department staff for the virtual file review conducted during February 2022. All examples provided in the petition and virtual file review demonstrate that the agency has clear standards related to recruiting and other practices that are sufficiently rigorous to ensure the agency is a reliable authority regarding the quality of education or training provided by the program it accredits.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.16(a)(1)(viii)
Description of Criteria

(viii) Measures of program length -and the objectives of the degrees or credentials offered.

Narrative:
The ACEN accredits clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing programs. The Standards and Criteria effectively address program length and the objectives of the degrees or credentials offered. [EXHIBIT 097] The process of evaluation includes a comprehensive self-assessment for programs seeking initial or continuing accreditation, which is documented in a program’s Self-Study Report. [EXHIBITS 107; 108; 109] Program length and the objectives of the degrees or credentials offered could also be addressed in between a comprehensive review cycle through a Substantive Change Prospectus, Follow-Up Report, or Focused Visit Report submitted by a program. [EXHIBITS 111; 112]
Standard 4 Curriculum addresses program length and the objectives of the nursing program offered resulting in effective delivery of the program and achievement of identified end-of-program student learning outcomes (EPSLOs) and program outcomes (POs). [EXHIBITS 116; 117] Peer evaluators review evidence/documentation verifying the extent to which a program meets the elements of all criteria and make a professional judgment of compliance with Standard 4.

The ACEN defines program length as the total number of credit/quarter/clock hours required to complete the defined nursing program of study (curriculum) allocated over a specific number of academic terms (semester/trimester/quarter); the curriculum is inclusive of all prerequisite courses, general education courses and nursing courses required. The ACEN does not prescribe the minimum or maximum length of a program. Rather, the total number of credit/quarter/clock hours and semesters/trimesters/quarters required to complete the defined curriculum must be congruent with the attainment of the identified EPSLOs and POs and must be consistent with the policies of the institution, the state, and the institution's accrediting agency. It is these entities that typically specify the minimum number of credit/quarter/clock hours and sometimes specify the maximum number of credit/quarter/clock hours required to complete the defined curriculum. Peer evaluators review the curriculum as a whole to ensure that the program length is consistent with the requirements of the institution, state, and institution's accrediting agency.

The way in which course credits are calculated is expected to be accessible to students and accurately, clearly, and consistently explained in written materials, such as a catalog, student handbook, and/or course syllabi. Students need this information to understand the time commitment required to earn course credits and how much time is spent in the classroom, skills/simulation labs, and clinical settings.

Course credits are based on contact hours spent in the classroom, skills/simulation lab, and clinical settings. For institutions using semester academic terms, the ACEN calculates the total number of credit hours for the didactic component using 15 contact hours = 1 credit hour, the lab component using 30 contact hours = 1 credit hour, and the clinical component using 45 contact hours = 1 credit hour. This ratio is also used to calculate clock hours to semester hours. [EXHIBIT 055] For institutions using quarter academic terms, the ACEN calculates the total number of quarter credit hours for the didactic component using 10 contact hours = 1 credit hour, the lab component using 20 contact hours = 1 credit hour, and the clinical component using 30 contact hours = 1 credit hour. Programs are also allowed to use their own credit-to-contact-hour conversions; however, they are required to have a policy that provides a rationale as to how the credits are calculated for the program. Peer evaluators evaluate whether institutional policies are consistently applied to the curriculum and conform to commonly accepted practices.

During interviews, faculty discuss the method of determining the number of hours necessary to attain skills in the nursing labs versus the hours required to gain the requisite knowledge base during the didactic portion in the classroom. In cases where an institution designates a maximum timeframe for completion of the program, peer evaluators review student records to ensure consistent application of the institution’s policy. For example, if students may not extend their master's degree study beyond 6 years, records are reviewed to ensure that this policy is applied consistently to the nursing program.

Completion rate is a measurable indicator that reflects the extent to which a purpose of the program is achieved. Faculty determine if the EPSLOs can be achieved by most students in a particular timeframe and use evidence from tracking actual program completion data to determine if curriculum revisions are needed to positively impact EPSLOs. Interviews with faculty and students lend additional detail and
verify program policies and practices.

The Glossary defines program completion rate as the number of students who complete the program in no more than 150% of the stated program length, beginning with enrollment in the first nursing course; the first nursing course can vary based upon a program option (e.g., pre-licensure, LPN-to-RN, RN-to-BSN). [EXHIBIT 150] The expected level of achievement (ELA) for program completion is determined by the faculty and reflects student demographics. It should be high enough as to be genuine and encourage continuous improvement but not so high as to be idealistic and, thus, unachievable. Peer evaluators review ELAs and make a professional judgment regarding the appropriateness of a program’s ELA. One consideration to determine if it is feasible for students to attain EPSLOs within the timeframe identified for program completion is the review of program completion data.

The annual report is 1 of the methods by which the ACEN monitors changes in program length and the achievement of POs. [EXHIBIT 151] In addition, programs are required by Policy #14 Reporting Substantive Change to notify the ACEN in writing if the curriculum changes and to provide the rationale for the change. [EXHIBIT 086] A revised curriculum and the original curriculum are compared. When there is a significant change in a curriculum, peer evaluators assess the extent of the change and how it may affect the students attaining EPSLOs and POs. [EXHIBIT 113]

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The agency's Standard 4, Curriculum, addresses program length. The standard is clearly written and stresses that student policies and services support end-of-program student learning and program outcomes. Specific to program length, the agency does not prescribe the minimum or maximum length of the program. Section 4.8 requires the program length be congruent with the attainment of end-of-program student learning outcomes and program outcomes, and is consistent with the policies of the governing organization, the state, and the governing organizations accrediting agency [Exhibit 097]. The agency included the guidance provided to programs for written reports, including guidance on supporting documentation for each criterion in all standards. The guidance provides clear direction and examples related to all the agency's standards, including Standard 4 [Exhibit 055].

The agency determines compliance with Standard 4 through the self-study and site review process as well as substantive change prospectus, follow-up report and focused site visit reports and included several examples of each as supporting documentation [Exhibits 107-112] including the self-study, site visit report, and decision letter of one institution selected by the Department [Franklin County Career and Technology Center, Exhibit 107]. The examples show that each program was thorough in describing how it met ACEN's appropriate standard related to curriculum, including subpart 4.8, program length, and the site visit reports demonstrate that the site visitors verified compliance with each of the subparts of the agency's Standard 4. The agency also monitors changes to program length through the annual report [Exhibit 151].

Lastly, the agency provided the full cycle of review for an additional 6 programs selected by Department staff for the virtual file review conducted during February 2022. All examples provided in the petition and virtual file review demonstrate that the agency has clear standards related to program length that are sufficiently rigorous to ensure the agency is a reliable authority regarding the quality of education or training provided by the program it accredits.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:
Criteria: 602.16(a)(1)(ix)
Description of Criteria

(ix) Record of student complaints received by, or available to, the agency.

Narrative:
The ACEN accredits clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing programs. The Standards and Criteria effectively address student complaints. [EXHIBIT 097] The process of evaluation includes a comprehensive self-assessment for programs seeking initial or continuing accreditation, which is documented in a program’s Self-Study Report. [EXHIBITS 142; 143; 144] Student complaints could also be addressed in between a comprehensive review cycle through a Substantive Change Prospectus, Follow-Up Report, or Focused Visit Report submitted by a program. [EXHIBIT 145; 146]

Standard 3 Students addresses student complaints. Peer evaluators review evidence/documentation verifying the extent to which a program meets the elements of all criteria and make a professional judgment of compliance with Standard 3. [EXHIBITS 117; 147]

The ACEN defines a complaint/grievance as a formal allegation against a program, typically expressed as a written, signed statement. A grievance is a wrong or hardship suffered that is the grounds for a complaint; the formal expression of a grievance is a complaint. Each institution and nursing education unit is required to have in place a written student complaint policy(ies) and processes that are reasonable, fairly administered and well publicized. The ACEN also requires that each institution and nursing education unit maintain a record of complaints received. This record must be available to the ACEN and its representatives and will be examined by peer evaluators whenever Standard 3 is reviewed.

Programs are expected to maintain complaint records for 8 years and there must be evidence of due process and resolution. [EXHIBIT 080] Peer evaluators review complaint records to determine whether the complainant received due process and whether there is evidence of resolution. A nursing education unit’s (NEU) complaint records must include all complaints filed since initial or continuing accreditation, whichever was the last site visit.

As stated in Policy #20 Complaints Against an Accredited Program, the ACEN will only act upon substantiated complaints against an accredited program that indicate:
1. An institution’s and/or program’s noncompliance with the Standards and Criteria;
2. An institution’s and/or program’s noncompliance with the ACEN policy; and/or
3. An institution’s and/or program’s noncompliance with its own published policy as said policy relates to the Standards and Criteria. [EXHIBIT 091]

The ACEN will not interpose itself as a reviewing authority in individual matters such as but not limited to admission; grades; granting or transferability of credits; application of academic policies; fees or other financial matters; disciplinary matters; contractual rights and obligations; personnel decisions; or similar matters. The ACEN will also not seek any type of compensation, damages, re-admission, or other redress
on an individual’s behalf. The ACEN will not respond to or act upon any complaint that is defamatory, hostile, or profane. In addition, the ACEN will not involve itself in collective bargaining disputes. The ACEN does not accept complaints about individuals. In addition, the ACEN may act upon concerns from a recognized state or federal agency.

The ACEN expects an individual to attempt to resolve an issue through the institution’s/program’s own published grievance policy/processes before submitting a complaint. Therefore, an individual must use all available grievance processes and means of appeal within the institution and/or nursing education unit before filing a complaint with the ACEN. The ACEN will not consider a complaint while institutional proceedings or litigation appertaining thereto are ongoing with the complainant. However, if the ACEN determines that the complainant raises issues so immediate that a delay may jeopardize the program’s accreditation status or cause harm to students, the ACEN may at its discretion choose to proceed with its review.

The ACEN reviews all complaints it receives against an accredited program and works to respond to the complaint in a timely manner and when warranted, to resolve a complaint in a fair and equitable manner using processes published in the Accreditation Manual. The agency has a 4-member internal complaint review committee with the goal of furthering the efforts to ensure that each complaint is reviewed timely while encouraging an impartial process. [EXHIBITS 092a, 092b] All complaints submitted are placed on a complaint log and all documents received are maintained by the year they were received. The complaint log contains information related to the type, status and final disposition of each complaint submitted. Both substantiated and non-substantiated complaints are tracked, and all related documents retained for a period of 8 years.

The complaint review committee will only review complaints submitted on a completed official complaint form. [EXHIBIT 152(a-x)] The complaint must also contain all applicable exhibits as necessary to validate the claim being made. The committee reviews the complaint and determines whether it is related to the program’s accreditation status; is within the scope of the ACEN policy; demonstrates the institution’s and/or program’s noncompliance with the Standards, an ACEN policy, or the institution’s and/or program’s own published policy as said policy relates to the Standards and Criteria; and there is adequate evidence in support of the allegations made in the complaint.

If the committee determines that the complaint does have sufficient substance relative to the Standards and Criteria and contains appropriate documentation, the Policy #20 complaint process is followed relative to notification sent to the program and the complainant. The complaint is moved through the remainder of the process as outlined in the policy.

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's Standard 3, Students, addresses the record of student complaints received by, or available to, the agency. Section 3.7 requires records to reflect that program complaints and grievances received...
due process and include evidence of resolution [Exhibit 097]. In addition, the agency’s Policy #20, Complaints Against and Accredited Program, provides further guidance on the process and responsibilities of the agency, programs, and complainants [Exhibit 091]. The agency maintains complaint records for a period of 8 years [Exhibit 12].

The agency determines compliance with Standard 3 through the self-study and site review process as well as substantive change prospectus, follow-up report and focused site visit reports and included several examples of each as supporting documentation [Exhibits 142-146] including the self-study, site visit report, and decision letter of one institution selected by the Department [Franklin County Career and Technology Center, Exhibit 142]. The examples show that each program was thorough in describing how it met ACEN’s appropriate standard related to student complaints and the site visit reports demonstrate that the site visitors verified compliance with section 3.7 of the agency’s Standard 3, as applicable. The agency states in its narrative that it utilizes a 4-person internal complaint review committee charged with reviewing complaints the agency receives in a timely and impartial manner. To demonstrate applications of its policies and standards, the agency provided its log of complaints received from 2016-2021 [Exhibit 092b] as well as 24 exhibits of complaints it received against a program, including the supporting documents, follow up and eventual resolution [Exhibits 152a-j].

Lastly, the agency provided the full cycle of review for an additional 6 programs selected by Department staff for the virtual file review conducted during February 2022. All examples provided in the petition and virtual file review demonstrate that the agency has clear standards related to student complaints that are sufficiently rigorous to ensure the agency is a reliable authority regarding the quality of education or training provided by the program it accredits.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.16(a)(1)(x)
Description of Criteria

(x) Record of compliance with the institution's program responsibilities under title IV of the Act, based on the most recent student loan default rate data provided by the Secretary, the results of financial or compliance audits, program reviews, and any other information that the Secretary may provide to the agency; and

Narrative:
The ACEN accredits clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate,
diploma, and practical nursing programs. The Standards and Criteria effectively address the institution's record of compliance with the institution's program responsibilities under Title IV-HEA. [EXHIBIT 097] The process of evaluation includes a comprehensive self-assessment for programs seeking initial or continuing accreditation, which is documented in a program's Self-Study Report. [EXHIBITS 142; 143; 144] The institution's record of compliance with the institution's program responsibilities under Title IV-HEA could also be addressed in between a comprehensive review cycle through a Substantive Change Prospectus, Follow-Up Report, or Focused Visit Report submitted by a program. [EXHIBITS 145; 146]

The ACEN takes its role as Title IV-HEA gatekeeper for programs very seriously. Furthermore, the ACEN recognizes the importance of ensuring that the select programs for whom the agency serves as Title IV-HEA gatekeeper and all other ACEN-accredited programs, follow the Higher Education Reauthorization Act Title IV-HEA regulations. [EXHIBIT 153] Evaluation of financial aid policies and practices are a critical element of Standard 3. [EXHIBIT 147] Peer evaluators review evidence/documentation verifying the extent to which a program meets the elements of all Criteria and make a professional judgment of compliance with Standard 3.

The program's report (e.g., Self-Study Report, Follow-Up Report, Focused Visit Report) provides information on the institutional processes associated with Title IV-HEA funding. Documentation of compliance with the Higher Education Reauthorization Act Title IV-HEA must be provided such as eligibility and certification requirements, loan default rates, and the results of financial or compliance audits. If the institution participates in a federal loan program it must have a written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders. The institution must inform students of their ethical responsibilities regarding financial assistance. The institution must maintain financial aid records in accordance with the policies of the institution, state, and federal guidelines. Interviews with students and the financial aid officer verify this information. If the institution's loan default rate is 15% or higher, decreasing the default rate is noted as an area needing development.

Additionally, the ACEN requires the institution/nursing program for which the ACEN serves in a Title IV-HEA financial and gatekeeper capacity to submit an annual report specific to the sufficiency of its financial resources and its compliance with Title IV-HEA requirements as well as a supplemental report related to financial responsibility. [EXHIBITS 154; 155; 156; 157; 158] Additionally, in accordance with Policy #14 Reporting Substantive Changes, if an institution/nursing program has a change in status related to Title IV-HEA eligibility, the program is required to submit a substantive change report as soon as possible to the ACEN regarding the change. [EXHIBIT 086]

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Meets the requirements of this section

Analyst Remarks to Narrative:

The agency's accreditation is a required element enabling some of its practical nursing and all of its hospital-based programs to establish eligibility to participate in the Title IV, HEA programs. The agency provided a roster of programs that rely on ACEN accreditation for their Title IV eligibility [Exhibit 152].

The agency's Standard 3, Students, addresses the evaluation of an institution's Title IV responsibilities. Specifically, section 3.6 requires institutions/programs that participate in the federal loan program to have written, comprehensive student loan repayment policies addressing student loan information, counseling, monitoring and cooperation with lenders. The institution must also maintain financial aid records in accordance with the policies of the institution, state and federal guidelines. Documentation of compliance with Title IV of the Higher Education Act, as amended must be provided and include eligibility and certification requirements, loan default rates, and the results of financial or compliance audits.

The agency determines compliance with Standard 3 through the self-study and site review process as well as substantive change prospectus, follow-up report and focused site visit reports and included several examples of each as supporting documentation [Exhibits 142-146] including the self-study, site visit report, and decision letter of one institution selected by the Department [Franklin County Career and Technology Center, Exhibit 142]. The examples show that each program was thorough in describing how it met ACEN's appropriate standard related to its Title IV responsibilities and the site visit reports

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demonstrate that the site visitors verified compliance with section 3.6 of the agency’s Standard 3. In addition, ACEN requires institutions/programs that utilize ACEN as their Title IV gatekeeper to submit annual reports that monitor their financial resources and compliance with Title IV requirements. If an institution’s default rate is greater than 15% it is marked as an area needing improvement. The agency submitted several examples of completed annual reports demonstrating it continuously monitors its programs compliance with Title IV, HEA requirements [Exhibits 155 and 156].

Lastly, the agency provided the full cycle of review for an additional 6 programs selected by Department staff for the virtual file review conducted during February 2022. ACEN was not the Title IV gatekeeper for any of the examples; however, all examples show peer evaluators reviewed the institution’s default rate and the results of financial or compliance audits, program reviews, and any other information that the Secretary may provide to the agency, as appropriate.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.16(a)(2)
Description of Criteria

(2) The agency's preaccreditation standards, if offered, must--
(i) Be appropriately related to the agency's accreditation standards;
and
(ii) Not permit the institution or program to hold preaccreditation status for more than five years before a final accrediting action is made.

Narrative:

Document(s) for this Section

No files uploaded

Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section
Staff Determination:

The agency must submit a narrative stating it does not have preaccreditation standards.

Analyst Remarks to Narrative:

The agency did not provide a response to this section. In section 602.10 ACEN stated it does not offer preaccreditation. That statement must also be stated in this section.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

The ACEN does not offer preaccreditation and therefore does not have preaccreditation standards.

Analyst Worksheet - Response
Analyst Review Status:

Not Necessary

Analyst Remarks to Response

In response to the draft analysis, the agency confirms it does not offer preaccreditation and therefore does not have preaccreditation standards. This section does not apply to the agency.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.16(b-c)
Description of Criteria

(b) Agencies are not required to apply the standards described in paragraph (a)(1)(x) of this section to institutions that do not participate in title IV, HEA
programs. Under such circumstance, the agency’s grant of accreditation or preaccreditation must specify that the grant, by request of the institution, does not include participation by the institution in title IV, HEA programs.

(c) If the agency only accredits programs and does not serve as an institutional accrediting agency for any of those programs, its accreditation standards must address the areas in paragraph (a)(1) of this section in terms of the type and level of the program rather than in terms of the institution.

Narrative:
The ACEN serves as the institutional accreditor/Title IV-HEA Gatekeeper for (a) single-purpose institutions that offer certificate, diploma, and professional degree nursing programs and (b) public K–12 schools that offer post-secondary adult practical nursing programs. [EXHIBIT 001] The ACEN accredits clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing programs. The Standards and Criteria apply to all ACEN-accredited programs that are eligible to and do participate in Title IV-HEA programs described in 602.16(a)(1)(x). [EXHIBIT 097]

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency states in its narrative that it serves as the institutional accreditor and Title IV gatekeeper for single purpose institutions that offer certificate, diploma, and professional degree nursing programs as well as K-12 schools that offer post-secondary adult practical nursing programs. In addition, ACEN accredits clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing programs. ACEN’s standards, including 602.16(a)(1)(x) apply to all accredited programs, including those that are eligible to but do not participate in Title IV-HEA programs, as applicable. The agency submitted a roster of its accredited programs with an indicator of which participate in Title IV.

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Criteria: 602.16(d)
Description of Criteria

(d)

(1) If the agency has or seeks to include within its scope of recognition the evaluation of the quality of institutions or programs offering distance education, correspondence courses, or direct assessment education, the agency's standards must effectively address the quality of an institution's distance education, correspondence courses, or direct assessment education in the areas identified in paragraph (a)(1) of this section.

(2) The agency is not required to have separate standards, procedures, or policies for the evaluation of distance education or correspondence courses.

Narrative:

The ACEN (formerly known as NLN 1952–1997 and NLNAC 1997–2013 in USDE recognition records) is recognized by the United States Department of Education (USDE) as a specialized accrediting agency (i.e., programmatic and institutional) for nursing programs located in the United States and its territories, including distance education.

The ACEN accredits clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical programs located in secondary, post-secondary, and hospital-based institutions that offer certificates, diplomas, or degrees. [EXHIBIT 001]

The ACEN serves as the institutional accreditor/Title IV-HEA Gatekeeper for (a) single purpose institutions that offer certificate, diploma, and professional degree programs and (b) public K–12 schools that offer post-secondary adult practical programs. All of these programs participate in Title IV-HEA programs based on whether or not they are in good standing with the USDE.

The ACEN does not accredit programs that rely on correspondence courses and direct assessment education.

The ACEN defines distance education as an educational method of delivery in which instruction occurs when a student and instructor are not in the same place. Instructions may be synchronous or asynchronous. Distance education may employ audio, video, and/or computer technologies and include technology that is used to support regular and substantive interaction between the instructor and students. Hybrid education is an educational method of delivery in which instruction occurs using both distance education and traditional education methods of delivery. [EXHIBIT 159] The ACEN does not restrict institutions/nursing programs from defining distance education in a way that best fulfills their mission, which may include missions of religious-affiliate programs and institutions.
Policy #15 Distance Education and the Standards governs the quality of an institution's/nursing program's use of distance education. [EXHIBIT 160] The ACEN does not have separate accreditation standards for programs using distance education. Distance education is entwined throughout the 2017 Standard and Criteria: most notably in Criteria 1.1, 2.10, 3.9, 4.11 and 5.4. [EXHIBIT 097] A program using any type of distance education as a method of delivery must address the distance education Criteria in the program’s report.

- Standard 1 Mission and Administrative Capacity: programs provide evidence that the use of distance education for instruction is congruent with the mission of the institution.
- Standard 2 Faculty and Staff: programs provide evidence of ongoing professional development and support of faculty in the best practices of distance education modalities.
- Standard 3 Students: programs provide evidence of technology requirements and ensure that polices relating to distance education are clear, accurate, consistent, and accessible. Programs that use distance education, alternative methods of delivery, and/or multiple instructional locations also provide evidence of comparability of policies and support services available to all student cohorts at all teaching locations and delivery methods.
- Standard 4 Curriculum: programs provide evidence of learning activities, instructional materials, and evaluation methods for the delivery learning format that are consistent with the end-of-program student learning outcomes (EPSLO) and program outcomes (PO).
- Standard 5 Resources: programs provide evidence that the fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery.
- Standard 6 Outcomes: programs provide evidence that the EPSLOs and POs are comparable for all students, including those being taught in traditional face-to-face classrooms, hybrid/mixed methods of delivery, and wholly distance education environments.

During the review of a program, peer evaluators verify the distance education policies and practices of the program, including security measures, student identity, and any related fees. Faculty and students are interviewed to verify that the use of distance education includes regular and substantial interactions between the instructor and the students. Peer evaluators assess the distance education courses to verify the regularity and the substance of the interactions between the students and the faculty as well as review the appropriateness and effectiveness of the teaching materials, course content, learning activities, and evaluation methodologies. The Evaluation Review Panel and Board of Commissioners also review the program’s use of distance education for effectiveness, quality, and appropriateness. [EXHIBITS 118; 161]

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Distance Education

Exhibit_160_ACEN Policy 15
Exhibit_160_ACEN Policy 15.pdf

Exhibit_161_NWACC Fall 2019
Focused Visit Review-Full
Exhibit_161_NWACC Fall 2019 Focused Visit Rev

Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

ACEN’s scope of recognition includes distance education and the agency states in its narrative that its accredited clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical programs located in secondary, post-secondary, and hospital-based institutions that offer certificates, diplomas, or degrees utilize distance education as a method of delivery. ACEN’s definition of distance education found in its accreditation manual conforms to the Department’s definition at 34 CFR 600.2 [Exhibit 159]. ACEN does not have separate standards of accreditation for programs offering distance education. As discussed throughout 602.16(a)(1), each standard contains a subpart that relates to distance education, as applicable. In addition, ACEN’s Policy #15 lists 10 distance education critical elements that must be met including detailed requirements for the verification of student identity as well as substantive interaction between student and instructor [Exhibit 106].

The agency further states in its narrative that peer evaluators ensure programs that utilize distance education as a method of delivery meet the agency’s distance education standards and criteria. Peer evaluators verify student identity, security measures and related fees. Peer evaluators conduct interviews and access distance education courses to verify regular and substantive interaction occurs between students and instructor. Peer evaluators also review the appropriateness and effectiveness of teaching materials, course content, learning activities, and evaluation methodologies. The Evaluation Review Panel (ERP) and Board of Commissioners (BOC) also conduct their own review of a program’s use of distance education. To demonstrate compliance with this criterion and its own policies and procedures, the agency submitted the full cycle of review for two programs that utilize distance education as a method of delivery [Exhibits 118 and 161]. Both exhibits demonstrate that peer evaluators reviewed and commented on distance education as applicable and that the information was reviewed by the ERP and BOC during the decision-making process.

Lastly, the agency provided the full cycle of review for an additional 4 programs for the virtual file review conducted during February 2022. Each of the programs offered all or part of their programs via distance education. All examples provided in the petition and virtual file review demonstrate that the agency’s standards effectively address the quality of an institution’s distance education, correspondence courses, or direct assessment education in the areas identified in paragraphs 602.16 (a)(1)(i)-(x), as applicable.

Department staff notes that the agency states in its narrative that it does not accredit programs that rely on correspondence or direct assessment education.
Criteria: 602.16(e-g)

Description of Criteria

(e) If none of the institutions an agency accredits participates in any title IV, HEA program, or if the agency only accredits programs within institutions that are accredited by a nationally recognized institutional accrediting agency, the agency is not required to have the accreditation standards described in paragraphs (a)(1)(viii) and (a)(1)(x) of this section.

(f) An agency that has established and applies the standards in paragraph (a) of this section may establish any additional accreditation standards it deems appropriate.

(g) Nothing in paragraph (a) of this section restricts--

1. An accrediting agency from setting, with the involvement of its members, and applying accreditation standards for or to institutions or programs that seek review by the agency;

2. An institution from developing and using institutional standards to show its success with respect to student achievement, which achievement may be considered as part of any accreditation review; or

3. Agencies from having separate standards regarding an institution’s or a program’s process for approving curriculum to enable programs to more effectively meet the recommendations of
   (i) Industry advisory boards that include employers who hire program graduates;
   (ii) Widely recognized industry standards and organizations;
   (iii) Credentialing or other occupational registration or licensure; or
   (iv) Employers in a given field or occupation, in making hiring decisions.

4. Agencies from having separate faculty standards for instructors teaching courses within a dual or concurrent enrollment program, as defined in 20 U.S.C. 7801, or career and technical education courses, as long as the instructors, in the agency’s judgment, are qualified by education or work experience for that role.

Narrative:
The ACEN accredits clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing programs. The ACEN serves as the institutional accreditor/Title IV-HEA Gatekeeper for (a) single-purpose institutions that offer certificate, diploma, and professional degree nursing programs and (b) public K–12 schools that offer post-secondary adult practical nursing programs. [EXHIBIT 001]

The ACEN utilizes the same set of Standards and Criteria as well as policies for all programs, including faculty standards. [EXHIBITS 097; 162]

In Standard 1, communities of interest should have input into the program processes and its decision-making. Programs are expected to share with their communities of interest information about the program including but not limited to data related to the end-of-program student learning outcomes (EPSLO) and program outcomes (PO). Typically, communities of interest include an advisory board composed of employers who hire program graduates. [EXHIBITS 163; 164; 165]

Standard 4 requires that the program length meets any requirements of the state. In some cases, the nursing state regulatory agency may have specific requirements related to program content, number of didactic and clinical hours, or requirements related to the credit-to-contact-hour ratios that are allowed. Additionally, while the ACEN requires all programs/program options to have clinical/practicum learning experiences, some state regulatory agencies may prescribe a certain amount of clinical/practicum contact hours or have regulations related to the use of simulation within the program. Programs are required to adhere to these state regulatory agency requirements. For graduate-level programs with advanced practice nursing options (e.g., nurse practitioner), the curriculum must be developed to ensure that the graduate meets the requirements of specialized certification agencies to be eligible to take the advanced certification examination upon graduation. The review of a program includes peer evaluators verifying the program’s compliance with any state requirements as well as certification requirements when applicable. [EXHIBITS 107; 108; 109; 112]

Document(s) for this Section

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ACEN accredits clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing programs and is the Title IV gatekeeper for (a) single-purpose institutions that offer certificate, diploma, and professional degree nursing programs and (b) public K–12 schools that offer post-secondary adult practical nursing programs. The agency provided a list of its accredited programs/institutions that include a note for which participate in Title IV [Exhibit 001].

ACEN states in its narrative that its standards, criteria, and policies, including its curriculum and faculty standards, apply to all programs. [Exhibit 097 and 162]. The agency notes that communities of interest, such as employers, have input into student achievement metrics and that its curriculum standard requires program length adhere, in part, to state requirements, which vary by state. It does not appear based on the agency’s narrative that it has additional standards as described at 602.16(f) or separate standards as described at 602.16(g); however, this was not explicitly stated by the agency nor were any such standards submitted as supporting documentation.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:
The ACEN has not developed any additional accreditation standards as stated in 602.16(f) or separate standards as described at 602.16(g)(1)-(4).

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section
In response to the draft analysis, the agency confirms it has not adopted separate standards as described at 34 CFR 602.16(f) or separate standards as described at 34 CFR 602.16(g)(1)-(4).

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.17(a)
Description of Criteria

The agency must have effective mechanisms for evaluating an institution’s or program’s compliance with the agency’s standards before reaching a decision to accredit or preaccredit the institution or program. The agency meets this requirement if the agency demonstrates that it—

(a) Evaluates whether an institution or program—
   (1) Maintains clearly specified educational objectives that are consistent with its mission and appropriate in light of the degrees or certificates awarded;
   (2) Is successful in achieving its stated objectives at both the institutional and program levels; and
   (3) Maintains requirements that at least conform to commonly accepted academic standards, or the equivalent, including pilot programs in §602.18(b);

Narrative:
The ACEN accredits clinical doctorate/DNP certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing programs. As a practice discipline, programs are regulated by appropriate governmental agencies within each state/territory. Programs that lead to licensure as a practical or registered nurse or certification as advanced practice nurse must incorporate requirements established by a state regulatory agency. The National Council of State Boards of Nursing (NCSBN) administers the national licensure examination for entry into nursing practice as a practical or registered nurse in the United States and its territories. The ACEN participates in activities to ensure coordination of regulation and accreditation of programs. [EXHIBIT 166] Many graduate programs provide an opportunity to complete specialized certification examinations (e.g., nurse practitioner). The ACEN participates in activities to ensure coordination of certification and accreditation of programs through active participation on the APRN Consensus Work Group. [EXHIBITS 167; 168; 169]

The Standards and Criteria effectively address educational quality. [EXHIBIT 097] Central to ACEN accreditation is establishing and maintaining end-of-program student learning outcomes (EPSLOs) and
program outcomes (POs) that are consistent with the program’s mission and are reflective of contemporary nursing practice. Standard 1 Mission and Administrative Capacity addresses the nursing education unit’s mission being congruent with the core values, mission, and goals of the institution. [EXHIBIT 139] Standard 4 Curriculum addresses the curriculum supporting the achievement of the EPSLOs and POs and being consistent with safe practice in contemporary healthcare environments. [EXHIBIT 116] Standard 6 Outcomes addresses program evaluation demonstrating that students achieve each EPSLO and PO, which are the educational objectives for the program. [EXHIBITS 098; 117]

For all programs, evaluation of academic quality and the assessment of student achievement is the focus of Standard 6 Outcomes. This Standard intentionally sets the expectations for academic quality through its 4 Criteria. Each Criterion sets expectations, referred to as “expected level of achievement (ELA)” and assessing the extent to which students achieve each EPSLO and PO (licensure/certification examination, program completion, job placement) as the approach to assess and verify whether a program is successful in achieving its objectives. [EXHIBITS 170; 171; 172]

The 2019 Report to Constituents demonstrates that ACEN-accredited programs are successful in achieving their educational objectives although some programs have challenges. [EXHIBIT 173]

- Graph 6 shows of all Criteria, EPSLOs (Criterion 6.1), licensure/certification examination (Criterion 6.2), and program completion (Criterion 6.3) are the Criteria with which programs are most often found non-compliant. [EXHIBIT 174]
- Graphs 9-12 show graduates of ACEN-accredited programs exceed the national average on the licensing examination (Criterion 6.2). [EXHIBIT 175]
- Table 13 shows graduates of ACEN-accredited programs are successful on certification examinations (Criterion 6.2). [EXHIBIT 176]
- Graphs 14-15 show most programs meet or exceed their ELA for program completion (Criterion 6.3). [EXHIBIT 177]
- Table 14 and Graph 16 show ACEN-accredited programs meet or exceed their ELA for job placement and graduates are employed (Criterion 6.4). [EXHIBIT 178]

Criterion 6.2 specifies the ELA for the most recent annual licensure examination pass rate will be at least 80% for all first-time test-takers during the same 12-month period in prelicensure programs. For programs leading to a certification examination, the ACEN specifies the ELA is that the annual pass rate for all first-time test-takers will be at or above the national mean for the same three-year period; in the absence of a national mean, the pass rate for each certification examination will be at least 80% for all first-time test-takers during the same 12-month period. The required ELA of 80% is a widely accepted practice in nursing education. The ACEN’s benchmark for licensure examination pass rates and certification examination pass rates was determined by a review of state boards of nursing licensure examination pass rates and certifying agencies' national certification examination pass rates.

Criterion 6.3 is related to the rate students complete the program. The program faculty set the ELA for completion based on student demographics. Faculty assess the program’s performance to identify an appropriate quality benchmark and take into consideration the student population demographics.

Criterion 6.4 is related to the percentage of graduates, typically within 1 year of graduation, who are employed in a position for which a program prepared them. Like Criterion 6.3, the program faculty set the ELA based on program demographics. Faculty assess the program’s performance to identify an appropriate quality benchmark and take into consideration program demographics, the local job
market, and employment trends in their community.

The ACEN expects that assessment methods will be appropriate for the outcome being measured. Further, the ACEN expects that all ELAs will be high enough as to be genuine and encourage continuous improvement, but they will not be so high as to be idealistic and, thus, unachievable. Programs must provide a rationale for the ELAs for the program outcomes and peer evaluators review the ELAs to make a professional judgment regarding the appropriateness of each ELA.

To ensure that programs conform to commonly accepted academic standards, faculty are expected to demonstrate that the curriculum is based on appropriate professional nursing standards, guidelines, or competencies. The program documents the inclusion of appropriate professional nursing standards, guidelines, or competencies in its report and interviews with students, faculty, and representatives from clinical agencies verify that these are used to educate students. Further, the ACEN describes examples of professional nursing standards, guidelines, and competencies in the Glossary. [EXHIBITS 098; 179] Although the ACEN does not prescribe the professional nursing standards, guidelines, and competencies, the faculty are expected to select appropriately based on program type and local, state, and national trends, research, and demands for stakeholders. [EXHIBITS 107; 108; 109; 116]

Since the 2017 recognition, the ACEN has not adopted any pilot programs.

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

ACEN's Standards and Criteria address educational quality as it relates to program mission [Exhibit 097]. Collectively, Standards 1, 4, and 6 require accredited nursing programs to establish student learning and program outcomes that reflect the mission of the nursing program and are reflective of contemporary nursing practice [Exhibit 167]. As noted in section 602.16, Standard 1 requires programs to establish a mission reflective of its governing organization’s core values and mission/goals. Standard 4, requires programs to establish a curriculum that supports the achievement of student learning and program outcomes that is consistent with safe practice in contemporary healthcare environments. Standard 4 also requires all programs to maintain requirements that conform to commonly accepted standards, including as it relates to the number of credit/quarter hours, curriculum process and theory, evaluation methodologies, and clinical/practical experience. Standard 6, requires programs to establish outcomes that demonstrate students have achieved the student learning and program outcomes. ACEN expects the outcome measurements and assessments are appropriate, genuine, and encourage continuous improvement. Peer evaluators review outcomes and their rationale and make a judgment on their appropriateness as part of the site review process. The agency further notes it has not adopted any pilot programs since its last recognition in 2017.

The agency utilizes several methods to assess a program’s success in achieving its stated mission & objectives, including the self-study and site review process. ACEN included several examples of each as supporting documentation [Exhibits 107-109, 170-172] including the self-study, site visit report, and decision letter of one institution selected by the Department [Franklin County Career and Technology Center, Exhibit 107]. The examples demonstrate that each program was thorough in describing how it met ACEN’s appropriate standards related to mission and objectives and the site visit reports demonstrate that the site visitors verified compliance with each of the subparts of the agency’s standards.

Lastly, the agency provided the full cycle of review for an additional 6 programs selected by Department
staff for the virtual file review conducted during February 2022. All examples provided in the petition and virtual file review demonstrate that the agency has effective mechanisms for evaluating an institution’s or program’s compliance with the agency’s standards related to mission and objectives before reaching a decision to accredit the institution or program.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.17(b)
Description of Criteria

(b) Requires the institution or program to engage in a self-study process that assesses the institution’s or program’s education quality and success in meeting its mission and objectives, highlights opportunities for improvement, and includes a plan for making those improvements;

Narrative:
The ACEN has an accreditation structure/organization based on the peer-review model. The General Information section of the Accreditation Manual outlines the accreditation process for programs seeking initial and continuing accreditation. [EXHIBIT 180]

Eligibility for initial and continuing accreditation with the ACEN is governed by Policy #3 Eligibility for Initial and Continuing Accreditation. [EXHIBIT 002]

Candidacy is the beginning process for a program seeking initial accreditation with the ACEN, and initial accreditation is the first peer-review process for a candidate program seeking accreditation with the ACEN. Candidacy is governed by Policy #34 Candidacy for a Governing Organization/Program Seeking Initial Accreditation [EXHIBIT 088], which details the following:

1. Determination of eligibility for ACEN accreditation
2. Submission of a Candidacy Presentation
3. Review by the ACEN Directors of the program’s Candidacy Presentation
4. Determination based on the staff review of the program’s Candidacy Presentation resulting in approval, deferral, or disapproval of candidacy status

Notably, the review by the ACEN Directors of the program’s Candidacy Presentation provides the program with detailed feedback to improve the program. [EXHIBIT 181] Every candidate program is assigned an ACEN Director as a mentor to facilitate the program’s success. The candidacy period is a
maximum of 2 calendar years; therefore, a candidate program must host an initial accreditation site visit within 2 calendar years of achieving candidacy. If a program does not host its initial accreditation site visit within 2 calendar years of achieving candidacy, the program must restart the candidacy process. For all programs hosting an initial accreditation site visit, the accreditation process is the same as all programs seeking continuing accreditation and it is comprised of 3 independent levels of peer review: Site Visitors, Evaluation Review Panel (ERP), and Board of Commissioners (BOC).

The process described below is used when a program is reviewed for initial accreditation, continuing accreditation, and continuing accreditation with removal of a stipulation (i.e., conditions, warning, good cause).

The review process ensures that:
1. all Standards are met for a program to obtain and maintain accredited status with the ACEN;
2. programs can address deficiencies, as applicable;
3. The ACEN procedures provide timely action to prevent substantially underperforming programs from achieving or maintaining accredited status;
4. application of indicators used to determine institution or program performance weakness, procedure for intervention, and options for action by the ACEN in such cases are included; and
5. evidence is provided that accredited programs are appropriately monitored.

Step 1: In the first step, the program faculty and leaders write a report based on their self-evaluation of the program.
   a. Any program preparing for initial accreditation or continuing accreditation at the customary cyclical peer-review process must submit a Self-Study Report (SSR) to demonstrate the extent to which the program meets all Standards and Criteria. The customary cyclical peer-review process is 5 years after initial accreditation is granted and at least every 8 years thereafter. [EXHIBITS 107; 108; 172]
   b. Programs on monitoring for a stipulation (i.e., conditions, warning, good cause) submit a Follow-Up Report (FUR) for the Standards and Criteria being reviewed. [EXHIBIT 182]

Step 2: The second step is the onsite visit, which includes a team of peer evaluators who are volunteers; these peer evaluators are nurse educators from ACEN-accredited programs of the same program type under review and nurse clinicians from nursing practice. These peer evaluators:
   a. Prepare a team report based on the review of the program's report, interviews with program representatives and constituents and review of evidence. Based on their independent analysis and professional judgments, determine the extent to which the program meets the Standards and Criteria being reviewed by clarifying, verifying and amplifying the narrative and evidence presented in the program's report.
   b. Make an accreditation recommendation to the BOC about the program's accreditation status based on the team's findings.
   c. Ensure the consistent application of the Standards and Criteria, thus ensuring that recommendations are consistent.

Note: Programs reviewed for continuing accreditation with removal of conditions typically do not undergo an onsite visit.

Step 3: The third step is the ERP, which is composed of peers from the same type of program under review. The role of the peer evaluators on the ERP is to:
a. Continue the peer-review process by conducting their own independent analysis on the extent to which the program meets the Standards being reviewed.
b. Based on their independent analysis and professional judgments, make an accreditation recommendation to the BOC about the program’s accreditation status.
c. Ensure the consistent application of the Standards and Criteria, thus ensuring that recommendations are consistent for the programs reviewed by the panel.

Step 4: The final step of the peer-review process is the last independent analysis of the information and evidence available. The BOC makes its own professional judgments about compliance with the Standards and Criteria taking into consideration the findings/recommendations from the site visitors and the Evaluation Review Panel, as well as ensuring the consistent application of the Standards and Criteria among all programs. In accordance with Policy #4 Types of Commission Actions for Initial and Continuing Accreditation [EXHIBIT 183], the BOC has the sole authority to determine the accreditation status of programs.

The process of writing the SSR or FUR should involve the efforts of all those associated with the nursing program. The report is the primary document that peer evaluators on the site visit team, ERP, and BOC use to understand the program.

The report is expected to detail methods, processes, systems and examples of meeting its mission and objectives, highlight opportunities for improvement, and include a plan for making those improvements. In the Program Overview of the Report, faculty include a brief history, including areas of strength and areas that need improvement. Further, elaboration of plans to improve the program are verified, clarified, and amplified by the peer evaluators during the site visit and documented in the team’s site visit report. [EXHIBITS 184; 185; 186]

The SSR includes and the FUR may include the program’s Systematic Plan of Evaluation (SPE), which also details areas that need improvement and actions to improve the program. [EXHIBITS 102; 103; 104] The SPE is the program’s planning document; it contains a systematic approach to assessment of the program’s end-of-program student learning outcomes (EPSLOs) and program outcomes (POs). The SPE outlines the EPSLOs, POs, expected levels of achievement for each outcome, frequency of assessment, assessment method, data, data analysis, and actions to improve the program. The expected levels of achievement should be measurable and specific for each end-of-program student learning outcome and program outcome. Each EPSLO (Criterion 6.1) can be assessed cyclically (e.g., once over a three-year cycle; not to exceed a five-year cycle). Program outcomes must be assessed annually (Criteria 6.2, 6.3, 6.4). [EXHIBITS 098; 101]

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ACEN's Accreditation Manual states that programs undergoing initial or continuing accreditation must follow a four-step process that begins with a Self-Study Report (SSR) [Exhibit 180, General Information Section]. The Accreditation Manual requires the SSR be submitted to peer evaluators no later than 6 weeks prior to the date of the site visit. The SSR serves as the primary document used by peer evaluators, Evaluation Review Panel, and the Board of Commissioners to understand the nursing program and assess its compliance with ACEN’s standards and criteria. The self-study involves broad participation including the nursing program’s governing organization and nursing program administrators, faculty, staff, students, as well as other individuals concerned with the nursing program. The SSR includes the program’s Systematic Plan of Evaluation (SPE) as required by Standard 6, which
details areas that need improvement and an action plan for implementing those improvements. ACEN provides resources to programs completing the SSR, including assistance from professional staff, the Accreditation Manual, and Guidelines for Written Reports.

To demonstrate compliance with this criterion, the agency submitted numerous examples of completed SSRs, including the self-study of one institution selected by the Department [Franklin County Career and Technology Center, Exhibit 102-104; 107-108; 172]. The reports are responsive to the agency’s standards and detail program improvement efforts.

ACEN submitted documentation for the virtual file review conducted during February 2022 demonstrating it trains institutions/programs on the self-study process. The agency submitted registration lists of attendees to its self-study forums conducted during 2019-2021. Each forum had over 300 registrants representing all program types. ACEN also provided the training materials presented at the self-study forums. The Power Point presentations and handouts provided a thorough overview of the accreditation process, including an in-depth discussion on writing the self-study report.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.17(c)
Description of Criteria

(c) Conducts at least one on-site review of the institution or program during which it obtains sufficient information to determine if the institution or program complies with the agency’s standards;

Narrative:
The ACEN accredits clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing programs.

The ACEN has an accreditation structure/organization based on the peer-review model, which is explained in 602.17(b). The General Information section of the Accreditation Manual outlines the accreditation process for programs seeking initial and continuing accreditation. [EXHIBIT 180] The process involves:

Step 1: Submission of the Self-Study Report by the program
Step 2: Onsite visit
Step 3: Evaluation Review Panel review
Step 4: Board of Commissioners (BOC) review and accreditation decision

The onsite visit (Step 2) includes a team of peer evaluators who are volunteers; these peer evaluators are nurse educators from ACEN-accredited programs of the same program type under review and nurse clinicians from nursing practice. These peers prepare a team report based on the review of the program’s written report, interviews with program representatives and constituents, and review of supporting evidence. The team’s report reflects their independent analysis and professional judgments on the program’s compliance with the Standards and Criteria and includes a recommendation to the BOC about the program’s accreditation status.

Policy #4 Types of Commission Actions for Initial and Continuing Accreditation governs the scope of accreditation that may be granted and level of accreditation status conferred. For the ACEN, there is only 1 level of accreditation status: accredited. [EXHIBITS 082; 083; 118; 183]

1. For a program seeking initial accreditation there are 2 possible actions: grant initial accreditation or deny initial accreditation.
2. For a program seeking continuing accreditation there are several possible actions, and which action is applied depends on the point in the review process. The actions are listed below, and the details are described in Policy #4:
   a. Continuing Accreditation for 8 years; all program types
   b. Continuing Accreditation with Conditions for 12, 18, or 24 months depending on program type and BOC’s judgement regarding the depth of the issue(s); follow-up site visit may be required
   c. Continuing Accreditation with Warning for 12, 18, or 24 months depending on program type and BOC’s judgement regarding the depth of the issue(s); follow-up site visit is required
   d. Continuing Accreditation for Good Cause for 12, 18, or 24 months depending on program type and BOC’s judgement regarding the depth of the issue(s); follow-up site visit is required
   e. Continuing Accreditation, Remove Conditions; all program types
   f. Continuing Accreditation, Remove Warning; all program types
   g. Continuing Accreditation, Remove Good Cause; all program types
   h. Deny Continuing Accreditation; all program types

Policy #14 Reporting Substantive Change outlines 4 procedures for submitting substantive changes. Substantive changes could result in a focused visit between comprehensive reviews. [EXHIBITS 086; 187] In addition, a focused visit could also be required as outlined in Policy #20 Complaints Against an Accredited Program to verify the program’s compliance after submission of complaint against an accredited program. [EXHIBIT 091; 188(a-x)] If a focused visit is required, Policy #19 Focused Site Visit governs this site visit process. [EXHIBIT 189]

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### Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

As discussed in the previous section, ACEN’s Accreditation Manual states that programs undergoing initial or continuing accreditation must follow a four-step process. The second step in that process is the accreditation site visit [Exhibit 180 in section 602.17(b)]. The agency conducts at least one site visit of each program during the period of accreditation. Per the agency’s Accreditation Manual, the purpose of the onsite visit is to determine the extent to which the program meets the agency’s standards and criteria. Peer evaluators verify the contents of the Self-Study Review and make judgements and accreditation recommendations, which are used by the Evaluation Review Panel and Board of Commissioners to have a complete understanding of the program. Site visits last approximately 3 days and are sometimes coordinated with other accreditation or approval agencies.

The agency provided 4 site visit reports including for a program selected by Department staff for the virtual file review [Franklin County Career and Technology Center, Exhibit 082-083;118; 187]. The reports are sufficiently detailed in addressing compliance with the agency’s standards. The agency also provided site visit reports for an addition 6 programs selected by the Department for the file review conducted during February 2022. Those site visit reports are similarly sufficiently detailed in addressing compliance with the agency’s standards.

The agency also notes that in addition to its regular site visit intervals it may conduct special site visits due to substantive change requests [Exhibits 086; 187]. Policies #19 and #20 govern the agency’s complaint process, including when a focused visit is required due to a complaint [Exhibits 091 and 189]. The agency provided examples of focused site visits to verify the program’s compliance with ACEN’s standards and criteria [EXHIBIT 091; 188(a-x)].

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

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Criteria: 602.17(d)
Description of Criteria

(d) Allows the institution or program the opportunity to respond in writing to the report of the on-site review;

Narrative:
The ACEN has an accreditation structure/organization based on the peer-review model, which is explained in 602.17(b). The General Information section of the Accreditation Manual outlines the accreditation process for nursing programs seeking initial and continuing accreditation. [EXHIBIT 180] The process involves:

Step 1: Submission of the Self-Study Report by the nursing program
Step 2: Onsite visit
Step 3: Evaluation Review Panel (ERP) review
Step 4: Board of Commissioners (BOC) review and accreditation decision

As described in the Accreditation Manual, General Information, Section 6, the Nurse Administrator Response Form (NARF) is a document that the program’s nurse administrator submits to the ACEN after review of the draft Site Visit Report, Follow-Up Site Visit Report, or Focused Site Visit Report. [EXHIBITS 190; 191; 192] The NARF provides the program the opportunity to submit errors of fact (e.g., typographical errors in names, credentials, number of students at the time of the visit) within the report as well as substantive comments related to the facts at the time of the site visit. The NARF is reviewed by the ACEN staff and is shared with the site visit team as needed, who then decide whether the report is to be changed. After this decision and any necessary changes are made, the report becomes final. The final team report and the NARF will become part of the permanent materials relating to the initial or continuing accreditation site visit. [EXHIBIT 080] The ERP and the BOC review the NARF during their independent review and analysis of the program’s information.

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The site visit report section of the accreditation processes and procedures of the Accreditation Manual [Exhibit 180] details the response to the site review as required by this criterion. Specifically, this section of the manual states that a site/focus/follow-up visit report is sent to the nursing program within 8 weeks of the completion of the site visit. ACEN attaches a “Nurse Administrator Response Form (NARF)” to the email and expects the nursing program to return it within one week of the draft site visit report. The NARF provides the program the opportunity to correct errors of fact as well as substantive comments related to the facts at the time of the site visit. ACEN staff reviews any comments received and forwards to the site visit team who decide whether the report needs to be changed. The final site visit report along with the NARF become part of the permanent record and are emailed to the nursing program and site team prior to the Evaluation Review Panel meeting that considers the site visit report.

ACEN submitted the full cycle of review for 3 programs, including for one program selected by Department staff [Franklin County Career and Technology Center, Exhibit 190-192]. Each full cycle of review included the final site visit report as well as the NARF completed by the nursing program. In addition, the agency submitted 6 additional examples selected by Department staff for the virtual file review conducted during February 2022. Each example contained the NARF as described above demonstrating that the agency allows the institution or program the opportunity to respond in writing to the report of the on-site review.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.17(e)
(e) Conducts its own analysis of the self-study and supporting documentation furnished by the institution or program, the report of the on-site review, the institution's or program's response to the report, and any other information substantiated by the agency from other sources to determine whether the institution or program complies with the agency's standards;

Narrative:
The ACEN has an accreditation structure/organization based on the peer-review model, which is explained in 602.17(b). The General Information section of the Accreditation Manual outlines the accreditation process for nursing programs seeking initial and continuing accreditation. [EXHIBIT 180]
The process involves:

Step 1: Submission of the Self-Study Report by the nursing program
Step 2: Onsite visit
Step 3: Evaluation Review Panel (ERP) review
Step 4: Board of Commissioners (BOC) review and accreditation decision [EXHIBIT 193]

First
In the first step, the nursing program faculty and leaders write a report based on their self-evaluation of the nursing program.

Second
The second step is the onsite visit, which includes a team of peer evaluators who prepare a Site Visit Report based on the review of the nursing program’s report, interviews with nursing program representatives and constituents, and review of evidence. The team’s report reflects their independent analysis and professional judgments on the nursing program’s compliance with the Standards and Criteria as well as these peers’ recommendation to the BOC about the nursing program’s accreditation status.

Third
The third step in the accreditation process is the ERP. Composed of peers from the same type of nursing program under review (e.g., diploma, practical, master’s, etc.), the panel conducts an independent analysis of the information and evidence available (program’s report, team’s report if visit occurred, Nurse Administrator Response Form if visit occurred, additional information submitted by program after a visit as requested by the ACEN), makes its own professional judgments about compliance with the Standards and Criteria, ensures consistent application of the Standards and Criteria among nursing programs on the panel, and makes a recommendation to the BOC about the nursing program’s accreditation status.

Fourth
The final step of the peer-review process is the last independent analysis of the information and evidence available. The BOC makes its own professional judgments about compliance with the Standards and Criteria based on the information and evidence available (i.e., program’s report, team’s report if visit occurred, Nurse Administrator Response Form if visit occurred, additional information submitted by program after a visit and ERP as requested by the ACEN), taking into consideration the findings/recommendations from the site visitors and the ERP, as well as ensuring the consistent
application of the Standards and Criteria among all nursing programs. The Board of Commissioners has
the sole authority to determine the accreditation status of nursing programs. [EXHIBITS 082; 083; 118]

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s Accreditation Manual sets forth the procedure the agency utilizes to analyze the self-study and supporting documentation, on-site review, program’s response, and other related documentation in order to determine whether the program complies with the agency’s standards. [Exhibit 180, pgs 19 and 20]. Evaluation Review Panel (ERP) members appointed by ACEN’s Board of Commissioners (BOC) conduct their own review and independent analysis on the extent a program meets the agency’s standards and makes an accreditation recommendation to the BOC. The ERP uses the self-study, site visit report and program’s response as well as other related documentation. The ERP validates the work of the site visit team and may contact any member of the site visit team on points of clarification. The BOC has the sole authority to determine the accreditation status of programs. The BOC bases its decisions on its own analysis of the aforementioned materials, including the recommendation of the ERP, as required by this criterion.

The agency provided three full cycles of reviews for programs reviewed during the recognition period, including one program selected by the Department to be included in the petition [Franklin County Career and Technology Center, Exhibits 082, 083, 118]. The agency also provided the BOC meeting agendas for 2019-20 [Exhibit 193]. Exhibits 082, 083, and 118 contain the ERP’s recommendations to the BOC and the final decision letter to the program indicating the BOC’s decision. The letter states that “deliberations centered on materials available to the Board from the accreditation review process and the recommendation for accreditation proposed by peer evaluators on the site visit team and the Evaluation Review Panel.” Each meeting contained agenda items for “Commissioners’ Review and
Decision.” The agency did not provide meeting minutes or other documentation in the petition to substantiate that all the information and documentation required by this criterion was made available to the BOC nor that it conducted its own review. The agency did provide meeting minutes for BOC meetings held in 2021. The meeting minutes contain a chart that lists the number of actions taken by type (e.g. initial accreditation granted, continuing accreditation for good cause). In addition, the minutes reflect the times the board reviewed nursing programs and made accreditation decisions; however, the minutes do not contain the level of detail necessary to substantiate that the BOC has access to and reviews all the information required by this criterion prior to reaching its decision. Nevertheless, Department staff observed an ACEN BOC meeting in March 2022. It was clear that the BOC had access to and reviewed all of the information required by this criterion. The BOC assigns two lead reviewers to each program or institution on the agenda. The assigned reviewers on the BOC lead an in-depth discussion regarding the information and findings in the site visit and ERP reports, including any areas of disagreement.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.17(f)
Description of Criteria

(f) Provides the institution or program with a detailed written report that assesses the institution's or program's compliance with the agency's standards, including areas needing improvement, and the institution's or program's performance with respect to student achievement;

Narrative:
The ACEN has an accreditation structure/organization based on the peer-review model, which is explained in 602.17(b). The General Information section of the Accreditation Manual outlines the accreditation process for nursing programs seeking initial and continuing accreditation. [EXHIBIT 180] The process involves:

Step 1: Submission of the Self-Study Report by the nursing program
Step 2: Onsite visit
Step 3: Evaluation Review Panel review
Step 4: Board of Commissioners review and accreditation decision

First
In the first step, the nursing program faculty and leaders write a report based on their self-evaluation of
the nursing program.

Second
The second step is the onsite visit, which includes a team of peer evaluators who prepare a Site Visit Report based on the review of the nursing program’s report, interviews with nursing program representatives and constituents and review of evidence. The team’s detailed written report assesses the program’s compliance with the Standards and Criteria. The report may offer areas of strengths, areas needing improvement, and areas of non-compliance in any of the Standards, including Standard 6 Outcomes. Standard 6 addresses the program’s performance with respect to student achievement. The nurse administrator of the program receives the final version of the team’s report approximately 8 weeks after the site visit.

Third
The third step in the accreditation process is the Evaluation Review Panel. Composed of peers from the same type of nursing program under review (e.g., diploma, practical, master’s, etc.). Based on the panel’s independent analysis of the information and evidence available (i.e., program’s report, team’s report if visit occurred, Nurse Administrator Response Form if visit occurred, additional information submitted by program after a visit as requested by the ACEN), it makes its own professional judgments about compliance with the Standards and Criteria, which are summarized in the ERP Summary Report. The report may offer areas of strengths, areas needing improvement, and areas of non-compliance in any of the Standards, including Standard 6 Outcomes. Standard 6 addresses the program’s performance with respect to student achievement. The nurse administrator of the program receives the ERP Summary Report approximately 4 weeks after ERP meets.

The nurse administrator and 1 additional program representative may attend the ERP deliberations regarding their program in person, or an unlimited number of program representatives may participate in the deliberations by telephone conference call. The representatives are observers during the presentation of the program, deliberations, and vote; representatives are not asked to respond to questions or to clarify information. At the conclusion of the ERP deliberations, the nurse administrator is invited to address the panel with comments regarding the overall process.

Fourth
The final step of the peer-review process is the last independent analysis of the information and evidence available. The Board of Commissioners makes its own professional judgments about compliance with the Standards and Criteria based on the information and evidence available (i.e., program’s report, team’s report if visit occurred, Nurse Administrator Response Form if visit occurred, additional information submitted by program after a visit and ERP as requested by the ACEN), taking into consideration the findings/recommendations from the site visitors and the Evaluation Review Panel, as well as ensuring the consistent application of the Standards and Criteria among all nursing programs. The Board of Commissioners has the sole authority to determine the accreditation status of nursing programs and their findings are summarized in the decision letter, which may offer areas of strengths, areas needing improvement, and areas of non-compliance in any of the Standards, including Standard 6 Outcomes. Standard 6 addresses the program’s performance with respect to student achievement. [EXHIBITS 082; 083; 118] The nurse administrator of the program and chief executive officer of the institution receives the decision letter approximately 30 calendar days after the board meeting.
Meets the requirements of this section

Analyst Remarks to Narrative:

The agency provides programs it accredits with a detailed written report that assesses the program’s compliance with the agency’s standards, including areas that need improvement, including with respect to student achievement. The agency’s Accreditation Manual [Exhibit 180, pg. 21] states that the site visit team chair will present a draft report to ACEN within one week of the site visit, which is reviewed by site team members and ACEN staff. The draft report is sent to the program within 8 weeks after the conclusion of the site visit.

To demonstrate compliance with this criterion, the agency submitted the full cycle of review for 3 programs, including one selected by the Department, Franklin County Career and Technology Center [Exhibits 082, 083, 118] and an additional 6 site visit reviews selected by the Department for the virtual file review conducted during February 2022. The reports are sufficiently detailed and each standard notes strengths as well as areas needing improvement, including with respect to student achievement.

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Analyst Worksheet - Response

Analyst Review Status:
Criteria: 602.17(g)

Description of Criteria

(g) Requires institutions to have processes in place through which the institution establishes that a student who registers in any course offered via distance education or correspondence is the same student who academically engages in the course or program; and

Narrative:
Programs are required to address their use of distance education in their report (e.g., Self-Study Report, Follow-Up Report, Focused Visit Report) as applicable to the Criteria that address the use of distance education. Likewise, the peer evaluators review programs for compliance with Criteria that address distance education and document the program’s compliance with distance education Criteria in the team’s report (e.g., Site Visit Report, Follow-Up Site Visit Report, Focused Site Visit Report). [EXHIBITS 055; 194; 195; 196; 197; 198] ACEN Criterion 3.9 specifies “information related to technology requirements and policies specific to distance education are accurate, clear, consistent or accessible.” [EXHIBIT 147]

As described in Policy #15 Distance Education [EXHIBIT 160], nursing programs offering any course or component of didactic, laboratory, simulation, clinical, and/or clinical courses via distance education must demonstrate that the governing organization has processes in place to establish that the student who registers in each distance education course is the same student who academically engages in the course or program. The governing organization may verify student identity through methods such as but not limited to:

- assignment of a secure login and pass code,
- proctored examinations; and/or
- utilization of new or other technologies and practices that are effective in verifying student identity.

Peer evaluators document compliance with Policy #15 in Criterion 3.9.

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Analyst Worksheet - Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

Student verification is addressed in the agency's Accreditation Manual, Section II, Policy #15, Distance Education [Exhibit 160]. The policy states that nursing programs offering any course via distance education must demonstrate it has processes in place to establish that students who register in each distance education course are the same students who academically engage in the course or program. The policy further stipulates that the governing organization must verify student identify through methods that include assignment of a secure login and passcode, proctored examinations, and/or other technologies that are effective in verifying student identity.

The agency submitted the full cycle of review for 4 programs, including one selected by the Department, Franklin County Career and Technology Center [Exhibits 194-197]. FCCTC does not offer courses via distance education; however, the programs reviewed in exhibits 196 and 197 do offer courses via distance education. The site team verified compliance with Policy #15 in standard 3.9, including that the program had processes in place to verify student identity as required by this criterion. In addition, the agency submitted an additional 4 site visit reports for programs delivered via distance education for the virtual file review conducted during February 2022. The site teams verified compliance with Policy #15 as part of their review of standard 3.9 demonstrating that the agency requires institutions to have processes in place through which the institution establishes that a student who registers in any course offered via distance education or correspondence is the same student who academically engages in the course or program.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:
Criteria: 602.17(h)
Description of Criteria

(h) Makes clear in writing that institutions must use processes that protect student privacy and notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

Narrative:
Programs are required to address their use of distance education in their report (e.g., Self-Study Report, Follow-Up Report, Focused Visit Report) as applicable to the Criteria that address the use of distance education. Likewise, the peer evaluators review programs for compliance with Criteria that address distance education and document the program’s compliance with distance education Criteria in the team’s report (e.g., Site Visit Report, Follow-Up Site Visit Report, Focused Site Visit Report). [EXHIBITS 055; 194; 195; 196; 197; 198] ACEN Criterion 3.9 specifies “information related to technology requirements and policies specific to distance education are accurate, clear, consistent or accessible.” [EXHIBIT 147]

As described in Policy #15 Distance Education [EXHIBIT 160], nursing programs offering any course or component of didactic, laboratory, simulation, clinical, and/or clinical courses via distance education must demonstrate that the governing organization:

- Uses processes that protect the privacy of the students enrolled in a distance education course; and
- Notifies students of any projected additional fees associated with verification of student identity at the time of registration for or enrollment in a distance education course.

Peer evaluators document compliance with Policy #15 in Criterion 3.9.

Document(s) for this Section

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Protection of student privacy and notifications of any projected additional charges associated with the verification of student identify at the time of enrollment or registration is addressed by the agency’s Accreditation Manual, Section II, Policy #15, Distance Education [Exhibit 160]. The policy states, in part, that programs offering any course via distance education must use processes that protect the privacy of the students enrolled in a distance education course and notify students of any projected additional fees associated with verification of student identity at the time of registration for or enrollment in a distance education course.

The agency submitted the full cycle of review for 4 programs, including one selected by the Department, Franklin County Career and Technology Center [Exhibits 194-197]. FCCTC does not offer courses via distance education; however, the programs reviewed in exhibits 196 and 197 do offer courses via distance education. The site team verified compliance with Policy #15 as part of their review of standard 3.9, including that the program had processes in place to protect student privacy and to notify students of any additional fees associated with verification of student identity. In addition, the agency submitted an additional 4 site visit reports for programs delivered via distance education for the virtual file review conducted during February 2022. The site teams verified compliance with Policy #15 as part of their review of standard 3.9 demonstrating that the agency requires institutions/programs to use processes that protect student privacy and notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

List of Document(s) Uploaded by Analyst - Narrative

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Criteria: 602.18(a)-(b)(1)
Description of Criteria
(a) The agency must consistently apply and enforce standards that respect the stated mission of the institution, including religious mission, and that ensure that the education or training offered by an institution or program, including any offered through distance education, correspondence courses, or direct assessment education is of sufficient quality to achieve its stated objective for the duration of any accreditation or preaccreditation period.

(b) The agency meets the requirement in paragraph (a) of this section if the agency—

(1) Has written specification of the requirements for accreditation and preaccreditation that include clear standards for an institution or program to be accredited or preaccredited;

Narrative:

ACEN (formerly known as NLN 1952–1997 and NLNAC 1997–2013 in USDE recognition records) accreditation applies to nursing programs located in schools, both post-secondary and higher degree, which offer either a certificate, diploma, or recognized professional degree (clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing) in the United States and its territories, including those offered via distance education. [EXHIBIT 001] The ACEN does not accredit programs that rely on correspondence courses and direct assessment education.

The same Standards and Criteria for each program type (i.e., clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical) are applied to all programs during the initial or continuing accreditation process regardless of the method of instructional delivery, including distance education or the mission of the institution offering the program, including those institutions that may have a religious mission. [EXHIBITS 097; 199]

The Standards and Criteria are broadly written and are situated within the ACEN definition of quality emphasizing learning, community, responsibility, integrity, value, quality, and continuous improvement. This approach to accreditation of all nursing education program types, from a variety of post-secondary, and higher education settings ensures that any program that meets the ACEN eligibility requirements and established educational standards have the opportunity to achieve and maintain ACEN accreditation. The ACEN currently accredits programs that are offered by public and private colleges and universities, proprietary, and non-profit institutions, hospitals, vocational and technical school, professional schools, and select post-secondary adult education settings in public K–12 school systems.

The stated mission of the institution, be it public, private, or religious-affiliated, is respected by the ACEN. As documented in the Standards for all program types, Standard 1: Mission and Administrative Capacity, specifically Criterion 1.1, is designed to ensure that the mission and philosophy of the nursing education unit are congruent with the core values, mission, and goals of the institution. [EXHIBIT 139] The alignment of the mission and philosophy of the nursing education unit to that of the institution is essential for ensuring that the program fits within the institution and that students who select specific types of institutions receive their education consistent with the broader framework of the mission and philosophy of the institution.

The Standards and Criteria for each program type (i.e., clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma and practical) are applied to all programs during the same multi-step review process. [EXHIBIT 004; 097] The Standards cover 6 major elements of a quality
nursing education program. Specifically, Standard 1: Mission and Administrative Capacity; Standard 2: Faculty and Staff; Standard 3: Students; Standard 4: Curriculum; Standard 5: Resources; and Standard 6: Outcomes. [EXHIBIT 097] Each Standard is stated as an expectation designed to describe and measure quantity, extent, value and educational quality. Each Standard is further elaborated through Criteria statements. The Criteria are statements that identify the elements that need to be examined in the evaluation of a Standard.

Compliance with the Standards is the sole basis for all accreditation decisions as described in Policy #4 Types of Commission Actions for Initial and Continuing Accreditation. [EXHIBIT 183] The Standards and Criteria for each program type are freely available to any interested party and are posted on the ACEN website. The Accreditation Manual, Section 1: General Information, is also available to the public and provides contextual information about the Standards and Criteria and their centrality to the accreditation process. In addition, the ACEN provides open access to numerous resources to facilitate understanding of the Standards and Criteria. These resources include webinars about accreditation and selected Standards (i.e., Standard 6: Outcomes), training for peer evaluators that helps prepare peer evaluators for the peer review process and evaluation of a program’s compliance with the Standards and Criteria and a comprehensive document titled “Guidelines for Written Reports” designed to assist programs in understanding and documenting their compliance with the Standards and Criteria. [EXHIBITS 052b; 055; 200]

Document(s) for this Section

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The agency states in its narrative that its standards are broadly written and apply to each program type and all programs regardless of method of delivery or the mission of the institution, including those with a religious mission. The agency notes it does not accredit programs that rely on correspondence courses or direct assessment education.

The agency's standard 1, Mission and Administrative Capacity, directly relates to the program’s mission and requires that it be in accordance with the core values of the governing institution, and clearly articulates the principal of respect for each program’s uniqueness [Exhibit 139]. ACEN accredits nursing education programs in a variety of postsecondary and higher education settings including vocational-technical agencies, hospitals, proprietary schools, professional schools, seminaries, colleges, universities, and other institutions that offer diplomas, certificates, and/or academic degrees.

As discussed throughout 602.16(a), the agency's accreditation standards are clear and the agency has demonstrated that it effectively applies its standards and criteria, including those specific to distance education delivery, to ensure that its accredited programs are of sufficient quality to achieve the stated objectives. In addition, the agency offers additional guidance and training on its standards as evidenced by guidelines and training webinars [Exhibits 055 and 200].

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.18(b)(2)
Description of Criteria

(2) Has effective controls against the inconsistent application of the agency's standards;

Narrative:
The ACEN accreditation process is a multi-step peer review process. [EXHIBIT 201] Nursing programs seeking initial or continuing accreditation initiate the process by writing a Self-Study Report that is a self-
reported description of the program’s compliance with the Standards and Criteria. Multiple resources, such as the “Guidelines for Written Reports,” are available to the programs to help ensure that they have a sufficient understanding of the Standards and Criteria since having a clear understanding of the Standards and Criteria is the first step in ensuring the consistent application of the Standards. [EXHIBIT 055]

The next step in the ACEN accreditation process is a program review by trained ACEN peer evaluators. To become a peer evaluator, an individual must complete a comprehensive peer evaluator training. [EXHIBITS 052a, 052b, 052c; 056(a-b); 057] The peer evaluator training is designed to help peer evaluators understand the Standards and best practices for evaluating a program’s compliance with those Standards. In addition, peer evaluators complete updated training each accreditation cycle. These updates are developed by the ACEN staff and include any concerns about consistency that may have been identified during the most recent accreditation cycle. The peer evaluators write a report summarizing their findings and recommendations in a Site Visit Report. The Site Visit Report template includes numerous prompts and reminders to ensure that the peer evaluators complete a comprehensive evaluation and that there is a level of consistency in the Site Visit Reports that are submitted. [EXHIBIT 202] This is the second step in ensuring the consistent application of the Standards.

A third step in ensuring the consistent application of the Standards is a review of each submitted Site Visit Report. The ACEN staff review the Site Visit Report and ensure that the team has included clear and well-developed descriptions of their findings and the basis for their recommendations. Clear descriptions of the team’s findings also help support and maintain consistent application of the Standards.

The fourth step in ensuring consistent application of the Standards is the Evaluation Review Panel. The Evaluation Review Panel consists of experiences peer evaluators who are assigned to a review panel for similar program types. The Evaluation Review Panel is charged with reviewing several programs and ensuring that the panel makes consistent recommendations about a program’s compliance with the Standards across similar program types (i.e., within the panel). Panel members complete training prior to each Evaluation Review Panel meeting that is designed to help them focus their reviews and evaluations solely on consistent application of the Standards across all programs reviewed in their panel.

The final step in ensuring consistent application of the Standards is the semi-annual Board of Commissioners’ accreditation meeting. The Commissioners are charged with ensuring that accreditation decisions are based on a comprehensive assessment of each program’s compliance with the Standards across all program types. Prior to the start of these Board meetings, the Commissioners are reminded of the need for consistent application of the Standards and that all decisions should be based solely on a determination about the programs’ compliance with the Standards. [EXHIBIT 203]

The ACEN staff are also involved in helping ensure consistent application of the Standards. The staff provide support to program administrators and faculty, peer evaluators, and the Commissioners by providing interpretive guidance about the Standards and by identifying potentially inconsistent application of the Standards to the peer evaluators, review panel members, and the Commissioners. Although the ACEN staff may provide historical or contextual information about the application of the Standards, all peer evaluator recommendations and decisions by the Commissioners are left to the discretion and final determination of those individuals. The ACEN staff are not decision-makers; their role is to support and help ensure the integrity of the decision-making process.
Meet the requirements of this section

Analyst Remarks to Narrative:

The agency has established policies, procedures, and training to ensure consistency in the application and enforcement of its standards. The Accreditation Manual contains the agency’s standards, policies, and procedures for the accreditation of nursing programs [Exhibit 201]. Programs seeking initial or continued accreditation must complete a self-study report for which. ACEN provides guidance regarding how to demonstrate compliance with the agency’s standards through its “Guidelines for Written Reports” [Exhibit 055]. The agency ensures consistent application of standards during the site visit review/report process through training, templates, staff guidance and review. ACEN requires peer evaluators to undergo extensive training on its standards and criteria prior to becoming a peer evaluator and again each accreditation cycle to ensure they are aware of updates to the standards and criteria [Exhibits 052a-c, 056(a-b), 057]. In addition, the agency requires peer evaluators to utilize a site visit report template that includes prompts and reminders and is standardized across different site visit teams [Exhibit 202]. ACEN staff are available during a site visit to answer any questions from the site visit team about the agency’s standards and procedures. ACEN staff also review each site visit report to
ensure consistent application of the agency's standards. During the decision-making portion of the accreditation cycle, the Evaluation Review Team and the Board of Commission each receive training and reviews several programs across program types to ensure consistent application of standards. ACEN staff are available during the decision-making process to provide interpretive guidance and identify potentially inconsistent application of standards; however, ACEN staff are not decision-makers as that is solely the role of the Board of Commissioners. Department staff observed the training and guidance provided to Evaluation Review Panel members at their meeting the week of January 24, 2022. Department staff also observed the guidance provided by staff on matters related to ACEN's standards, process, and procedure as well as discussion among panel members to calibrate their recommendations as it relates to the agency's standards.

For the virtual file review conducted during February 2022 the agency noted it has not received any complaints received from institutions or programs regarding inconsistent treatment of institutions or programs. In addition, the agency provided the consistency guidelines it makes available to nurse administrators, site visit teams, Evaluation Review Panels, and Board of Commissioners as well as templates, scripts, decision matrices, and conforming language it recommends be used in reports and motions.

Lastly, the Department has not received any complaints against the agency during the recognition period regarding the inconsistent enforcement of its standards.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.18(b)(3)
Description of Criteria

(3) Bases decisions regarding accreditation and preaccreditation on the agency's published standards and does not use as a negative factor the institution's religious mission-based policies, decisions, and practices in the areas covered by §602.16(a)(1)(ii), (iii), (iv), (vi), and (vii) provided, however, that the agency may require that the institution's or program's curricula include all core components required by the agency;

Narrative:
The Standards and Criteria for each program type (i.e., clinical doctorate/DNP specialist certificate, master's/post-master's certificate, baccalaureate, associate, diploma, practical) are applied to all nursing programs during the multi-step accreditation process. [EXHIBITS 004; 097]
The Standards cover 6 major elements of a quality nursing education program. Specifically, Standard 1: Mission and Administrative Capacity; Standard 2: Faculty and Staff; Standard 3: Students; Standard 4: Curriculum; Standard 5: Resources; and Standard 6: Outcomes. Each Standard is stated as an expectation designed to describe and measure quantity, extent, value, and educational quality. Each Standard is further elaborated through Criteria statements. The Criteria are statements that identify the elements that need to be examined in the evaluation of a Standard.

Compliance with the Standards is the sole basis for all accreditation decisions as described in Policy #4 Types of Commission Actions for Initial and Continuing Accreditation. [EXHIBIT 183] Regardless of the mission of the institution offering the program, including those institutions that may have religious mission-based policies, decisions, and practices, the same Standards and Criteria apply to all programs seeking initial or continuing accreditation.

At all levels of the peer review process, all peer evaluators, including the Board of Commissioners, are reminded that evaluation of a program’s compliance with the Standards must be based solely on a determination of the program’s compliance with each Standard. As evidenced in Criterion 1.10 and Criterion 3.1, policies for faculty and staff and policies for students are not prescribed by the ACEN. However, all policies for nursing faculty and staff as well as students must be congruent with the policies of the institution; and student policies must also be congruent with the state in which the program is located, as applicable.

A program’s curriculum is not prescribed by the ACEN. Each program is responsible for establishing a curriculum reflective of contemporary nursing practice and based on established professional nursing standards, guidelines and competencies (Criterion 4.1). Undergraduate nursing curricula should also include general education and support courses that enhance professional nursing knowledge and practice (Criterion 4.4); and should include cultural, ethnic, and socially diverse concepts (Criterion 4.5). While graduate nursing curricula must prepare graduates to be information-literate and to practice using an evidence-based approach (Criterion 4.4) and prepare them for practice in a culturally and ethnically diverse global society (Criterion 4.5). In addition, graduate curricula that prepare graduates for certification and licensure as advanced practice registered nurses must be in alignment with the National Organization of Nurse Practitioner Faculties (NONPF) guidelines, while programs that prepare graduates for licensure as a practical or registered nurse must develop a curriculum and program of study that meet the state requirements where the program is located and/or where the students are located, as applicable.

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The agency's standards and associated criteria are the sole basis for all accreditation decisions as described in Policy #4, “Types of Commission Actions for Initial and Continuing Accreditation” [Exhibit 183]. Policy #4 clearly states that initial and continuing accreditation is granted by the Commission based on a program’s compliance with the agency’s accreditation standards. The accreditation standards apply to all programs regardless of mission or method of delivery.

Application of this policy is documented in the agency's site visit reports, evaluation review panel recommendations and commission decision letters submitted in the petition and for the virtual file review as discussed throughout 602.16. The supporting documentation demonstrates that accredited programs are evaluated based on established standards. Decision letters cite specific standards each program is not in compliance as well as an explanation for the determination, as applicable.

For the virtual file review conducted during February 2022, ACEN provided its Commission meeting minutes for 2017-2022 as well as implementation of its continuing accreditation for good cause status. These documents together with the decision letters discussed throughout sections 602.16-602.18 demonstrate the agency ensures consistent decision making that is based on the agency’s published standards.

List of Document(s) Uploaded by Analyst - Narrative

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Criteria: 602.18(b)(4)

(4) Has a reasonable basis for determining that the information the agency relies on for making accrediting decisions is accurate;
The Board of Commissioners (BOC) relies on peer evaluation processes and written documentation as the basis for decision-making. The extensive peer review process includes rigorous review processes that are structured to verify, clarify, and amplify what the nursing program wrote in its self-assessment of its compliance of the Standards (i.e., Self-Study Report, Follow-Up Report, Focused Report). Per Policy #31 Integrity, governing organizations and/or programs are expected to demonstrate honesty and integrity in all disclosures to the ACEN and its representations. [EXHIBIT 149] The presentation of false, distorted, or incomplete information of any type, whether intentional or through failure to exercise care and diligence, is considered a breach of this policy and may result in sanctions by the BOC.

The peer evaluation processes are completed by ACEN peer evaluators who are bound by Policy #1 Code of Conduct and Conflict of Interest to ensure that all matters dealing with the accreditation of programs are conducted with integrity, fairness, impartiality, and objectivity. [EXHIBIT 061] The peer evaluation processes include substantive review of written documentation provided by a program as well as interviews with institutional and program administrators, student support staff, nursing faculty, nursing students, clinical agency representatives, and the public. The use of multiple methods of evaluation (e.g., documentation and interviews) helps ensure the accuracy of the information used by the BOC for decision-making.

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The Commission has a reasonable basis for determining that the information it relies upon for making accrediting decisions is accurate. Policy #31 requires, in part, that programs disclose all voluntary, required, or requested in information in a timely, accurate, fully representational, and straightforward manner as well as comply with all ACEN’s requirements, policies, guidelines, decisions, and requests. Failure to do so leads to an investigation and may affect a program’s accreditation status [Exhibit149]. ACEN’s peer evaluators are bound by Policy #1 [Exhibit 061] that requires, in part, that peer evaluators facilitate a thorough and objective review. During site visits, the team reviews documentation and conducts interviews with administrators, faculty, students, clinical agency representatives, and the public to confirm the accuracy of the information in the program’s self-study. The use of multiple methods of evaluation, program response, and staff review as discussed in 602.18(b)(2) provide
reasonable assurance of accurate information for accreditation decisions.

As discussed throughout sections 602.16-602.18, ACEN submitted self-studies and site visit reports, including 7 selected by the Department in the petition and for the virtual file review that demonstrate compliance with this criterion. As discussed in 602.17(d), the agency provides the program an opportunity to respond to the site visit report and identify any factual errors.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.18(b)(5)
Description of Criteria

(5) Provides the institution or program with a detailed written report that clearly identifies any deficiencies in the institution’s or program’s compliance with the agency’s standards; and

Narrative:
All decisions made by the Board of Commissioners (BOC) regarding a nursing program’s compliance with the Standards are provided to the governing organization and the program in a written format per Policy #4 Types of Commission Actions for Initial and Continuing Accreditation. [EXHIBIT 183] The BOC’s decision letters include the accreditation decision and the program’s accreditation status, the date of the next accreditation review, and a descriptive list by Standard and Criterion of any areas of program strength, areas needing development, and/or areas of non-compliance. [EXHIBIT 204]

All programs that are reviewed by the Evaluation Review Panel receive a copy of the panel’s summary findings regarding compliance with the Standards and Criteria reviewed, in addition to the panel’s recommendation for an accreditation status consistent with Policy #4. [EXHIBIT 205]

All programs that hosted a review by a peer evaluators (i.e., initial or continuing accreditation, focused visit, or after a follow-up visit) receive a copy of the team’s written report. [EXHIBIT 206] The written report includes program information, a narrative describing findings specific to the Standards and Criteria reviewed, and a recommendation for an accreditation status that is consistent with Policy #4.

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The agency provides programs with a site visit report that informs programs of deficiencies, as applicable. The site visit report identifies strengths, area(s) needing improvements, and specific standard(s) out of compliance. This is evidenced in the numerous site visit reports submitted as part of the agency's petition and discussed in sections 602.17(c) and (d) [Exhibits 082-083] as well as the virtual file review conducted during February 2022. The agency also submitted a completed site visit report for this section [Exhibit 206]. The reports are detailed and clearly identify areas of deficiencies. Decision letters based on ACENs determinations of accreditation status also cite the specific non-compliant standard along with an explanation for the determination [Exhibits 204].

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.18(b)(6)(i-ii)
Description of Criteria

(6) Publishes any policies for retroactive application of an accreditation decision, which must not provide for an effective date that predates either—
(i) An earlier denial by the agency of accreditation or preaccreditation to the institution or program; or
(ii) The agency's formal approval of the institution or program for consideration in the agency's accreditation or preaccreditation process.

Narrative:
Per Policy #4 Types of Commission Actions for Initial and Continuing Accreditation and Policy #34 Candidacy for a Governing Organization/Nursing Program Seeking Initial Accreditation, a program may restart the ACEN candidacy for accreditation process at any time after the denial of initial accreditation or at any time after the denial of continuing accreditation and removal of the program from the list of ACEN-accredited programs. [EXHIBIT 207] Similarly, a program may restart the candidacy for ACEN accreditation process at any time after voluntarily withdrawing from ACEN accreditation.

Per Policy #4 and #34, the effective date of an initial accreditation is the date on which the program was approved by the ACEN as a candidate program that concluded in the Board of Commissioners (BOC) granting initial accreditation. The effective date of continuing accreditation is the date on the BOC decision letter. [EXHIBIT 208] Policy #4 prohibits an effective date of accreditation that would predate any earlier denial of ACEN accreditation.

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s Accreditation Manual, which is published on its website, addresses the effective date of accreditation [Exhibit 207]. Policy #4 states, in part, that the effective date for initial accreditation is the date on which the Board of Commissioners (BOC) approved the program as a candidate program if the period of candidacy results in accreditation being granted by the BOC. For those programs seeking continuing accreditation, the effective date is the date on the BOC’s decision letter. Nursing programs denied accreditation may restart the candidacy process at any time after the denial effective date. If a program’s accreditation is successful in regaining accreditation the effective date will be the same as discussed above; therefore, Policy #4 prohibits an effective date of accreditation that would predate any earlier denial of ACEN accreditation.

The agency submitted two examples of decision letters in Exhibit 208 highlighting the effective date for initial and continuing accreditation according to its Policy #4 and in accordance with this criterion.
(c) Nothing in this part prohibits an agency, when special circumstances exist, to include innovative program delivery approaches or, when an undue hardship on students occurs, from applying equivalent written standards, policies, and procedures that provide alternative means of satisfying one or more of the requirements set forth in 34 CFR 602.16, 602.17, 602.19, 602.20, 602.22, and 602.24, as compared with written standards, policies, and procedures the agency ordinarily applies, if—

1. The alternative standards, policies, and procedures, and the selection of institutions or programs to which they will be applied, are approved by the agency's decision-making body and otherwise meet the intent of the agency's expectations and requirements;
2. The agency sets and applies equivalent goals and metrics for assessing the performance of institutions or programs;
3. The agency's process for establishing and applying the alternative standards, policies, and procedures is set forth in its published accreditation manuals; and
4. The agency requires institutions or programs seeking the application of alternative standards to demonstrate the need for an alternative assessment approach, that students will receive equivalent benefit, and that students will not be harmed through such application.

**Narrative:**
The ACEN does not currently have any alternative Standards, policies, procedures, or processes for any circumstances (e.g., innovative program delivery approaches, when an undue hardship on students may occur). The ACEN does not offer institutions or nursing programs the opportunity to seek any alternative Standards, policies, procedures, or processes. All goals and metrics for assessing the performance of institutions and programs are applied equally and consistently among all programs. All institutions and programs are expected to comply with the Standards, policies, procedures, and processes as currently written.
The agency states in its narrative that it has not adopted alternative standards, policies and procedures as allowed under this criterion. As stated in previous sections, all programs are required to comply with ACEN's standards, policies, and procedures as written.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.18(d)
Description of Criteria

(d) Nothing in this part prohibits an agency from permitting the institution or program to be out of compliance with one or more of its standards, policies, and procedures adopted in satisfaction of §§602.16, 602.17, 602.19, 602.20, 602.22, and 602.24 for a period of time, as determined by the agency annually, not to exceed three years unless the agency determines there is good cause to extend the period of time, and if—

(1) The agency and the institution or program can show that the circumstances requiring the period of noncompliance are beyond the institution's or program's control, such as—
   (i) A natural disaster or other catastrophic event significantly impacting an institution's or program's operations;
   (ii) Accepting students from another institution that is implementing a teach-out or closing;
   (iii) Significant and documented local or national economic changes, such as an economic recession or closure of a large local employer;
   (iv) Changes relating to State licensure requirements;
(v) The normal application of the agency's standards creates an undue hardship on students; or
(vi) Instructors who do not meet the agency's typical faculty standards, but who are otherwise qualified by education or work experience, to teach courses within a dual or concurrent enrollment program, as defined in 20 U.S.C. 7801, or career and technical education courses;

(2) The grant of the period of noncompliance is approved by the agency's decision-making body;
(3) The agency projects that the institution or program has the resources necessary to achieve compliance with the standard, policy, or procedure postponed within the time allotted; and
(4) The institution or program demonstrates to the satisfaction of the agency that the period of noncompliance will not—
   (i) Contribute to the cost of the program to the student without the student's consent;
   (ii) Create any undue hardship on, or harm to, students; or
   (iii) Compromise the program's academic quality.

Narrative:
Policy #4 Types of Commission Actions for Initial and Continuing Accreditation governs decisions made by the Board of Commissioners (BOC) to ensure timely action and to ensure underperforming nursing programs do not achieve or maintain ACEN accreditation. [EXHIBIT 183]

Initial accreditation of a program is granted when the program demonstrates compliance with all Standards; the program's next review shall be in 5 years. [EXHIBIT 209] Initial accreditation of a program is denied when a program does not demonstrate compliance with all Standards. [EXHIBIT 210] Denial is an appealable decision.

The maximum amount of time between continuing accreditation cycles shall be 8 years.

1. Continuing accreditation is granted when the BOC determines that a program is in compliance with all Standards. [EXHIBIT 211]
2. Continuing accreditation with conditions is granted when the BOC determines that a program is in non-compliance with 1 or 2 Standards. The next review and follow-up action(s) are determined by the BOC. [EXHIBIT 212]
3. Continuing accreditation with warning is granted when the BOC determines that a program is in non-compliance with 3 or more Standards. The next review and follow-up action(s) are determined by the BOC. [EXHIBIT 213]
4. Continuing accreditation with removal of conditions is granted when the BOC determines that a program is in compliance with the Standards reviewed. [EXHIBIT 214]
5. Continuing accreditation with removal of warning is granted when the BOC determines that a program is in compliance with the Standards reviewed. [EXHIBIT 215]
6. Continuing accreditation with removal of good cause is granted when the BOC determines that a program is in compliance with the Standards reviewed. [EXHIBIT 216]
7. Continuing accreditation for good cause is granted if the maximum monitoring period for continuing accreditation with conditions or continuing accreditation with warning has concluded and the BOC determines that a program meets the requirements for good cause. [EXHIBIT 217]
For an appropriate reason or reasons, the BOC can deny continuing accreditation at any point in the review process.

8. Continuing accreditation is denied when a program on conditions, warning, or good cause is reviewed and found to be in continued non-compliance with any Standard. [EXHIBITS 218; 219] Thereafter, the program is removed from the list of accredited programs. This is an appealable decision.

Typically, programs seeking continuing accreditation have an opportunity to come into compliance with the Standard(s) with which the BOC determined the program to be non-compliant.

1. The maximum monitoring period for continuing accreditation with conditions or continuing accreditation with warning for clinical doctorate, master’s, baccalaureate, associate and diploma programs is 2 years from the BOC’s determination of this accreditation status. [EXHIBITS 220; 221; 222; 223; 224; 225]

2. The maximum monitoring period for continuing accreditation with conditions or continuing accreditation with warning for practical programs is 18 months from the BOC’s determination of this accreditation status. [EXHIBITS 226; 227]

3. The maximum monitoring period for continuing accreditation with conditions or continuing accreditation with warning for standalone certificate programs that are not a practical program is determined by the length of the certificate program. Currently, the ACEN does not have any accredited standalone certificate programs that are not also a practical program.
   a. If the shortest period of time in which a student could complete a standalone certificate program is less than 12 months, then the maximum monitoring period for continuing accreditation with conditions or continuing accreditation with warning is 12 months from the BOC’s determination of this accreditation status.
   b. If the shortest period of time in which a student could complete a standalone certificate program is at least 1 year but less than 2 years, then the maximum monitoring period for continuing accreditation with conditions or continuing accreditation with warning is 18 months from the BOC’s determination of this accreditation status.
   c. If the shortest period of time in which a student could complete a standalone certificate program is at least 2 years, then the maximum monitoring period for continuing accreditation with conditions or continuing accreditation with warning is 2 years from the BOC’s determination of this accreditation status.

4. Continuing accreditation for good cause can be granted if a program has not remedied the non-compliance during the maximum monitoring period for conditions or warning and if a program (1) provides evidence of significant recent accomplishments in addressing the non-compliance; (2) can remedy all deficiencies with more time; and (3) provides assurance that it is not aware of any other reasons, other than those identified by the BOC, why the program’s accreditation could not be continued for good cause. The program must submit a good cause report attesting that the program satisfies all 3 principles of good cause. When the BOC grants continuing accreditation for good cause, the monitoring process and timeline for programs on good cause are identical to those for programs on conditions or warning. [EXHIBITS 228; 229; 230] At the end of the monitoring period for good cause, the program must be compliant with the Standard(s) reviewed [EXHIBIT 231]; if found non-compliant, the program is denied continuing accreditation. [EXHIBIT 232]

The ACEN has not extended the continuing accreditation of a program beyond the aforementioned maximum monitoring periods.
Although the ACEN does not have a written policy that allows for programs to be out of compliance with the Standards beyond the maximum monitoring period, the ACEN is aware of 602.18(d) and implements such actions when and if the ACEN and the program can show that the circumstances requiring the period of non-compliance are beyond the institution’s or program’s control, if this action is in the best interest of students and the non-compliance will not compromise academic quality.

A recent example of the ACEN’s application of 602.18(d) occurred in 2020. [EXHIBIT 233]

- The associate program at Excelsior College was reviewed in Spring 2016 as part of its 8-year comprehensive review, which resulted in the BOC granting continuing accreditation with conditions for 2 years for non-compliance with Standards 4 and 6.
- The first follow-up peer review process stated in Fall 2018 and concluded in March 2019. Based on this review and 2 complaints received, the BOC granted continuing accreditation for good cause for 12 months in March 2019 for non-compliance with Standards 2, 3, 4, 5 and 6, which afforded the opportunity to remedy the issues related to the complaint.
- The second follow-up peer review process began in Fall 2019 and concluded in March 2020 with the BOC denying continuing accreditation for non-compliance with Standards 4 and 6.
- Excelsior College appealed the BOC’s decision per Policy #10 Appeal Process and Submission and Review of New Financial Information Subsequent to Adverse Action. In August 2020, the Appeal Committee affirmed the BOC’s decision to deny continuing accreditation.
- The program did not pursue binding arbitration.

With consideration to the impact on students because of the loss of accreditation, the BOC and Excelsior College agreed to an orderly process whereby the associate program voluntarily withdrew from ACEN accreditation effective May 11, 2021. Through this agreement, the ACEN agreed, despite the program’s non-compliance, to maintain the program’s accreditation and the Excelsior College agreed to meet expectations imposed by the BOC for the protection of students, including the development of a Teach-Out Plan and Teach-Out Agreement per ACEN Policy #36 Teach-Out.

The decision to extend the program’s accreditation was based on the negative impact on students by graduating from an unaccredited program since there are several states that will not allow graduates of unaccredited programs to take the licensure examination, thereby preventing the graduates from licensure in those states. The extended accreditation status allowed for the program to:

- meet with State Boards of Nursing and perhaps gain authorization for graduates to sit for the licensure examination through an exception;
- initiate teach-out agreements that would provide students an opportunity to complete their education;
- increase Excelsior’s capacity to provide students who were nearest graduation to complete its program on/before May 11, 2021; and
- fully inform students and the public about its voluntary withdrawal thus, providing everyone necessary information for their informed decision-making.

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**Analyst Worksheet - Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must revise its policies or provide further information that demonstrates it has policies that address the requirements of this criterion, which are unrelated to and different from the provisions of section 602.20, including application of those policies, as applicable.

**Analyst Remarks to Narrative:**

ACEN's Policy #4, “Types of Commission Actions for Initial and Continuing Accreditation,” addresses the enforcement actions and timelines for programs out of compliance with the agency’s standards, including for periods of good cause. ACEN states in its narrative that it has not extended the continuing
accreditation of programs beyond the maximum timeframes allowed under Policy #4 nor does it have a policy for doing so. The agency further states it is aware of the provisions of 602.18(d) and “implements such actions when and if the ACEN and the program can show that the circumstances requiring the period of non-compliance are beyond the institution’s or program’s control, if this action is in the best interest of students and the non-compliance will not compromise academic quality.” The agency provided a recent example of a program whose accreditation was denied in March 2020 after the maximum timeframe to come into compliance with the agency’s standards had expired. The program and BOC entered into an agreement whereby the college agreed to voluntary withdraw its accreditation in May 2021, more than a full year beyond the BOC’s decision to deny accreditation. The purpose of this agreement was so that the program could conduct an orderly teach out and students could receive a degree from an accredited program. It should be noted that this action is not one contemplated under this criterion and falls under section 600.20 where it will be discussed further.

Department staff further notes that the requirements of this criterion are new and came into effect as of July 1, 2020. The agency’s Policy #4 is based on a policy that was last revised in 2018. The policy as discussed in this section appears to be better related to the requirements in Section 602.20(a), where it will be analyzed further. If the agency wishes to take advantage of the new flexibilities allowed under this criterion it must update its current policies or adopt a new policy that addresses all the requirements 602.18(d)(2)-(4).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The ACEN is not taking advantage of the new flexibilities allowed under 602.18(d)(2)-(4) at this time. Therefore, policies were not revised.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency confirms it has not adopted new policies to implement the flexibilities allowed under 602.18(d)(2)-(4).

List of Document(s) Uploaded by Analyst - Response

No file uploaded
Criteria: 602.19(a)
Description of Criteria

(a) The agency must reevaluate, at regularly established intervals, the institutions or programs it has accredited or preaccredited.

Narrative:
Policy #4 Types of Commission Actions for Initial and Continuing Accreditation governs the regularly established intervals between review cycles. [EXHIBITS 183; 234]

Initial accreditation of a nursing program is granted when the program demonstrates compliance with all Standards; the program’s next review shall be in 5 years. [EXHIBIT 209] Initial accreditation of a program is denied when a program does not demonstrate compliance with all Standards; therefore, there is no next review. [EXHIBIT 210] Per Policy #34 Candidacy for a Governing Organization/Nursing Program Seeking Initial Accreditation, a program may begin again by reapplying for eligibility and undergoing the entire candidacy and initial accreditation process. [EXHIBIT 088]

The maximum amount of time between continuing accreditation cycles shall be 8 years.

1. Continuing accreditation is granted when the Board of Commissioners (BOC) determines that a program is in compliance with all Standards; the next review will be in 8 years. [EXHIBIT 211]
2. Continuing accreditation with conditions for 12, 18, or 24 months is granted when the BOC determines that a program is in non-compliance with 1 or 2 Standards. [EXHIBIT 212]
3. Continuing accreditation with removal of conditions is granted when the BOC determines that a program is in compliance with the Standards reviewed; the next review depends on how much time the program has left before its next comprehensive review. [EXHIBIT 214]
4. Continuing accreditation with warning for 12, 18, or 24 months is granted when the BOC determines that a program is in non-compliance with 3 or more Standards. [EXHIBIT 213]
5. Continuing accreditation with removal of warning is granted when the BOC determines that a program is in compliance with the Standards reviewed; the next review depends on how much time the program has left before its next comprehensive review. [EXHIBIT 215]
6. Continuing accreditation for good cause for 12, 18, or 24 months is granted if the maximum monitoring period for continuing accreditation with conditions or continuing accreditation with warning has concluded and the BOC determines that a program meets the requirements for good cause. [EXHIBIT 217]
7. Continuing accreditation with removal of good cause is granted when the BOC determines that a program is in compliance with the Standards reviewed; the next review depends on how much time the program has left before its next comprehensive review. [EXHIBIT 216]
8. The maximum timeframe for monitoring a certificate program (that is not a practical program) on conditions or warning is based on the shortest amount of time during which the student could complete the certificate; such that if the shortest timeframe is 12 months, then the maximum monitoring period is 12 months; if the shortest timeframe is more than 1 year, but less than 2 years, then the maximum monitoring period is 18 months; and if the shortest timeframe is at least 2 years, then the maximum monitoring period is 2 years. The same timeframes apply for good cause. Currently, the ACEN does not
have any accredited certificate programs that are not practical programs.

9. For an appropriate reason or reasons, the BOC can deny continuing accreditation at any point in the review process. Per Policy #34 Candidacy for a Governing Organization/Nursing Program Seeking Initial Accreditation, a program may begin again by reapplying for eligibility and undergoing the entire candidacy and initial accreditation process. [EXHIBIT 088]

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s policy for reevaluating accredited programs is found in its Accreditation Manual. ACEN evaluates programs it accredits every 5 or 8 years. The evaluation process includes a comprehensive site visit based on a self-study and reviews compliance with the agency’s standards, including distance education as described in section 602.17(c). The agency first reevaluates a program 5 years after initial accreditation is granted and no more than 8 years thereafter. These time periods are prescribed in the agency’s Policies #4 and #34 of its Accreditation Manual [Exhibits 088 and 183].

To demonstrate compliance with this criterion, the agency submitted examples of each type of Commission decision action as prescribed in its Accreditation Manual [Exhibits 209-234]. In addition, Department staff notes that the agency lists the date of the prior and next accreditation visit on its website for each program it accredits. The agency also publishes current and upcoming site visits on its website.

List of Document(s) Uploaded by Analyst - Narrative
Criteria: 602.19(b)
Description of Criteria

(b) The agency must demonstrate it has, and effectively applies, monitoring and evaluation approaches that enable the agency to identify problems with an institution's or program's continued compliance with agency standards and that take into account institutional or program strengths and stability. These approaches must include periodic reports, and collection and analysis of key data and indicators, identified by the agency, including, but not limited to, fiscal information and measures of student achievement, consistent with the provisions of §602.16(g). This provision does not require institutions or programs to provide annual reports on each specific accreditation criterion.

Narrative:
The monitoring process is explained in 602.19. Policy #4 Types of Commission Actions for Initial and Continuing Accreditation allows for monitoring of an accredited program related to non-compliance with 1 or more Standards. [EXHIBITS 183; 234]

• A nursing program found in non-compliance with 1 or 2 Standards may be granted continuing accreditation with conditions. A program on conditions must submit a Follow-Up Report and a Follow-Up Visit is possible.
• A program found in non-compliance with 3 or more Standards may be granted continuing accreditation with warning. A program on warning must submit a Follow-Up Report and a Follow-Up Visit is mandatory.
• A program found in continued non-compliance with any Standard may be granted continuing accreditation for good cause. A program on good cause must submit a Follow-Up Report and a Follow-Up Visit is mandatory.
• The maximum timeframe for monitoring a program on conditions, warning or good cause is 18 months for practical programs and 2 years for clinical doctorate, master's, baccalaureate, associate and diploma programs.
• The maximum timeframe for monitoring a certificate program (that is not a practical program) on conditions or warning is based on the shortest amount of time during which the student could complete the certificate; such that if the shortest timeframe is 12 months, then the maximum monitoring period is 12 months; if the shortest timeframe is more than 1 year, but less than 2 years, then the maximum monitoring period is 18 months; and if the shortest timeframe is at least 2 years, then the maximum monitoring period is 2 years. The same timeframes apply for good cause.

The monitoring period is established by the Board of Commissioners (BOC) and is calculated from Board
decision to Board decision.

Per Policy #14 Reporting Substantive Changes, programs are required to submit identified substantive changes that may affect a program’s compliance with the Standards, such as a decline in program outcomes. When a substantive change review is initiated, the program may be required to present additional information or submit a report about the status of the implementation of the substantive change to ensure ongoing compliance with the Standards. In addition, the ACEN reserves the right to reconsider the accreditation status of a program at any time and the BOC may also take action to require monitoring of a program related to non-compliance with any Standard. [EXHIBIT 086]

All programs are required to submit an Annual Report (AR) in the fall of each year as a condition of maintaining continuing accreditation. [EXHIBIT 235] Various data are collected in the AR including any substantive changes that occurred in the program since the last AR. Data are reviewed to identify issues to include but not limited to programs not meeting established student achievement outcomes, failing to submit a substantive change as required by Policy #14 Reporting Substantive Changes or for the programs in which the ACEN serves as the Title IV-HEA gatekeeper, changes with financial sufficiency/stability. If an issue is identified, the nurse administrator is contacted to initiate the substantive change immediately. Based on the substantive change review process, decisions are made regarding the need for any additional follow-up or peer review per Policy #19 Focused Site Visit to determine the program’s compliance with the Standards. [EXHIBITS 189; 236; 237]

ACEN Policy #33 Financial Responsibility applies only to an institution/program for which the ACEN serves as the Title IV-HEA gatekeeper. This policy requires the submission of information demonstrating that the fiscal resources and financial stability of the institution is sufficient to provide a quality nursing education to its students. The institutions/nursing programs that are required to submit documentation of their financial responsibility do so at the same time as the AR. If concerns about financial responsibility are identified, additional information is requested or peer review is undertaken per Policy #19 to determine the program’s compliance with the Standards to ensure students are protected and the program is not in jeopardy. [EXHIBITS 154; 238(a-b)]

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Does not meet the requirements of this section

Staff Determination:

The agency must provide further narrative and documentation demonstrating it effectively monitors and evaluates fiscal information for all programs it accredits through periodic reports and collection of information since the agency states that only programs for which the agency serves as the Title IV gatekeeper are required to submit financial information. However, this criterion requires agencies to periodically collect and monitor fiscal information for all accredited programs/institutions.

Analyst Remarks to Narrative:

ACEN's Accreditation Manual sets forth the numerous ways it monitors and evaluates its accredited programs' compliance with the agency's standards, including fiscal information and measures of student achievement. The agency states in its narrative that Policy #4 allows for monitoring of an accredited program's compliance with the agency's standards [Exhibits 183 and 234]. This will be further discussed in section 602.20(a) and (b-d).

Specific to this criterion, the agency's Policy # 24 found in its Accreditation Manual requires all accredited programs to submit an annual report that collects information about program completion rates, job placement rates, and licensure and certification examination pass rates. Title IV eligible programs must also submit information regarding compliance with their Title IV responsibilities and the result of financial and compliance audits [Exhibit 235]. ACEN staff review the annual report to ensure programs continue to comply with the agency's policies and reporting requirements. Significant changes are referred to the Board of Commissioners for appropriate action, which may include a requirement for the program to submit a substantive change request and a focused site visit. Failure to submit an annual report may lead to the BOC altering the program's accreditation status.

The agency provided examples of communications sent to programs it accredits based on its review of the annual reports. The examples include emails to programs requiring no further action based on ACEN's review [Exhibit 237] as well as examples where a review by ACEN staff required the submission of a substantive change request [Exhibit 236]. Exhibit 236 contained the completed substantive change request as well as the Board’s decision. The agency also submitted an example of the submission and review of fiscal information related to one program, including a request for a substantive change.
request due to concerns the program may be out of compliance with one or more of the agency’s standards [Exhibit 238a and b]. Department staff note that it is not clear if the agency periodically reviews fiscal information for all programs it accredits as part of the annual report process or otherwise as is required by this criterion. The agency states in its narrative that only programs for which the agency serves as the Title IV gatekeeper are required to submit this information; however, this criterion requires agencies to periodically collect and monitor fiscal information for all accredited programs/institutions regardless of whether or not the program/institution participates in Title IV, HEA programs or if the agency serves as the Title IV gatekeeper.

The agency submitted an additional 78 examples of annual reports completed by programs for the virtual file review conducted during February 2022. Each submission contained a request for the annual report, completed annual report, ACEN’s acknowledgement of receipt, acceptance email or request for substantive change. Not all of the reports contained fiscal information or documentation related to the agency’s review of fiscal information as required by this criterion. The agency’s narrative for the virtual file review also states this information is only collected for programs for which ACEN serves as the Title IV gatekeeper [Exhibit AC].

List of Document(s) Uploaded by Analyst - Narrative

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<td>Exhibit_429_Supplemental annual report narrative.pdf</td>
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Response:

To monitor and evaluate fiscal information of all ACEN-accredited programs, five questions were added to the Annual Report, which includes:

1. In the most recent fiscal year, did the governing organization’s total operational expenses exceed the governing organization’s total operational income?

2. For the most recent audit of the governing organization, did the financial statements indicate that there were any material findings OR material weaknesses?

3. During the last 18 months, was the governing organization placed on a Heightened Cash Monitoring payment method?

4. Do you have any concerns about the financial stability of the governing organization?
   a. If yes, please elaborate

5. Do you have any concerns that the amount of financial resources allocated to the nursing program is insufficient to provide a quality education to the nursing students?
   a. If yes, please elaborate

A section of questions has already been programmed into the ACEN Annual Report for 2022, which will be issued in October 2022 [EXHIBIT 551]. Providing answers to these questions is mandatory before any
program can submit the Annual Report. Upon analysis of the Annual Report submissions, any programs answering “yes” to one of these questions will prompt follow-up for additional information and potentially further review.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency modified its annual report [Exhibit 551], which now requires all ACEN accredited programs and institutions to answer five questions related to fiscal information. A “yes” answer to any of the questions indicates an area of potential concern and prompts follow up by the agency. The agency notes the new questions were effective as of October 2022 and therefore does not have any examples to demonstrate application of its collection and review of fiscal information at the time of the final analysis.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.19(c)
Description of Criteria

(c) Each agency must monitor overall growth of the institutions or programs it accredits and, at least annually, collect head-count enrollment data from those institutions or programs.

Narrative:
The process described in 602.19(b) regarding substantive change and Annual Report (AR) applies to headcount enrollment. Per Policy #14 Reporting Substantive Changes, programs are required to submit identified substantive changes that may affect a nursing program’s compliance with the Standards, including an increase in headcount enrollment in the program. [EXHIBITS 086; 239] Additionally, all programs are required to submit an AR in the fall of each year as a condition of maintaining continuing accreditation. [EXHIBIT 235] Among the various data collected in the AR, programs are required to submit headcount enrollment data. [EXHIBIT 240] Graph 19 in the 2019 Report to Constituents shares aggregated enrollment data from the AR. [EXHIBIT 241]
As discussed in the previous section, the agency’s Policy #24 requires the submission of an annual report from the programs it accredits [Exhibit 235]. Section 3, Demographics, of the agency’s annual report requires programs to the total number of students enrolled on a specified date [Exhibit 240]. The agency also shares aggregated enrollment data from each annual report in its “Report to Constituents” and provided an example as Exhibit 241.

To demonstrate compliance with this criterion, the agency submitted annual reports for 19 institutions ACEN serves as the Title IV gatekeeper as part of the virtual file review conducted during February 2022. Sections 1 and 3 of the current version of the annual report ask questions that specifically monitor annual headcount. The reports submitted for this section as well as 602.19(b) demonstrate the agency monitors overall growth of the institutions or programs it accredits and, at least annually, collect headcount enrollment data from those institutions or programs.
Criteria: 602.19(d)
Description of Criteria

(d) Institutional accrediting agencies must monitor the growth of programs at institutions experiencing significant enrollment growth, as reasonably defined by the agency.

Narrative:
The ACEN is recognized by the United States Department of Education (USDE) as a specialized accrediting agency for nursing programs located in the United States and its territories, including distance education. The ACEN accredits clinical doctorate/DNP specialist certificate, master's/PMC, baccalaureate, associate, diploma, and practical programs located in secondary, post-secondary, and hospital-based institutions that offer certificates, diplomas, or degrees. The ACEN serves as a Title IV-HEA Gatekeeper for (a) public K–12 schools that offer post-secondary adult practical programs and (b) single purpose institutions (e.g., hospitals) that offer clinical doctorate/DNP specialist certificate, master's/PMC, baccalaureate, associate, diploma, and practical programs to participate in Title IV-HEA programs administered by the USDE or other federal agencies; this represents 61 (4.85%) Title IV-HEA programs out of a total 1259 accredited programs.

Per Policy #14 Reporting Substantive Changes, programs must submit information about an increase in program enrollment growth by headcount in 1 institutional fiscal year. The ACEN monitors the program enrollment growth even closer when the ACEN is the Title IV-HEA gatekeeper. [EXHIBITS 086; 242]

If the ACEN becomes aware of an increase in program enrollment growth that was not reported, the ACEN seeks information from the nurse administrator, which may result in follow-up per Policy #19 Focused Site Visit. This information may be identified as a result of a review of program data submitted in the program's Annual Report (AR), per Policy #24 Assessment of the Adequacy of Standards and Criteria, ACEN Process, and Practices or it may be identified through the submission of formal or informal concerns to the ACEN from the public. [EXHIBIT 189]

An example of follow-up on a potential increase in enrollment was identified during review of the AR data submitted by the associate program at Nightingale College. The AR data submitted indicated a significant increase in program enrollment that was not reported as required per Policy #14. Upon the discovery of this information and consistent with policies, the Chief Executive Officer requested information about the increase in enrollment and other potential concerns that were identified through a review of publicly available information about the program. In response to the request for additional information and clarification, the program was able to provide information that satisfied the ACEN and a focused visit was not authorized. [EXHIBIT 243]

Document(s) for this Section

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ACEN’s policy that governs substantive changes [Policy #14, Exhibit 086] sets forth the agency’s requirements and procedures regarding significant growth. An increase in enrollment growth of 50% or greater by headcount in one institutional fiscal year for any ACEN accredited nursing program requires review and the approval of the Board of Commissioners or Chief Executive Officer prior to implementation. Increase in enrollment growth between 25%-49% require review of a substantive change requiring notification prior to implementation. Both types may require a focused visit. In addition, if an increase in total enrollment of 50% or more by headcount in one academic year occurs at the governing organization level ACEN requires prior approval by the Board of Commissioners and a possible focused site visit if ACEN is the Title-IV gatekeeper. The agency also captures this information in its required annual report [Exhibit 240 in section 602.19(c)]. The report asks if there has been any substantive changes in the past year to include significant growth and the agency asks for annual headcount information in the demographics section, as discussed in section 602.19(c).

ACEN submitted an example of a substantive change request from a program for growth of 50% or more [Exhibit 242]. The example includes the programs request, justifications, agency review and Board of Commission approval. ACEN also submitted an example of follow up generated by its review of an annual report submitted by an accredited nursing program [Exhibit 243]. ACEN’s review uncovered that the program may have failed to submit a substantive change request for significant growth as required by ACEN’s policy. The exhibit contains the agency’s review, program’s response and ACEN’s final determination. ACEN submitted a list of all substantive change requests it processed from 2017-2021 in section 602.22(a)(1)(i). This list includes programs/institutions with significant growth (50% or greater). For the virtual file review conducted during February 2022, the agency submitted a list of substantive change requests processed from 2021 to the present that also included significant growth of 50% or more. Together, these examples demonstrate ACEN monitors the growth of programs at institutions experiencing significant growth as defined by the agency.
Criteria: 602.19(e)

Description of Criteria

(e) Any agency that has notified the Secretary of a change in its scope in accordance with §602.27(a) must monitor the headcount enrollment of each institution it has accredited that offers distance education or correspondence courses. The Secretary will require a review, at the next meeting of the National Advisory Committee on Institutional Quality and Integrity, of any change in scope undertaken by an agency if the enrollment of an institution that offers distance education or correspondence courses that is accredited by such agency increases by 50 percent or more within any one institutional fiscal year. If any such institution has experienced an increase in head-count enrollment of 50 percent or more within one institutional fiscal year, the agency must report that information to the Secretary within 30 days of acquiring such data.

Narrative:
The ACEN has not changed its scope since its last recognition and therefore has not needed to notify the Secretary of a change in its scope in accordance with 602.27.

The ACEN is currently recognized by the United States Department of Education (USDE) as a specialized accrediting agency for nursing programs located in the United States and its territories, including distance education. The ACEN accredits clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical nursing programs located in secondary, post-secondary, and hospital-based institutions that offer certificates, diplomas or degrees. Additionally, the ACEN serves as a Title IV-HEA Gatekeeper for some practical nursing programs and hospital-based programs eligible to participate in financial aid programs administered by the USDE or other federal agencies, which represents 61 (4.85%) Title IV-HEA programs out of a total 1259 accredited programs.

Document(s) for this Section

No files uploaded

Analyst Worksheet- Narrative
Analyst Review Status:

Analyst Remarks to Narrative:

ACEN has not notified the Secretary of a change in scope in accordance with section 602.27(a) and therefore is not required to monitor the headcount enrollment of each institution it has accredited that offers distance education under this criterion.
(a) If 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 must—

(1) Follow its written policy for notifying the institution or program of the finding of noncompliance;

(2) Provide the institution or program with a written timeline for coming into compliance that is reasonable, as determined by the agency’s decision-making body, based on the nature of the finding, the stated mission, and educational objectives of the institution or program. The timeline may include intermediate checkpoints on the way to full compliance and must not exceed the lesser of four years or 150 percent of the—

   (i) Length of the program in the case of a programmatic accrediting agency; or

   (ii) Length of the longest program at the institution in the case of an institutional accrediting agency;

(3) Follow its written policies and procedures for granting a good cause extension that may exceed the standard timeframe described in paragraph (a)(2) of this section when such an extension is determined by the agency to be warranted; and

(4) Have a written policy to evaluate and approve or disapprove monitoring or compliance reports it requires, provide ongoing monitoring, if warranted, and evaluate an institution’s or program’s progress in resolving the finding of noncompliance.

Narrative:
Policy #4 Types of Commission Actions for Initial and Continuing Accreditation governs decisions made by the Board of Commissioners (BOC) to ensure timely action and to ensure underperforming nursing programs do not achieve or maintain ACEN accreditation. [EXHIBIT 183] Typically, programs seeking continuing accreditation have an opportunity to come into compliance with the Standard(s) with which the BOC determined the program to be non-compliant; however, for an appropriate reason or reasons the BOC can deny continuing accreditation at any point in the review process. [EXHIBIT 244]
Institutions/programs are notified of the BOC decision in accordance with Policy #5 Notification of Commission Decisions. [EXHIBIT 245] Information pertaining to any non-compliance findings is made available within 30 calendar days of the BOC meetings. At the time the notification is sent to the institution, the ACEN website is also updated.

A program is expected to come into compliance with the Standard(s) with which it has been found non-compliant at the last review within the allotted time granted by the BOC in accordance with Policy #4. [EXHIBITS 246; 247; 248] The requirements for demonstrating compliance are outlined in the BOC decision letters sent to the program and are as follows:

1. When the BOC determines a program is non-compliant with 1 or 2 Standards, continuing accreditation with conditions may be granted. When a program has been granted continuing accreditation with conditions, the program must submit a Follow-Up Report addressing the Standard(s) with which the program was found to be non-compliant; a follow-up visit may be required within a specified period.
2. When the BOC determines a program is non-compliant with 3 or more Standards, continuing accreditation with warning may be granted. When a program has been granted continuing accreditation with warning, the program must submit a Follow-Up Report addressing the Standard(s) with which the program was found to be non-compliant and a follow-up visit is required within a specified period.

When either conditions or warning is granted, depending on the nature and number of findings, the next review is typically scheduled for 1 or 2 years for clinical doctorate, master’s, baccalaureate, associate, and diploma programs and 12 or 18 months for practical programs. If the BOC determines compliance following a period of condition or warning for clinical doctorate, master’s, baccalaureate, associate, or diploma programs, then the next reaccreditation review will be in 6 years (after 2 years with conditions/warning) or in 7 years (after 1 year with conditions/warning). For practical programs, the next review would be 7 years (after 1 year with conditions/warning) or 6.5 years (after 18 months with conditions/warning).

If the BOC determines that a clinical doctorate, master’s, baccalaureate, associate, or diploma program is non-compliant after 1 year with conditions or warning, the BOC could grant continuing accreditation with conditions/warning for 1 additional year or deny continuing accreditation. At the end of 2 years with conditions/warning, a clinical doctorate, master’s, baccalaureate, associate or diploma program must be in compliance with the Standard(s) reviewed; if found non-compliant, the program could be granted continuing accreditation for good cause or denied continuing accreditation. If the BOC determines that a practical program is non-compliant after 1 year with conditions/warning, the BOC could grant continuing accreditation with conditions/warning for 6 additional months or deny continuing accreditation. At the end of 18 months with conditions, a practical program must be in compliance with the Standard(s) reviewed; if found non-compliant, the program could be granted continuing accreditation for good cause or denied continuing accreditation.

The maximum monitoring period for continuing accreditation with conditions or continuing accreditation with warning for standalone certificate programs that are not a practical program is determined by the length of the certificate program. Currently, the ACEN does not have any accredited standalone certificate programs that are not a practical program. However, for these program types, the maximum monitoring period is as follows:

a. If the shortest period in which a student could complete a standalone certificate program is less than...
12 months, then the maximum monitoring period for continuing accreditation with conditions or continuing accreditation with warning is 12 months from the BOC determination of this accreditation status.

b. If the shortest period in which a student could complete a standalone certificate program is at least 1 year but less than 2, then the maximum monitoring period for continuing accreditation with conditions or continuing accreditation with warning is 18 months from the BOC determination of this accreditation status.

c. If the shortest period in which a student could complete a standalone certificate program is at least 2 years, then the maximum monitoring period for continuing accreditation with conditions or continuing accreditation with warning is 2 years from the BOC determination of this accreditation status.

In accordance with Policy #4, continuing accreditation for good cause is granted if the maximum monitoring period for continuing accreditation with conditions or continuing accreditation with warning has concluded and the BOC determines that a program is in continued non-compliance but also meets the requirements for good cause. [EXHIBIT 249] The BOC can extend a program’s continuing accreditation for good cause if the BOC determines the program satisfies the following principles:

1. The program has demonstrated significant recent accomplishments in addressing non-compliance;
2. The program has documented that it has the potential to remedy all deficiencies within the extended period as defined by the Commission; that is, that the program provides evidence which makes it reasonable for the BOC to determine it will remedy all deficiencies within the extended time defined by the Commission;
3. The program provides assurance to the BOC that it is not aware of any other reasons, other than those identified by the Commission, why the accreditation of the program could not be continued for good cause.

The Chief Executive Officer calls all programs that receive an Evaluation Review Panel recommendation of deny initial or continuing accreditation to review applicable policies, processes and timelines. For programs seeking continuing accreditation, the program has the responsibility for making its case for good cause. To demonstrate good cause, the CEO of the governing organization and the nurse administrator of the program must submit a report attesting that the program satisfies all 3 principles for good cause. The report must be received by the CEO no later than 14 calendar days before the BOC meeting. Along with the Good Cause Report, the program may submit selected new, updated information and evidence (e.g., faculty profile table, verification of faculty credentials and performance on licensure examination) to demonstrate that the program has made significant recent accomplishments in addressing the Standard(s) with which the program was found to be in non-compliance.

When the BOC grants continuing accreditation for good cause, the next review is scheduled in 1 or 2 years for clinical doctorate, master’s, baccalaureate, associate or diploma program or 12 or 18 months for practical programs. Additionally, the program is required to submit a teach-out agreement and/or plan. [EXHIBIT 250]

The monitoring process and timeline for programs good cause are identical to those for programs on warning, including submission of a Follow-Up Report addressing the Standard(s) with which the program was found to be in continued non-compliance, and a follow-up visit is required within a specified period. The Follow-Up Report, Follow-Up Site Visit Report, and Evaluation Review Panel Summary constitute a basis for the BOC decision.
If the BOC determines that a clinical doctorate, master's, baccalaureate, associate, or diploma program is non-compliant after 1 year on good cause, the BOC could grant continuing accreditation for good cause for 1 additional year if the program again meets the principles of good cause or deny continuing accreditation. If the BOC determines that a practical program is non-compliant after 1 year on good cause, the BOC could grant continuing accreditation for good cause for 6 additional months if the program again meets the principles of good cause or deny continuing accreditation. At the end of 2 years on good cause for clinical doctorate, master's, baccalaureate, associate, or diploma programs or 18 months on good cause for practical programs, the program must be compliant with the Standard(s) reviewed; if found non-compliant, the program is denied continuing accreditation. If the BOC determines compliance for clinical doctorate, master's, baccalaureate, associate, or diploma programs, the next comprehensive reaccreditation review will be in 4 years (after 2 years on good cause) or in 5 years (after 1 year on good cause). If the BOC determines compliance for a practical program, the next comprehensive reaccreditation review will be in 5.5 years (after 1 year on good cause) or 5 years (after 18 months on good cause).

At the end of the monitoring period for good cause, the program must be compliant with the Standard(s) reviewed; if found non-compliant, the program is denied continuing accreditation. [EXHIBIT 251]

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Analyst Remarks to Narrative:

ACEN’s enforcement timelines and actions are governed by its Policy #4 of the Accreditation Manual. ACEN’s written policy for notifying an institution or program of noncompliance is covered under Policy #5 [Exhibit 183]. ACEN notifies the programs it accredits of any findings of non-compliance within 30 calendar days of the Board of Commissioner’s (BOC) decision.

ACEN’s Policy #4, Types of Commission Actions for Initial and Continuing Accreditation, sets forth the decisions the BOC may make if there are findings of non-compliance with the agency’s standards. Specifically, the BOC may grant continuing accreditation with conditions for programs out of compliance with 1 or 2 of the agency's standards. The BOC may grant continuing accreditation with warning for programs out of compliance with 3 or more of the agency’s standards. Continuing accreditation with conditions or warning requires a follow-up report addressing the standard(s) for which the program was found out of compliance. Continuing accreditation with conditions may require a follow-up site visit. Continuing accreditation with warning requires a follow-up visit within a specified time frame. The maximum monitoring period for programs granted continuing accreditation with conditions or warning is as follows: 2 years for clinical doctorate, master’s, baccalaureate, associate, and diploma programs; 18 months for practical nursing programs; certificate programs have a maximum period of 12 months, or 1-2 years depending on the length of the certificate nursing program. Department staff notes that the maximum timeframe for programs to come into compliance is stricter than those now allowed by this criterion effective July 1, 2020. Nevertheless, the timeframes remain in compliance with the Department’s regulation.

The agency allows programs out of compliance with one or more of the agency’s standards to exceed the monitoring period for good cause. Policy #4 also details the requirements and timeframes for good cause. The period of good cause is the same as those listed above for periods of continuing accreditation with conditions or warning. If a program is not in compliance after a period of good cause the BOC must deny continuing accreditation and remove the program from the list of accredited programs. Policy #4 further states a program must meet three requirements before it can be granted a period of good cause: the nursing program has demonstrated significant recent accomplishments in addressing non-compliance; the nursing program demonstrates it has the potential to remedy all deficiencies within the period for good cause; and that the program provided assurance it is not aware of any other reasons it can come into compliance within the period of good cause.

The agency submitted 7 examples of programs granted continuing education with conditions or warning [Exhibits 244; 246-251]. One of the examples, Exhibit 248, appears to have been granted continuing education with no conditions or warning so is not relevant to this criterion. The other programs were granted continuing education with conditions, warning or good cause. The examples include the Commission decisions letters and follow up reports from the programs. Department staff note that in each case, the programs were monitored according to ACEN’s policy, including the maximum time period for remaining out of compliance.

List of Document(s) Uploaded by Analyst - Narrative

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(b) Notwithstanding paragraph (a) of this section, the agency must have a policy for taking an immediate adverse action, and take such action, when the agency has determined that such action is warranted.

(c) If the institution or program does not bring itself into compliance within the period specified in paragraph (a) of this section, the agency must take adverse action against the institution or program, but may maintain the institution's or program's accreditation or preaccreditation until the institution or program has had reasonable time to complete the activities in its teach-out plan or to fulfill the obligations of any teach-out agreement to assist students in transferring or completing their programs.

(d) An agency that accredits institutions may limit the adverse or other action to particular programs that are offered by the institution or to particular additional locations of an institution, without necessarily taking action against the entire institution and all of its programs, provided the noncompliance was limited to that particular program or location.

Narrative:
An adverse action is defined as a denial of initial accreditation or a denial of continuing accreditation. Though there is not a single policy for taking immediate adverse actions, Policy #4 Types of Commission Actions on Applications for Accreditation governs decisions made by the Board of Commissioners (BOC), including adverse actions. [EXHIBIT 183] Typically, nursing programs seeking continuing accreditation have an opportunity to come into compliance with the Standards; however, for an appropriate reason or reasons, the BOC can deny continuing accreditation at any point in the review process. Between accreditation reviews, Policy #14 Reporting Substantive Changes outlines a process for when programs have a planned or unplanned substantive change in the program or with the governing organization. [EXHIBIT 096] Per this policy, the ACEN reserves the right to reconsider the accreditation status of a program at any time.

There are also multiple policies that could result in immediate BOC action. For example, Policy #3 Eligibility for Initial and Continuing Accreditation, requires that programs maintain their eligibility for ACEN accreditation with continuing eligibility requirements. [EXHIBITS 002; 252(a-c)] The nurse administrator of the program is responsible for immediately informing the CEO, in writing, of any change of status with any agency that accredits and/or approves the governing organization/institution. The notification must occur before the BOC makes its accreditation decision.

After initial accreditation and between continuing accreditation visits, Policy #17, #18 and #22 require maintaining eligibility. [EXHIBITS 252(a-c); 253; 254; 255] Policy #17 State Regulatory Agency for Nursing
Approval requires that if a program has a change in its approval status with the state regulatory agency for nursing, the administrator of the program shall immediately submit to the ACEN a report explaining the reasons for the decision, a copy of the letter received from the state regulatory agency for nursing, and a report detailing the plans to correct the situation. The BOC will determine appropriate follow-up actions after review of the submitted materials, and the accreditation status of the program may be changed.

Policy #18 Accreditation Status of the Governing Organization requires that if the institutional accrediting agency revokes its accreditation of the governing organization, the nurse administrator shall submit a report explaining the reason(s) for the decision and the effect of the decision on the program to the CEO within 24 hours of the notification of the action taken by the institutional accrediting agency. The BOC will determine appropriate follow-up action(s) following review of the submitted report. [EXHIBIT 256]

Policy #22 Program Accreditation Status in Relation to State and Other Accrediting Agency Actions provides another opportunity for immediate action by the BOC if necessary. If the ACEN is notified that the accreditation status of the governing organization of an ACEN-accredited program was changed by its institutional accrediting agency or a state agency or if the status of an ACEN-accredited program was changed by a state agency, the ACEN will promptly review the program to determine what action should be taken, which may include forwarding directly to the BOC.

Policy #20 Complaints Against an Accredited Program also provides for an opportunity for action if there appears to be sufficient evidence of non-compliance or if the ACEN staff are unable to determine compliance. [EXHIBIT 152(a-x)] In response, the CEO may:

• forward the complaint formal directly to the BOC for immediate review and action;
• authorize a Focused Visit to evaluate the governing organization/program, which would follow the typical peer review process per Policy #19 Focused Site Visit; or
• provide the complaint allegations as part of an upcoming scheduled visit to review the program.

Policy #36 Teach Out outlines when a teach-out agreement or a teach-out plan may be required as a way for a governing organization/program to demonstrate its obligation to fulfill its educational commitment to currently enrolled nursing students. [EXHIBIT 257] Additionally, section A4 of Policy #36 states that if the governing organization/program does not appeal the denial decision, the BOC may extend the governing organization’s/program’s accreditation until the governing organization/program has had reasonable time to complete the activities in the teach-out agreement approved by the ACEN to assist students in transferring or completing their programs; if extended, then the status during the extension period will be continuing accreditation for good cause regardless of what the status was at the time of the BOC’s decision. The CEO shall determine what is a reasonable amount of time to complete the activities in the teach-out agreement; however, the amount of time shall not exceed 120 calendar days from the effective date of the BOC’s decision.

The ACEN is the institutional accreditor for 61 (4.85%) of the 1259 programs it accredits, and 2 of these have additional locations. Policy #4 applies to all ACEN accredited programs, regardless of institutional or programmatic accreditation status. Currently, any adverse actions taken by the BOC would apply to all locations where the program is offered.
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Analyst Worksheet- Narrative
Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:

The agency states in its narrative that it defines adverse action as denial of initial accreditation or denial of continuing education. Per Section II of its Accreditation Manual, the agency has several policies for denying initial or continuing accreditation as warranted. Specifically, Policy #4 describes the types of Commission actions for initial and continuing and initial accreditation [Exhibit 183]. As stated in the previous criterion, the agency’s policy requires the Commission to deny continuing accreditation if a program cannot demonstrate it is compliant with all of the agency’s standards after the maximum monitoring period plus any period granted for good cause. The agency’s narrative describes several other policies that may lead to a loss of accreditation such as changes to the accreditation status of the governing institution [Policy #18, Exhibit 256], legal authorization to provide post-secondary education at the state level [Policy #22, Exhibit 253], and loss of accreditation due to the results of a complaints process [Policy #20]. These other policies will be discussed in further detail in their respective sections throughout the petition. In regard to 602.20(d), the agency states it is the institutional accreditor for 61 of 1259 programs it accredits and that Policy #4 applies to all ACEN accredited programs regardless of its institutional or programmatic accreditation status. Any adverse action taken by the BOC applies to all locations where the program is offered.

To demonstrate compliance with this criterion the agency included several examples of institutions or programs against which it has taken an adverse action. Department staff notes that one of the examples is not relevant to this criterion because the program appears to still be in its monitoring period until December 2022 [Exhibit 255]. Exhibit 252 is an example of ACEN’s Commission taking an adverse action against an institution that lost its license to operate in the State of New Hampshire after it also lost institutional accreditation from ACCET. Exhibit 256 is an example of a program losing ACEN accreditation under Policies #3 and #20 due to the institution losing ACICS accreditation. Specific to 602.20(c), the agency provided one example of an institution that lost accreditation after it did not bring itself into full compliance with the agency’s standards [Exhibit 152]. This example was also discussed and further supporting documentation was provided in section 602.18(d) [Exhibit 233]. The associate degree program was initially found non-compliant by the Commission in July 2016 and was granted continued accreditation with conditions. A follow up report was requested in two years. The Commission acted on the follow up report in March 2019 and granted continuing accreditation for good cause for a period of one year. At the end of the period of good cause the program did not demonstrate it was compliant with all the agency’s standards and the Commission acted to end its accreditation at the March 2020 meeting. The program appealed the decision, which was upheld by the Appeal Committee on August 31, 2020. On September 30th, 2020, the program and ACEN entered into an agreement pursuant to the agency’s Policy #36 to maintain accreditation through 5/10/21 so that teach-out activities could be included as allowed by section 602.20(d) in effect as of July 1, 2020. A review of the full cycle of review and supporting documentation demonstrates the agency took action within the appropriate timeframes per its Policy #4 and in accordance with this criterion.

Department staff notes the agency did not provide a full list of institutions or programs against which the agency has taken an adverse action during the recognition period as required by Accreditation Handbook; however for the virtual file review conducted during February 2022 the agency provided documentation for the three adverse actions it took during the current recognition period. In addition to the example discussed above [Exhibit 233], ACEN provided documentation for two denials of initial
accreditation as well as two programs whose ACEN accreditation was removed because the governing organization lost institutional accreditation from another accreditor. All examples demonstrate ACEN took enforcement actions in accordance with the requirements of 602.20 (b)-(d) of this section. [Exhibits FR1-4.3]

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.20(e)
Description of Criteria

(e) All adverse actions taken under this subpart are subject to the arbitration requirements in 20 U.S.C. 1099b(e).

Note: 20 U.S.C. 1099b(e) Initial Arbitration Rule. – The Secretary may not recognize the accreditation of any institution of higher education unless the institution of higher education agrees to submit any dispute involving the final denial, withdrawal, or termination of accreditation to initial arbitration prior to any other legal action.

Narrative:
An adverse action is defined as a denial of initial accreditation or a denial of continuing accreditation, which are appealable actions. The appeal process is outlined in Policy #10 Appeal Process and Submission and Review of New Financial Information Subsequent to Adverse Action and allows a program to appeal an adverse action taken by the Board of Commissioners (BOC). [EXHIBIT 068]

As a condition of seeking initial accreditation or continuing accreditation with the ACEN, each nursing program consents to resolving disputes regarding a decision by the Appeal Committee through arbitration. Policy #38 Binding Arbitration outlines the policy and procedure after an adverse action by
the BOC has been fully and finally determined by a written decision of the Appeal Committee pursuant to ACEN Policy #10. [EXHIBIT 029] To date, no program has pursued the binding arbitration process.

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Analyst Worksheet- Narrative

Does not meet the requirements of this section

Staff Determination:

The agency must revise its arbitration policy to make it clear that arbitrators are not a decision-making body that is included in ACEN's accreditation process. Further, the agency must revise its policy to reflect that institutions agree to submit any dispute involving the final denial, withdrawal, or termination of accreditation to initial arbitration, rather than final and binding arbitration. In addition, the agency must revise its policy to clarify how arbitrators are selected to ensure that they the agency does not have exclusive control over the roster of potential arbitrators.

Analyst Remarks to Narrative:

ACEN's arbitration requirements are governed by its Policy #38, Binding Arbitration [Exhibit 029], which was adopted July 2020 and last revised March 2021 and only applies to an adverse action by the Board of Commissioners (BOC) that is upheld by an Appeals Committee. The policy states that each nursing program seeking initial or continued accreditation consents to the binding arbitration process as described in the policy.

20 U.S.C. § 1099b(e) only references initial arbitration. ACEN has chosen to adopt a policy of final and binding arbitration. This statutory provision is entitled "Initial Arbitration Rule" and requires that an institution "agrees to submit any dispute involving the final denial, withdrawal, or termination of accreditation to initial arbitration prior to any other legal action." Department staff believe that the statute precludes the agency from requiring an institution to agree to final and binding arbitration, rather than initial arbitration, since the statute leaves open the opportunity for an institution to pursue "other legal action." ACEN's requirement of binding arbitration, as stated in Policy #38, raises particular concern when considered along with other information included throughout ACEN's petition, especially in section 602.15, characterizing the arbitration panel as a decision-making body of the agency. If an
arbitration panel making a final and binding determination regarding an adverse action is effectively an agency decision-making body, it would be subject to the due process requirements of section 602.25 of the Criteria. As noted previously throughout section 602.15, arbitration is separate from the agency’s internal due process, and an arbitration panel should not be considered a decision-making body within the agency’s purview.

Policy #38 states that the agency maintains a roster of arbitrators who may be nominated by any governing organization/nursing program, whether accredited by ACEN or not, by the proposed arbitrator, or by ACEN staff. There is no limit to the number of arbitrators on the roster; however, ACEN endeavors to maintain at least 12 persons on the roster. Arbitrators cannot be current BOC or Appeal Committee members. Arbitrators consist of educators, clinicians, and the public. Section 2.b sets forth the specific qualifications each arbitrator must meet. All arbitrators on the roster are accepted or denied by the ACEN CEO whose decision is final. The ACEN CEO may also remove an arbitrator for good cause. Department staff find that the manner in which arbitrators are nominated and selected appears to create a conflict of interest. Because ACEN’s policy gives the ACEN CEO sole authority to approve the roster of arbitrators, thereby restricting the institution’s right to provide input on the composition of the roster, it gives the appearance of a process which is controlled to advance the sole interests of the agency.

The policy provides further detail on how to commence an arbitration proceeding, including the notice of deposit and payment of expenses. Arbitrators are selected from the list of eligible members on the arbitration roster. The CEO of the governing body and the ACEN CEO each select one arbitrator from the roster. Those two selected arbitrators then select a third arbitrator. Arbitrators cannot reside in the same state as the institution’s main campus, nor can they be in violation of the agency’s code of conduct or conflict of interest policies. The policy provides further details about the arbitration procedures, including standard of review, representation, location and manner of proceedings, confidentiality, applicable timelines, etc. ACEN notes that no program has pursued arbitration as of the time the agency submitted the petition (April 2021) and stated in a phone call on 2/17/22 that, as of that date, no program has pursued arbitration.

Policy #38 Arbitration was revised, making it clear that arbitrators are not a decision-making body included in the ACEN’s accreditation process. The revision clarifies that any dispute involving the final denial of initial or continuing accreditation is subject to initial arbitration, not binding arbitration. In addition, the selection of arbitrators in revised Policy #38 ensures that the ACEN does not have exclusive control over the roster of potential arbitrators [EXHIBIT 512].
Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency revised its Policy #38, which is now compliant with the requirements of this criterion. Specifically, the agency removed reference to “final” and “binding” arbitration and the policy now states “As a condition of seeking initial accreditation or continuing accreditation with the ACEN, each nursing program seeking initial accreditation and each nursing program seeking continuing accreditation consents to resolving disputes regarding a decision by the Appeal Committee in accordance with the arbitration procedures set forth in this Policy as required by 20 U.S.C. §1099b(e) and 34 C.F.R. §602.20(e).”

In addition, the agency states in its narrative and its policy reflects that arbitrators are not a decision-making body. For example, section 1.b refers to the arbitrator’s “recommendations” rather than “decisions.” This is also reflected in sections 5.m and 5.n. Lastly, the agency modified section 2 of its policy to make it clear that the ACEN CEO no longer has exclusive control over the roster of arbitrators. Specifically, the agency removed section 2.d, which previously gave the ACEN CEO exclusive authority to remove any arbitrator from the roster. Section 2.c was modified so that all volunteers will be added to the roster upon signing a self-attestation that the volunteer meets the qualifications to be an arbitrator as set forth in section 2.b of Policy #38.

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Criteria: 602.20(f-g)
Description of Criteria

(f) An agency is not responsible for enforcing requirements in 34 CFR 668.14, 668.15, 668.16, 668.41, or 668.46, but if, in the course of an agency's work, it identifies instances or potential instances of noncompliance with any of these requirements, it must notify the Department.

(g) The Secretary may not require an agency to take action against an institution or program that does not participate in any title IV, HEA or other Federal program as a result of a requirement specified in this part.

Narrative:
Standard 3 Students includes Criterion 3.6, which is applicable for all program types accredited by the ACEN, regardless of whether the ACEN is the Title IV-HEA gatekeeper. This Criterion evaluates compliance with the Higher Education Reauthorization Act Title IV eligibility and maintenance of certification requirements, including default rates and the results of financial or compliance audits.
There are 3 sub-Criteria for Criterion 3.6, which require a written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders (Criterion 3.6.1); students are informed of their ethical responsibilities regarding financial assistance (Criterion 3.6.2); and that financial aid records comply with the policies of the governing organization, state, and federal guidelines (Criterion 3.6.3).

Since these Criteria are part of the comprehensive review, any findings of non-compliance by the Board of Commissioners are subject to Policy #5 Notification of Commissions Decisions, which requires written notification to the U.S. Department of Education Secretary and U.S. Department of Education Case Management Teams within 30 calendar days of decision. [EXHIBIT 245] Additionally, the ACEN will submit to the U.S. Department of Education Secretary information regarding a program’s compliance with federal student aid program requirements if the Secretary requests such information or if the ACEN believes that the program is failing to meet its Title IV-HEA responsibilities or is involved in fraud and abuse with respect to its activities. If circumstances permit and to the extent feasible, prior to submission of information, the program will be provided an opportunity to comment on findings.

The ACEN is not responsible for enforcing requirements in 34 CFR 668.14, 668.15, 668.16, 668.41 or 668.46. However, if the ACEN identifies instances or potential instances of non-compliance, then the ACEN will notify the Department.

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must submit further narrative indicating whether it has had cause to notify the Department of non-compliance with parts 34 CFR 668 and supporting documentation, as applicable.

Analyst Remarks to Narrative:

The agency states in its narrative that it will notify the Department if it identifies instances of potential non-compliance with 34 CFR 668.14, 668.15, 668.16, 668.41 or 668.46. The agency further states that Standard 3, Students, of its Accreditation Manual contains criteria that address compliance with Title IV of the Higher Education Act, as amended. [Exhibit 097 in criterion 602.16(a)(1)(x)]. Any findings that are part of a comprehensive review of a program, including Standard 3 are subject to Policy # 5 [Exhibit 245]. Policy 5 requires, in part, that the agency notify the Department of any findings of non-compliance.
within 30 days. In addition, the agency notes it would submit to the Secretary of the U.S. Department of Education any information regarding Title IV compliance if the Secretary were to request such information. The agency did not state whether it has identified any instances of potential non-compliance with the listed regulations in 34 CFR 668 during the recognition period or provide supporting documentation demonstrating this information was reported to the Department, as applicable.

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Response:

The ACEN has not had cause to notify the Department of non-compliance with parts 34 CFR 668 during this recognition period. However, in the course of ACEN's work, if instances or potential instances of non-compliance with any of these requirements were identified, then the ACEN would act in accordance with 34 CFR 668 to notify the Department.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency states it has not had cause to notify the Department of non-compliance with parts 34 CFR 668 during the current recognition period and reasserts it would do so if any potential instances of non-compliance occurs in the future.

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Criteria: 602.21(a-b)
Description of Criteria

(a) The agency must maintain a comprehensive systematic program of review that involves all relevant constituencies and that demonstrates that its standards are
adequate to evaluate the quality of the education or training provided by the institutions and programs it accredits and relevant to the educational or training needs of students.

(b) The agency determines the specific procedures it follows in evaluating its standards, but the agency must ensure that its program of review--

(1) Is comprehensive;
(2) Occurs at regular, yet reasonable, intervals or on an ongoing basis;
(3) Examines each of the agency's standards and the standards as a whole; and
(4) Involves all of the agency's relevant constituencies in the review and affords them a meaningful opportunity to provide input into the review.

Narrative:
The ACEN maintains a comprehensive, systematic process of review that demonstrates that the Standards and Criteria are effective in evaluating the quality of the education provided by nursing programs and relevant to the educational needs of students. The process for the systematic review and revision of the Standards is outlined in Policy #24 Assessment of the Adequacy of Standards and Criteria, ACEN Process, and Practices, which governs the review of the Standards; aspects of review; reliability of processes; communication and broad consultation practices; planned use of data analysis; evaluation of the site visit; and Annual Report (AR). [EXHIBIT 235] One purpose of Policy #24 is to ensure that the Standards and Criteria are valid and reliable indicators of the quality of nursing education provided by a program and are relevant to the educational needs of students. A second purpose is to ensure that processes are reliable and assess knowledge and consistency of observations, applications, decisions, and perceptions. The final purpose is to ensure broad communications and consultations across constituencies. All 3 purposes underscore the emphasis on promulgating Standards and Criteria that are indicative of excellence and quality; relevant, valid, and reliable; and developed, maintained, and implemented with continuous multiparty communication among internal and external programs and other constituencies.

In accordance with Policy #24, programs submit an AR each year. [EXHIBIT 258] At a minimum, the program submits information related to program outcomes related to program completion rates, job placement rates, and licensure or certification examination pass rates. As members of a regulated practice discipline, graduates from prelicensure and advanced practice programs must take a licensure or certification examination to practice nursing at the level of education completed; therefore, the licensure or certification examination pass rates serve as a consistent and effective proxy metric of student learning and program quality and effectiveness. The annual Report to Constituents (RTC) is presented to the public as an aggregated overview of the work of the ACEN and the performance of the accredited programs. Internally, the ACEN uses the aggregate data to compare the licensure or certification examination pass rates from accredited programs to the national aggregate data for these examinations.

The licensure examination pass rate data from the 2019 RTC (Graph 13) confirmed that once again, accredited practical, diploma, and associate programs demonstrated higher levels of quality than non-accredited programs. [EXHIBIT 259] However, accredited prelicensure baccalaureate programs had a slightly lower or equivalent level of performance than non-accredited prelicensure baccalaureate programs. An analysis of data shows 5 prelicensure baccalaureate programs contributed to this slightly lower level of performance. Performing a sensitivity analysis wherein the 5 lowest-scoring programs
were hypothetically removed from the population of accredited programs shows that the aggregate score of accredited baccalaureate programs would then surpass the national average. The ACEN is using these aggregate data to further explore the performance of prelicensure baccalaureate graduates to identify additional patterns or trends in the data and to develop plans to provide support to prelicensure baccalaureate programs as they implement strategies to improve the licensure examination pass rate.

Similarly, the 2019 RTC, Table 13 demonstrates that the aggregate certification examination pass rates for graduates of clinical doctorate/DNP specialist certificate and master's/PMC programs on advanced certification examinations continues to be above the American Nurses Credentialing Center (ANCC) overall pass rate. [EXHIBIT 176] These data demonstrate that accredited programs are achieving expectations for student learning.

The ACEN continuously collects and analyzes data regarding the effectiveness and relevance of its Standards, and these data are used to form the basis for determining whether the Standards are reliable and valid indicators of high-quality nursing education. Data are routinely collected via several methods, including feedback from programs following an accreditation review; submission of ARs; feedback shared with Directors in day-to-day communication with programs and at forums and conferences; observations of the Directors, site visitors, Evaluation Review Panelists, and Commissioners relative to the application of the Standards; and comments received from external constituencies. The ACEN staff analyze the data received and report back to constituents through the RTC, local, and national presentations and article publications.

While the collection of data regarding the effectiveness and adequacy of the Standards occurs on a continuous basis, substantive review of the Standards typically occurs every 5 years, which is a reasonable interval for the review since the exhaustive process occurs over a timeframe of 12-14 months. The ACEN has a systematic multiphase review process that focuses on ensuring that the Standards remain appropriate for evaluating educational quality. The process utilized by the ACEN for the assessment and evaluation of its Standards leads to the improvement of the Standards; clarification of the variables that need to be examined in the evaluation of each Standard; and the addition of content consistent with best practices.

In 2012, the ACEN used this multiphase approach that included 6 subcommittees organized by program type (clinical doctorate, master's, baccalaureate, associate, diploma, and practical) and consisting of nurse educators and administrators from accredited programs and at least 1 representative of nursing clinical practice, for review and revisions of the Standards individually and as a whole. Each subcommittee was chaired by a member of the Board of Commissioners (BOC). Subcommittee members were selected based on their academic and experiential qualifications relative to the program type as well as their experience in application of the Standards, geographical location, and the characteristics of the program/institution they represented. The first drafts of the Standards were disseminated for review to constituents. Comments received from constituents were incorporated into second drafts of the Standards, which were also distributed to constituents. Based on these comments, the third and final draft of the Standards was approved by the BOC. Through the 3 phases of review, the ACEN ensured that communities of interest had the opportunity for input. All programs reviewed during calendar year 2013 had the choice to use the 2008 Standards or the 2013 Standards, and all programs were required to use the 2013 Standards effective January 1, 2014.

In Spring 2015, the ACEN analyzed compliance/noncompliance data on the 2013 Standards. Data were analyzed by program type and in aggregate (all program types). Data indicated the need to review the
Standards prior to the typical 5-year cycle, which aligns with §602.21; the BOC authorized the review in July 2015. Following a similar process to that used in 2012 and as outlined in Policy #24, the review transpired over Fall 2015 and Spring 2016, resulting in proposed changes to Standards 2, 4, and 6 and edits to Standards 1, 3, and 5. The BOC approved the proposed changes in July 2016. All programs reviewed during calendar year 2017 had the choice to use the 2013 Standards or the 2017 Standards and all programs were required to use the 2017 Standards effective January 1, 2018. [EXHIBIT 260]

The next planned comprehensive review will again use a similar process to that used for the 2013 and 2017 Standards. Planning for this comprehensive review will begin in Spring 2021 with an effective date of January 1, 2023 and all programs required to use the 2023 Standards by January 1, 2024.

The ACEN will continue to collect compliance/non-compliance data on 2017 Standards. [EXHIBIT 261] Data will be trended and analyzed; in addition, the ACEN will continue to seek input from constituents and take appropriate actions based on the analysis of data, as warranted.

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:

ACEN’s Policy #24 addresses its systematic review of standards [Exhibit 235]. The policy sets forth 3 goals for its systematic review of standards: “(1) the Standards and Criteria are valid and reliable indicators of the educational quality provided by accredited programs and are relevant to the educational needs of students; (2) ACEN processes are reliable and assess knowledge and consistency of observations, applications, decisions, and perceptions; and (3) there are broad communications and consultations across constituencies.” The policy further describes the process of review as: comprehensive; occurs at regular intervals; examines each standard and its accompanying criteria as a
whole; involves relevant constituencies in the review; affords relevant constituencies a meaningful opportunity to provide input into the review; and requires that needed changes be made promptly to improve ACEN’s effectiveness and efficiency and the consumer friendliness of ACEN products and services. ACEN continuously collects and analyzes data regarding the effectiveness of its Standards through several methods including feedback from programs after an accreditation review, observations of Directors and site visitors, Evaluation Review Panelists, and Commissioners relative to the application of the standards. In addition, ACEN conducts a full review of its standards every 5 years. The full review takes place over 12-14 months. ACEN notes in its narrative that it conducted a full review of its standards in 2012 with the new standards that went into effect on January 1, 2014. As part of its continuous analysis, it was determined in 2015 that the Standards needed to be reviewed prior to the 5 year cycle. This review and associated changes produced new Standards effective January 1, 2018; however, all programs reviewed during calendar year 2017 had the choice to use the 2013 Standards or the 2017 Standards. Lastly, the agency notes its next comprehensive review began in Spring 2021 with an anticipated target date for revised standards to come into effect on January 1, 2023.

To demonstrate compliance with this criterion the agency submitted redlined version of its most recent revision of standards as well as minutes of meetings where the new standards were reviewed and approved by the Board of Commissioners [Exhibit 260]. In addition, the agency provided narrative and supporting documentation of the compliance and outcome data it continuously analyzes for the possible need to revise its standards [Exhibits 258, 259, 261].

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.21(c-d)
Description of Criteria

(c) If the agency determines, at any point during its systematic program of review, that it needs to make changes to its standards, the agency must initiate action within 12 months to make the changes and must complete that action within a reasonable period of time.
(d) Before finalizing any changes to its standards, the agency must--
   (1) Provide notice to all of the agency's relevant constituencies, and other parties who have made their interest known to the agency, of the changes the agency proposes to make;
   (2) Give the constituencies and other interested parties adequate opportunity to comment on the proposed changes; and
(3) Take into account and be responsive to any comments on the proposed changes submitted timely by the relevant constituencies and other interested parties.

Narrative:
When the analysis of evaluation findings and ongoing review of the Standards and Criteria determine that changes are needed, the ACEN employs a systematic and time-limited process for review/revision. While the ACEN conducts regular comprehensive review at designated intervals, it is also responsive to periodic evidence demonstrating the need for revisions. Therefore, the revision process may be engaged as part of the regular comprehensive review, which occurs every 5 years, or in the period between regular reviews.

Policy #24 Assessment of the Adequacy of Standards and Criteria, ACEN Process, and Practices governs the review of the Standards and Criteria. Policy #23 Public Notice of Proposed New or Revised Standards and Criteria governs the inclusion of communities of interest. [EXHIBIT 262] Policy #24 directs the ACEN to promptly (within 12 months after determining the need for the change) make any changes deemed appropriate and necessary based on its assessment and review of evidence collected for this purpose. Consistent with Policy #24, the ACEN engaged in the review of the Standards and Criteria in 2007/08, 2012/13, and 2015/16. The first 2 reviews were the mandated 5-year interval; however, the last review was based on data that suggested the need to conduct a review earlier than 2017/18, as described previously. Data indicated the need to review the Standards, and in July 2015, the BOC authorized the review; in July 2016, the BOC approved the 2017 Standards and Criteria. [EXHIBIT 263]

The ACEN review process that led to the actual adoption process of the 2013 and 2017 Standards and Criteria is also discussed in 602.21(a)(b)(1-4). Phase I includes establishment of subcommittees representing members of all program types, development of a draft document, and distribution of the drafted document to communities of interest. The ACEN ensures that communities of interest, including students, faculty, administrators, clinicians, regulatory agencies, other accrediting agencies, employers, and the public at large, have the opportunity to review and comment on the drafts of the Standards. Phase II includes a review of the comments received from the communities of interest and development of a second draft that incorporates input from the communities of interest. Phase III consists of distribution of the second draft document to communities of interest, review of comments received, and preparation of the third and final draft. Phase IV consists of approval by the Board of Commissioners and distribution and implementation of the new Standards and Criteria.

The ACEN actively seeks input from various constituencies related to the appropriateness of the Standards and Criteria for assessing quality in nursing education, not only from representatives of accredited programs, but also from external sources, including but not limited to representatives from non-accredited programs; regulatory agencies overseeing nursing practice and education; employers of program graduates; current practitioners in nursing; other professionals who work with nurses in healthcare environments; representatives of academic entities providing advanced education to nurses; and members of the public. Per Policy #24, there is a minimum of 2 30-day periods for review and comment on the proposed changes. All comments submitted are reviewed for their relevance and appropriateness prior to formally adopting proposed changes. Only after all comments are reviewed and potentially incorporated are the Standards and Criteria presented to the BOC as final. During the development of the 2017 Standards and Criteria, 3,092 comments were made about the first draft and 2,457 comments were made about the second draft. The committees, BOC Committee on Accreditation Standards and Criteria, and the entire BOC reviewed these comments.
An example of a change made because of reviewing received comments is illustrated by the subcommittee considering comments made for the licensure examination pass rate Criterion. In the first draft, the proposed language for the licensure examination pass rate was, “The program’s three-year mean for the licensure exam pass rate will be at or above the national mean for the same three-year period.” The proposed change also included the opportunity to count first-time and repeat test-takers in the pass rate. Constituents expressed dissatisfaction with this Criterion and suggested changing the “three-year mean” to a percentage (preferably 80%) and to eliminate the inclusion of repeat test-takers. In the second draft, the proposed language for the licensure examination pass rate was “The program’s most recent annual licensure examination pass rate will be at least 80% for all first-time test-takers during the same 12-month period.” Constituents expressed satisfaction with this Criterion during the second public comment period. The 2017 Criterion for licensure examination pass rate is now, “The program’s most recent annual licensure examination pass rate will be at least 80% for all first-time test-takers during the same 12-month period.”

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide further narrative and documentation to substantiate the timelines present in its narrative but missing from its policies.

Analyst Remarks to Narrative:

Further to the discussion in section 602.21(a-b), ACEN provided narrative and supporting documentation demonstrating it initiates actions within 12 months to make identified changes to its standards and that it provides notice to all of the agency’s relevant constituencies and other interested parties, gives them adequate opportunity to comment on the proposed changes, and takes into account and is responsive to any comments on the proposed changes submitted timely by the relevant constituencies as well as other interested parties.
As noted in the previous section, the agency’s Policy #24 governs its process and procedure for revising its procedures. In addition, Policy #23 ensures the circulation of proposed revisions to the Standards and Criteria and the opportunity to comment from interested parties. [Exhibit 262]. The agency notes in its narrative that Policy #24 “directs the ACEN to promptly (within 12 months after determining the need for the change) make any changes deemed appropriate and necessary based on its assessment and review of evidence collected for this purpose.” However, it should be noted that the policy does not specify the 12-month timeline. Nevertheless, based on the supporting documentation and narrative submitted by the agency it appears that this timeline was met for recent revisions to its standards in 2012/13 and 2015/16.

For this criterion, ACEN described in more detail the four-phase process it used to revise its standards adopted in 2013 and 2017. Phase I established subcommittees representing all accredited program types who drafted proposed changes. That document was distributed to committees of interest including students, faculty, administrators, clinicians, regulatory agencies, other accrediting agencies, employers, and the public at large. Phase II consisted of a review of comments received from the communities of interest and development of a second draft. Phase III consisted of the second draft distributed to the same communities of interest for further comment, review of those comments and a third and final draft. Phase IV consisted of review and approval by the Board of Commissioners and distribution and implementation of the revised standards. The agency further notes that its two comments periods are 30 days, per Policy #24; however, Department staff note that Policy #24 does not specify the number of comment periods or the 30-day deadline. The agency states that during the development of its new Standards in 2017 it received 3,092 comments for the first draft and 2,457 for the second draft and that the comments were reviewed by the committees, Board of Commission Committee on Accreditation (BOC) Standards and Criteria, and the entire BOC.

The agency provided an example of a change made based on comments received from interested parties. The change was regarding proposed standards regarding licensure exam pass rates.

Lastly, for the virtual file review conducted during February 2022 the agency provided a full cycle of the Standard and Review process undertaken for the 2017 revisions [Exhibit 263], which includes its call for comments, comments received, analysis of comments and a side-by-side comparison of the 2013 and 2017 standards. The agency’s policies and supporting documentation demonstrate it undertakes a systematic review of and revision of its standards in accordance with the requirements of this section.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The ACEN initiates action within 12 months if a change to the Standards and Criteria is identified. Policy #24 was revised to explicitly state this practice. Additionally, the ACEN provides a 30-day comment period to the public for proposed changes to the Standards and Criteria, and Policy #24 was revised to explicitly state this practice [EXHIBIT 513].
In response to the draft analysis, the agency revised Policy #24 (effective July 2022). The policy now explicitly states ACEN will act within 12 months to make any changes to its standards identified during a systematic review. In addition, the agency's policy now states that it provides a 30-day comment period to the public for any proposed changes to the Standards and Criteria [Exhibit 513]. As noted in the draft analysis, the agency was already operating within these timelines; however, its policies needed updates to ensure compliance with this criterion.

Criteria: 602.22(a)(1)(i)
Description of Criteria

(a) (1) If the agency accredits institutions, it must maintain adequate substantive change policies that ensure that any substantive change, as defined in this section, after the agency has accredited or preaccredited the institution does not adversely affect the capacity of the institution to continue to meet the agency's standards. The agency meets this requirement if—

   (i) The agency requires the institution to obtain the agency's approval of the substantive change before the agency includes the change in the scope of accreditation or preaccreditation it previously granted to the institution; and

Narrative:
Policy #14 Reporting Substantive Changes is a comprehensive substantive change policy with an emphasis on high-impact, high-risk substantive changes that may be undertaken by the institution/nursing program, with which all accredited programs must comply. [EXHIBIT 086] A substantive change per the ACEN definition is a significant modification or expansion of the nature and scope of the program or nursing education. [EXHIBIT 264] The purpose of the substantive change policy
is to ensure the protection of students and maintain the program's compliance with the Standards.

A program may withdraw/discontinue a substantive change at any time prior to the final decision about the substantive change. [EXHIBIT 265] Once a program submits a substantive change and the review process has begun, any information included in the substantive change that indicates potential noncompliance with any of the Standards may lead to further review of the program, even if the program has elected to withdraw the substantive change.

Policy #14 clearly defines the types of substantive changes that must be reported, the timeframe for submission, whether a focused visit is required for the specific type of substantive change, the review procedure, and whether approval is required before implementing the substantive change. The ACEN reserves the right to classify other significant changes as substantive in nature and follow-up accordingly.

Per Policy #14, programs are expected to submit most substantive changes 4 months prior to the implementation of the change. There are 3 exceptions to this timeframe including those substantive changes that are unplanned, a change in nurse administrator (NA), or select substantive changes that do not require prior approval. For unplanned substantive changes, such as a decline in program outcomes (licensure/certification examination pass rate, program completion rate, job placement rate), the program is expected to notify the ACEN within 60 calendar days of the program identifying or receiving notification of the unplanned change. For a change in NA, the program is expected notify the ACEN within 30 calendar days after an interim or permanent NA assumes the role. For substantive changes that do not require prior approval, most require notification being sent before implementation. Policy #14 includes a table that clearly identifies the type of substantive change, whether prior approval or notification is required, the review procedure used by the ACEN (i.e., Procedure 1, 2, 3, or 4), whether a focused visit will be required or possible, and the timeframe for submission to the ACEN.

Substantive change submissions are reviewed on a timely basis. Every effort is made to complete the review and have a decision made within 90 calendar days of receipt of a materially complete request but no later than 180 calendar days. Further, the ACEN staff monitor submissions for high-risk and/or time-sensitive submissions, particularly for those in which the ACEN serves as the Title IV-HEA gatekeeper; high-risk and/or time-sensitive submissions are prioritized since these could potentially have the greatest impact on a program's continued compliance with the Standards and/or Title IV-HEA status. [EXHIBIT 266; 267]

The ACEN processes for review of substantive changes are categorized as Procedure 1, 2, 3, or 4. Briefly a Procedure 1 substantive change must be submitted 4 months before implementation, reviewed by staff, and is either approved/denied by the Board of Commissioners (BOC) or the Chief Executive Officer (CEO) as delegated by the BOC. [EXHIBIT 268] A Procedure 2 substantive change must be submitted prior to implementation, reviewed by staff, and accepted/not accepted by the CEO. [EXHIBIT 269] A Procedure 3 substantive change is specific to program and/or off-campus instructional site or branch campus closures and teach-out agreements or teach-out plans; Procedure 3 substantive change submissions are reviewed by staff and accepted/not accepted by the CEO. [EXHIBIT 270] Finally, Procedure 4 substantive change submissions are changes that require notification and these are reviewed by staff and accepted/not accepted by the CEO. [EXHIBIT 271] Any Procedure 2, 3, or 4 substantive change submission may be referred to the BOC for approval/denial.

The substantive change review process for Procedure 1 substantive changes is completed by the BOC or
CEO. A BOC Substantive Change Committee (SCC) is appointed each year. The SCC meets regularly to review and make recommendations about the approval/non-approval of the substantive change to the full BOC. Subsequently, the entire BOC completes its review and decides. If the CEO has delegated decision-making authority for the substantive change submission, she conducts her review and decides. [EXHIBIT 272] The SCC, BOC, and CEO follow all conflict of interest procedures per Policy #1 Code of Conduct and Conflict of Interest. [EXHIBIT 061]

Per Policy #5 Notification of Commission Decisions, once a decision for the substantive change submission has been made, the program receives a decision letter, constituents are notified within 30 calendar days, and the decision is posted on the ACEN website within 1 business day. [EXHIBITS 245; 273a, 273b]

The ACEN staff work diligently to ensure that all NAs are aware of their responsibility to submit substantive changes per Policy #14; however, occasionally, substantive changes are not reported as required. Therefore, questions about required substantive change submissions are included in the Annual Report. When it is identified that a needed substantive change was not submitted, staff contact the NA to submit the required information. Likewise, when a NA self-identifies that a substantive change was not submitted, staff work with the NA. The ACEN does not penalize a program for failing to submit; instead, it works collaboratively with the NA to ensure that the substantive change is reviewed in accordance with Policy #14. The ACEN does not retroactively approve any substantive changes. The effective date of a Procedure 1 substantive change is the date the decision was made, and this date will be noted in the decision letter. The effective date of Procedure 2, 3, or 4 substantive changes is the date of the decision letter. [EXHIBIT 274]

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The agency defines substantive change as “A significant modification or expansion of the nature and scope of a nursing program and/or nursing education unit.” [Exhibit 264]. Policy #14, Reporting Substantive Changes, found in Section II of ACEN’s Accreditation Manual sets forth the agency’s requirements regarding substantive change [Exhibit 086]. The policy applies to all ACEN accredited programs/institutions and contains a comprehensive set of guidelines and procedures regarding the types of substantive changes and the submission/review/approval process. Specific to this criterion, the agency requires most substantive changes to be reported to ACEN 4 months prior to implementation. The agency requires unplanned substantive changes, such as program outcomes, to be reported to the agency within 60 days of the program knowing about the change. The agency further protects students and the program’s compliance with ACEN’s standards by asking about substantive changes on the Annual Report, which was discussed in section 602.19(b). If the agency learns of any substantive changes not reported to ACEN the agency requires the program to submit the required information.

Policy #14 categorizes substantive changes into 4 types. Procedure 1 type changes require prior approval, are reviewed by agency staff, and are approved/denied by the Board of Commissioners (BOC), or the CEO as delegated by the BOC. Procedure 2 type changes require prior notification and are accepted/not accepted by the CEO. Procedure 3 and 4 type changes require notification and are reviewed by staff and accepted/not accepted by the CEO. These include changes such as closures, teach-out plans, and changes in status. The agency also notes that it convenes a substantive change committee each year to review substantive changes and make recommendations to the BOC who is responsible for reviewing and making any final decisions.

ACEN provided extensive documentation of the application of each type (procedure) of substantive change submission, review, and decision [Exhibits 265-274]. The exhibits demonstrate the agency reviewed and approved substantive changes as defined by the agency according to its Policy #14. The agency provided a list of all substantive change requests made during the recognition period (2017-2021) and the status of those requests [Exhibits 267] in the petition. The agency provided a list of all substantive change requests made since the petition was submitted (2021-2022) for the virtual file review conducted during February 2022. In addition, for the virtual file review the agency provided narrative and screenshots documenting how it tracks substantive change requests over time. The
agency utilizes a project management system, Jira, to intake, assign, track, and process substantive change requests.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.22(a)(1)(ii)(A-F)
Description of Criteria

(ii) The agency's definition of substantive change covers high-impact, high-risk changes, including at least the following:
   (A) Any substantial change in the established mission or objectives of the institution or its programs.
   (B) Any change in the legal status, form of control, or ownership of the institution.
   (C) The addition of programs that represent a significant departure from the existing offerings or educational programs, or method of delivery, from those that were offered or used when the agency last evaluated the institution.
   (D) The addition of graduate programs by an institution that previously offered only undergraduate programs or certificates.
   (E) A change in the way an institution measures student progress, including whether the institution measures progress in clock hours or credit-hours, semesters, trimesters, or quarters, or uses time-based or non-time-based methods.
   (F) A substantial increase in the number of clock hours or credit hours awarded, or an increase in the level of credential awarded, for successful completion of one or more programs.

Narrative:
Policy #14 Reporting Substantive Changes is a comprehensive substantive change policy with an emphasis on high-impact, high-risk substantive changes that may be undertaken by the institution/nursing program, with which all accredited programs must comply. [EXHIBIT 086] As described in 602.22(a)(1)(i), the ACEN processes for review of substantive changes are categorized as Procedure 1, 2, 3, or 4. The substantive changes noted in 602.22(a)(1)(ii)(A-F) are categorized as needing to follow Procedure 1 and must be submitted 4 months before implementation, reviewed by staff, and either approved/denied by the Board of Commissioners (BOC) or the Chief Executive Officer (CEO) as delegated by the BOC.
Per Policy #14,

1. Any substantial change in the established mission or objectives of the institution or its programs, not including updates/revisions in the mission statement, must be reported and a focused visit is required for programs when the ACEN is the Title IV-HEA gatekeeper and may be required for programs when the ACEN is not the Title IV-HEA gatekeeper. The BOC has not delegated authority to approve/disapprove this type of substantive change to the CEO.

2. A change in ownership, legal status, or form of control of the institution must be reported and a focused visit is required for programs when the ACEN is the Title IV-HEA gatekeeper and may be required for programs when the ACEN is not the Title IV-HEA gatekeeper. [EXHIBIT 275] The BOC has not delegated authority to approve/disapprove this type of substantive change to the CEO.

3. The ACEN identified the following substantive changes as representative of significant departures from the existing programs or method of delivery that were offered or used when the ACEN last reviewed the program:
   • 50% or greater of the nursing credit/quarter/clock hours that represents a significant departure in the nursing content from the currently accepted/approved nursing courses required for completion of a program;
   • 50% to 100% of the number of nursing credit/quarter/clock hours via distance education; and
   • 50% or more of the existing nursing courses to form the new program option.
A focused visit may be required for programs regardless of the agency that serves as the Title IV-HEA gatekeeper. [EXHIBIT 276] The BOC has delegated authority to approve/disapprove this type of substantive change to the CEO.

4. Changing the way an institution or program measures academic progress toward program completion, in clock hours, credit hours, semesters, trimesters, or quarters; or uses time-based or non-time-based methods. A focused visit may be required for programs regardless of the agency that serves as the Title IV-HEA gatekeeper. [EXHIBIT 277] The BOC has delegated authority to approve/disapprove this type of substantive change to the CEO.

5. Curriculum revisions involving an increase or decrease of 20% or greater of the total credit/quarter/clock hours for the program of study from the currently accredited program of study meets the ACEN threshold a substantial increase in the number of clock hours or credit hours awarded for completion of a program. A focused visit may be required for programs regardless of the agency that serves as the Title IV-HEA gatekeeper. [EXHIBIT 277] The BOC has delegated authority to approve/disapprove this type of substantive change to the CEO.

The ACEN serves as the institutional accrediting agency/Title IV-HEA Gatekeeper for some practical nursing programs located in public K–12 post-secondary adult education settings and hospital-based programs eligible to participate in financial aid programs administered by the USDE. [EXHIBIT 153] There are no examples for adding a graduate program by an institution that previously offered only undergraduate programs or certificates and this scenario is highly unlikely occur when the ACEN serves as the institutional accrediting agency. If an institution were to add a graduate program that previously offered only undergraduate programs or certificates, this approval would be made by the institutional accrediting agency (e.g., HLC, SACSCOC, ABHES), not the ACEN.

Document(s) for this Section

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Does not meet the requirements of this section

Staff Determination:

The agency must submit the full cycle of review for Western Wyoming Community College for its substantive change request related to a change in its established mission received 1/17/19.

Analyst Remarks to Narrative:

ACEN's Policy #14 contains the agency's policy and procedures as it relates to substantive change [Exhibit 086]. ACEN's definition of substantive change covers high-impact, high-risk changes, including each of the types of changes covered by this criterion. As discussed in the previous criterion, ACEN categorizes substantive changes into 4 categories, each with different procedures. Any substantive change described in 602.22(a)(1)(ii)(A-F) falls under procedure 1 and therefore must be reported to ACEN 4 months prior to implementation, reviewed by staff and approved by the Board of Commissioners (BOC) or ACEN CEO if delegated that task by the BOC.

ACEN submitted several examples of the submission, review, and decision for each type of substantive change covered by this criterion [Exhibits 275-277], except for the type covered by 602.22(a)(1)(ii)(A). According to the list of substantive changes submitted for section 602.22(a)(1)(i)(a) [Exhibit 267] there appears to be at least one institution that submitted a substantive change request related to its change in established mission; however, Department staff could not locate that example in the supporting documents. Lastly, the agency notes in its narrative that there are no examples of a program adding a graduate program that previously offered only undergraduate programs or certificates.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Response:

The understanding of the Exhibit’s information was imprecise; Western Wyoming Community College (WWWC) did not change its established mission; instead, it was the mission statement that was revised. Also, the Higher Learning Commission (HLC) is the institutional accreditor/Title IV gatekeeper for WWWC, not the ACEN. Therefore, any substantive change related to the established mission would be the responsibility of HLC.

The nurse administrator at WWWC contacted an ACEN staff member via telephone regarding changes to the mission statement (not the institutional mission). The nurse administrator sent the proposed changes to the ACEN staff for review. Upon review, it was determined that the changes were solely to the mission statement and not to the established mission of the governing organization. Based on the information provided by WWWC, the changes were not considered substantive in accordance with Policy #14 Reporting Substantive Changes [EXHIBIT 514].

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency clarified that Western Wyoming Community College (WWWC) did not submit a substantive change request to change its established mission. The agency’s response and supporting documentation demonstrates that WWWC simply modified its “mission statement,” which was reviewed by ACEN staff and determined not to rise to the level of substantive change under its Policy #14 [Exhibit 514]. As noted in the draft analysis, the agency was found compliant in all other areas of this criterion.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.22(a)(1)(ii)(G-H)
Description of Criteria

(G) The acquisition of any other institution or any program or location of another institution.
The addition of a permanent location at a site at which the institution is conducting a teach-out for students of another institution that has ceased operating before all students have completed their program of study.

Narrative:
Policy #14 Reporting Substantive Changes is a comprehensive substantive change policy with an emphasis on high-impact, high-risk substantive changes that may be undertaken by the institution/nursing program, with which all accredited programs must comply. [EXHIBIT 086] As described in 602.22(a)(1)(i), the ACEN processes for review of substantive changes are categorized as Procedure 1, 2, 3, or 4. The substantive changes noted in 602.22(a)(1)(ii)(G-H) are categorized as needing to follow Procedure 1 and must be submitted 4 months before implementation, reviewed by staff, and either approved/denied by the Board of Commissioners (BOC) or the Chief Executive Officer (CEO) as delegated by the BOC.

Per Policy #14,

1. The acquisition of any other institution or any program or location of another institution must be reported, and a focused visit may be required for programs regardless of the agency that serves as the Title IV-HEA gatekeeper. [EXHIBIT 278]
2. The addition of a permanent location at a site at which the institution is conducting a teach-out for students of another institution that has ceased operating before all students have completed their program of study. A focused visit is required for programs when the ACEN is the Title IV-HEA gatekeeper and may be required for programs when the ACEN is not the Title IV-HEA gatekeeper.

The BOC has not delegated authority to approve/disapprove either type of substantive change to the CEO.

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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide further narrative and supporting documentation demonstrating its review and approval of a substantive change request made under 602.22(a)(1)(ii)(H), as applicable.
Analyst Remarks to Narrative:

ACEN’s Policy #14 contains the agency’s policy and procedures as it relates to substantive change [Exhibit 086]. ACEN’s definition of substantive change covers high-impact, high-risk changes, including each of the types of changes covered by this criterion. As discussed in the previous criterion, ACEN categorizes substantive changes into 4 categories, each with different procedures. Any substantive change described in 602.22(a)(1)(ii)(G-H) falls under procedure 1 and therefore must be reported to ACEN 4 months prior to implementation, reviewed by staff and approved by the Board of Commissioners (BOC) or ACEN CEO if delegated that task by the BOC. The agency notes that the approval for substantive change requests made under this criterion has not been delegated to the CEO for approval and therefore must be approved by the BOC.

The agency submitted an example of the submission, review, and approval by the BOC for a substantive change that involved the acquisition of a nursing program from another organization [Exhibit 278]. The supporting documentation demonstrates ACEN processed the substantive change according to its Policy #14. The agency did not submit or comment if it had any substantive change requests made under 602.22(a)(1)(ii)(H).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:
There are no examples during this recognition period of a substantive change request made under 602.22(a)(1)(ii)(H) – the addition of a permanent location at a site at which the institution is conducting a teach-out for students of another institution that has ceased operating before all students have completed their program of study. However, for governing organizations for which ACEN serves as the institutional accreditor/Title IV gatekeeper, if there were an addition of a permanent location at a site at which the institution is conducting a teach-out for students of another institution that has ceased operating before all students have completed their program of study, then the ACEN would act in accordance with the requirements in 602.22(a)(1)(ii)(G-H).

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency confirms it has no examples that fall under 34 CFR 602.22(a)(1)(ii)(H) during the current recognition period. As previously noted, the agency’s substantive change policy and the example that falls under 34 CFR 602.22(a)(1)(ii)(G) are compliant with this criterion.
(I) The addition of a new location or branch campus, except as provided in paragraph (c) of this section. The agency's review must include assessment of the institution's fiscal and administrative capability to operate the location or branch campus, the regular evaluation of locations, and verification of the following:

1. Academic control is clearly identified by the institution.
2. The institution has adequate faculty, facilities, resources, and academic and student support systems in place.
3. The institution is financially stable.
4. The institution had engaged in long-range planning for expansion.

Narrative:
Policy #14 Reporting Substantive Changes is a comprehensive substantive change policy with an emphasis on high-impact, high-risk substantive changes that may be undertaken by the institution/nursing program, with which all accredited programs must comply. [EXHIBIT 086] As described in 602.22(a)(1)(i), the ACEN processes for review of substantive changes are categorized as Procedure 1, 2, 3, or 4. The substantive change noted in 602.22(a)(1)(ii)(I) is categorized as needing to follow Procedure 1 and must be submitted 4 months before implementation, reviewed by staff, and either approved/denied by the Board of Commissioners (BOC) or the Chief Executive Officer (CEO) as delegated by the BOC.

Per the Glossary, locations are sites where a program is delivered, in whole or part, including the main location, an off-campus instructional site (OCIS), and a branch campus (BC). [EXHIBIT 279] Per Policy #14, the addition of every new OCIS or BC must be reported.

The review of OCIS and BCs includes assessment of the:

- institution's fiscal and administrative capability to operate the location;
- institution's financial stability;
- clear identification of academic control;
- adequacy of faculty, facilities, resources and academic and student support systems; and
- consideration to long-range planning for expansion. [EXHIBIT 280]
Consistent with 602.22(c) and Policy #14, when a new OCIS where students can obtain 50% or more of the number of nursing credit/quarter/clock hours required for completion of a program is established, a focused visit is required for the first 2 OCISs. If the program has successfully completed at least 1 cycle of continuing accreditation and is not currently or within the last 3 academic years, on continuing accreditation with warning, or continuing accreditation for good cause; or is under a provisional certification as provided in 668.1, prior approval of the OCIS is not required; however, regardless of how many OCISs are used by the institution/nursing program all OCISs must be reported within 30 calendar days of the implementation of the new OCIS. The establishment of a BC at which a program is offered must be reported per Policy #14. A focused visit is required for programs when the ACEN serves as the Title IV-HEA gatekeeper. A focused visit is possible when the ACEN does not serve as the Title IV-HEA gatekeeper. The BOC has not delegated authority to approve/disapprove either type of substantive change to the CEO.

As part of the initial or continuing accreditation process, peer evaluators assess the program’s compliance with all Standards and write a Site Visit Report (SVR) in which they document their findings regarding the program’s compliance. The SVR template has a variety of prompts and reminders reminding peer evaluators of the need to verify various information related to OCISs and BCs such as sufficiency of and access to support services, resources (human, fiscal, physical, and learning) and the achievement of the end-of-program student learning outcomes and program outcomes by students enrolled at all locations. In addition, the peer evaluators visit OCIS and BC as described in 602.22(f)(1)(i-ii). [EXHIBITS 082; 097; 281; 282; 283]

The ACEN may, at its discretion, conduct a focused visit to any OCIS or BC at the time the institution/nursing program reports the implementation of the OCIS or BC for any program or the ACEN becomes aware of the use of a location for any program. In deciding about the need for a focused visit, the ACEN considers whether the institution/nursing program has previously demonstrated a record of effective oversight of any program at an OCIS or BC.

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide further narrative and documentation on how its standards and policies require the verification of academic control and documentation that demonstrates ACEN verifies academic control.

Analyst Remarks to Narrative:

ACEN’s Policy #14 requires the addition of new locations and branch campuses be reported, reviewed, and approved/disapproved under Procedure 1, which requires review and approval by the Board of Commissioners or CEO prior to implementation and is consistent with the exception found at 602.22(c) [Exhibit 086]. Policy #14 also requires a review of the institution’s fiscal and administrative capability to operate the location or branch campus, the regular evaluation of locations, and verification of most of the elements listed at 602.22(a)(1)(ii)(I)(1-4) as evidenced by the two examples in Exhibit 280. However, it is not clear from a review of the agency’s standards, Policy #14, or the included substantive change request how ACEN verifies academic control. Department staff did not find academic control addressed in the agency’s policies and standards. The example substantive change request submitted as supporting documentation included a statement from the program that the additional location remains under the academic control of the institution; however, it is not clear how ACEN verifies this information. The answer given by the program was in response to a question that asks “Provide a description of the additional location, including address and ownership of property.” [Exhibit 280]

The agency also submitted several examples of site visit reports to demonstrate that it reviews additional locations and branch campuses as part of the initial or continuing accreditation process [Exhibits 082; 097; 281; 282; 283]. As discussed in section 602.22(a)(1)(i), the agency provided a list of all substantive change requests, including additional locations submitted during the recognition period. For the virtual file review conducted during February 2022 the agency submitted an updated list to include substantive change requests, including additional locations for 2021-2022.
The ACEN ensures and verifies that the nurse administrator and nursing faculty have academic control through its definitions of these roles and through the evaluation of select Standards/Criteria during a focused visit for a substantive change. As defined by the ACEN, the nurse administrator has the authority and is responsible for administrative and instructional activities of the nursing program, while faculty are responsible and accountable for teaching and evaluating students [EXHIBIT 515]. These definitions encapsulate the key concepts of academic control.

Also, concepts of academic control are also embedded within the following Criteria: 1.2, 1.8, 4.3, and 5.3 [EXHIBIT 516].

1. Compliance with Criterion 1.2 ensures that the nurse administrator and nursing faculty participate in governance activities within the governing organization and nursing education unit.

2. Compliance with Criterion 1.8 ensures that the nurse administrator has authority and responsibility for development and administration of the program.

3. Compliance with Criterion 4.3 ensures that the curriculum is developed by and regularly reviewed by faculty.

4. Compliance with Criterion 5.3 ensures that faculty are involved in decision-making regarding learning resources and technology used within the program.

During this recognition period, there is one example verifying and documenting academic control for a governing organization for which ACEN serves as the institutional accreditor/Title IV gatekeeper [EXHIBIT 517]. Note, Criterion 4.3 was added in June 2022 to the criteria reviewed for this type of focused visit and is therefore not part of the Focused Site Visit Report in this exhibit [EXHIBIT 518].

In response to the draft analysis, the agency clarifies how it verifies academic control as part of its review of additional locations. The agency notes that academic control is embedded within several criteria found in its Accreditation Manual [Exhibit 516]. The criteria require the nurse administrators and faculty to participate in governing activities within the governing organization and education unit (a unit
within a governing organization that offers one (1) or more nursing programs; develop, deliver, and regularly review the curriculum and program; and be involved in decisions related to learning resources and technology used within the program. In addition, ACEN defines nurse administrator and nursing faculty as being responsible for the administrative and instructional activities of the nursing program and teaching and evaluation students, respectively [Exhibit 515]. The agency notes that there was one example of verifying academic control as part of a site visit prompted by an institution adding a branch campus [Exhibit 517]. The site visit report demonstrates that the agency reviewed the appropriate criteria related to academic control except for criterion 4.3, which the agency notes was recently added to its focused visit reports [Exhibit 518].

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.22(a)(1)(ii)(J-K)
Description of Criteria

(J) Entering into a written arrangement under 34 CFR 668.5 under which an institution or organization not certified to participate in the title IV, HEA programs offers more than 25 and up to 50 percent of one or more of the accredited institution’s educational programs.
(K) Addition of each direct assessment program.

Narrative:
Policy #14 Reporting Substantive Changes is a comprehensive substantive change policy with an emphasis on high-impact, high-risk substantive changes that may be undertaken by the institution/nursing program, with which all accredited programs must comply. [EXHIBIT 086] As described in 602.22(a)(1)(i), the ACEN processes for review of substantive changes are categorized as Procedure 1, 2, 3, or 4. The substantive changes noted in 602.22(a)(1)(ii)(G-H) are categorized as needing to follow Procedure 1 and must be submitted 4 months before implementation, reviewed by staff, and either approved/denied by the Board of Commissioners (BOC) or the Chief Executive Officer (CEO) as delegated by the BOC.

Per Policy #14, entering a relationship under 668.5 under which an entity not certified to participate in Title IV-HEA program offers 25% of more of the clock hours of credit hours required for completion of a nursing program must be reported, and a focused visit may be required for programs regardless of the agency that serves as the Title IV-HEA gatekeeper.

The ACEN does not accredit direct assessment programs.
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**Staff Determination:**

The agency must update its policy to include the “up to 50%” language in the regulation. In addition, the agency must submit supporting documentation demonstrating its application of its review of substantive change applications under this criterion, as applicable.

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**Analyst Remarks to Narrative:**

ACEN’s Policy #14 requires that an accredited program entering a relationship under 34 CFR 668.5 under which an entity not certified to participate in Title IV, HEA offers 25% or more of the clock hours or credit hours required for completion of a nursing program be reported 4 months prior to implementation and reviewed and approved by ACEN’s CEO. Department staff note that this policy does not have the cap of “up to 50%” as required by this criterion and 34 CFR 668.5. In addition, the agency did not indicate if it has received and reviewed any substantive change requests under this criterion.

ACEN does not accredit direct assessment programs.

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**Response:**

The ACEN updated Policy #14 Reporting Substantive Changes to include the “up to 50%” language [EXHIBIT 519].

A review of ACEN records did not identify a substantive change during this recognition period for any governing organizations for which the ACEN serves as the institutional accreditor/Title IV gatekeeper that entered into a relationship under 34 CFR 668.5 with an entity not certified to participate in Title IV,
HEA. However, for governing organizations for which ACEN serves as the institutional accreditor/Title IV gatekeeper, should a governing organization enter into a relationship under 34 CFR 668.5 with an entity not certified to participate in Title IV, HEA, then the ACEN would act in accordance with the requirements in 602.22(a)(1)(ii)(J-K).

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency updated its Policy #14 to include the missing “up to 50%” language [Exhibit 519]. In addition, the agency states it did not approve any substantive change requests under this criterion during the current recognition period.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.22(a)(2)(i-ii)
Description of Criteria

(2)

(i) For substantive changes under only paragraph (a)(1)(ii)(C), (E), (F), (H), or (J) of this section, the agency’s decision-making body may designate agency senior staff to approve or disapprove the request in a timely, fair, and equitable manner; and

(ii) In the case of a request under paragraph (a)(1)(ii)(J) of this section, the agency must make a final decision within 90 days of receipt of a materially complete request, unless the agency or its staff determine significant circumstances related to the substantive change require a review by the agency’s decision-making body to occur within 180 days.

Narrative:
Policy #14 Reporting Substantive Changes is a comprehensive substantive change policy with an emphasis on high-impact, high-risk substantive changes that may be undertaken by the institution/nursing program, with which all accredited programs must comply. [EXHIBIT 086] A substantive change per the ACEN is a significant modification or expansion of the nature and scope of
the program or nursing education. [EXHIBIT 264] The purpose of the substantive change policy is to ensure the protection of students and maintain the program’s compliance with the Standards.

The ACEN processes for review of substantive changes are categorized as Procedure 1, 2, 3, or 4. Briefly, a Procedure 1 substantive change must be submitted 4 months before implementation, reviewed by staff, and either approved/denied by the Board of Commissioners (BOC) or the Chief Executive Officer (CEO) as delegated by the BOC. [EXHIBIT 268] A Procedure 2 substantive change must be submitted prior to implementation, reviewed by staff, and accepted/not accepted by the CEO. [EXHIBIT 269] A Procedure 3 substantive change is specific to program and/or off-campus instructional site or branch campus closures and teach-out agreements or teach-out plans; Procedure 3 substantive change submissions are reviewed by staff and accepted/not accepted by the CEO. [EXHIBIT 270] Finally, Procedure 4 substantive change submissions are changes that require notification and these are reviewed by staff and accepted/not accepted by the CEO. [EXHIBIT 271] Any Procedure 2, 3, or 4 substantive change submission may be referred to the BOC for approval/denial.

Per Policy #14, the BOC has delegated to the CEO the responsibility and authority to approve or disapprove the following Procedure 1 substantive changes:

- Changing the way a governing organization or program measures academic progress toward program completion, in clock hours, credit hours, semesters, trimesters or quarters; or uses time-based or non-time-based methods
- An increase, decrease, or substitution of 50% or greater of the nursing credit/quarter/clock hours that represents a significant departure in the nursing content from the currently accepted/approved nursing courses required for completion of a program
- Curriculum revisions involving an increase or decrease of 20% or greater of the total credit/quarter/clock hours for the program of study from the currently accredited program of study
- Adding a program option within a program by deleting and/or substituting 50% or more of the existing nursing courses to form the new program option
- Entering a relationship under 34 CFR 668.5 which an entity not certified to participate in Title IV-HEA offers 25% or more of the clock hours or credit hours required for completion of a program

Substantive change submissions are reviewed on a timely basis. Every effort is made to complete the review and have a decision made within 90 calendar days of receipt of a materially complete request but no later than 180 calendar days. Further, the ACEN staff monitor submissions for high-risk and/or time-sensitive submissions, particularly for those in which the ACEN serves as the Title IV-HEA gatekeeper; high-risk and/or time sensitive submissions are prioritized since these could potentially have the greatest impact on a program’s continued compliance with the Standards and/or Title IV-HEA status. [EXHIBITS 266; 267]

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Staff Determination:

The agency should update its Policy #14 to reflect the correct regulatory citation under “Policy Statements Regarding Substantive Change” so that it states 34 CFR 602.22(a)(2)(i). Further, the agency must provide further narrative and supporting documentation demonstrating it makes final decisions for requests made under paragraph (a)(1)(ii)(i) of this section within 90 days of receipt of a materially complete request, unless the agency or its staff determine significant circumstances related to the substantive change require a review by the agency's decision-making body to occur within 180 days.

Analyst Remarks to Narrative:

ACEN’s policy #14 states in section 1 under “Policy Statements Regarding Substantive Change” that “the Chief Executive Officer may approve or deny the Procedure 1 substantive changes as delegated by the Board of Commissioners to the Chief Executive Officer per 34 CFR 602.22(a)(3)(i).” Department staff notes that the correct regulatory citation is 34 CFR 602.22(a)(2)(i). Nevertheless, ACEN’s Policy #14 is in compliance with this criterion as it limits the Board of Commission’s authority to delegate to ACEN’s CEO the ability to approve or deny substantive changes to the types of changes listed in this section.

ACEN submitted several examples of its review and decisions for substantive changes organized by the agency’s procedure type [Exhibits 268-271]. The examples demonstrate proper delegation for approval or denial according to the requirements of this section and ACEN’s Policy #14.

The agency also provided a list of substantive change requests made by institutions and the status of...
those requests during the current recognition period [Exhibit 267]. Department staff note that the report lists contractual/consortia substantive changes for 6 institutions. Based on the receipt date column and the update/status columns it appears 1 of those was processed within 90 days and 2 were processed within 180 days; however, the remaining four took longer than 180 days (range 7 to 11 months).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

Policy #14 was updated to correct regulatory citation under “Policy Statements Regarding Substantive Change” so that it states 34 CFR 602.22(a)(2)(i) [EXHIBIT 519].

There were seven substantive change submissions in Exhibit 267 related to contractual/consortia agreements [EXHIBIT 520]. However, for six of the seven submissions, ACEN is not the institutional accreditor/Title IV gatekeeper (Nassau, Cloud County, Chesapeake, Indiana Northwest [2 submissions], Indiana East). Therefore, during this recognition period, there was only one submission for a governing organization for which the ACEN serves as the institutional accreditor/Title IV gatekeeper (Pomeroy). Once the submission was materially complete, the substantive change was handled within the required timeframe.

Of note, in Exhibit 267, the date the submission is listed as “done” when the case was closed in ACEN’s internal tracking system; however, the Board of Commissioners’ decision date is reflected in the date of the decision letter sent to the program.

1. SUB-9 Pomeroy College of Nursing at Crouse Hospital: 13 calendar days; received 1/10/2019, completed 1/23/19 [EXHIBIT 521].

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency revised its Policy #14 to reflect the correct regulatory citation [Exhibit 519]. In addition, the agency notes that it received only one substantive change request from an institution under 34 CFR 602.22(a)(1)(ii)(J) during the current recognition period. The other requests were for programs, which are outside the scope of 34 602.22(a)(1)(i), which applies to institutions the agency accredits. The agency provided supporting documentation that demonstrates the agency made a final decision in accordance with the timelines present in 602.22(a)(2)(ii) [Exhibit 521].
addition, the agency clarified that the status “done” in Exhibit 267 does not reflect the final decision date; rather, it reflects when the request was closed out in the agency's tracking system. The timely decision date is reflected in the decision letter [Exhibit 521].

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.22(b)
Description of Criteria

(b) Institutions that have been placed on probation or equivalent status, have been subject to negative action by the agency over the prior three academic years, or are under a provisional certification, as provided in 34 CFR 668.13, must receive prior approval for the following additional changes (all other institutions must report these changes within 30 days to their accrediting agency):

(1) A change in an existing program’s method of delivery.

(2) An aggregate change of 25 percent or more of the clock hours, credit hours, or content of a program since the agency's most recent accreditation review.

(3) The development of customized pathways or abbreviated or modified courses or programs to—
   (i) Accommodate and recognize a student's existing knowledge, such as knowledge attained through employment or military service; and
   (ii) Close competency gaps between demonstrated prior knowledge or competency and the full requirements of a particular course or program.

(4) Entering into a written arrangement under 34 CFR 668.5 under which an institution or organization not certified to participate in the title IV, HEA programs offers up to 25 percent of one or more of the accredited institution's educational programs.

Narrative:
Policy #14 Reporting Substantive Changes is a comprehensive substantive change policy with an emphasis on high-impact, high-risk substantive changes that may be undertaken by the institution/nursing program, with which all accredited programs must comply. [EXHIBIT 086]. As described in 602.22(a)(1)(i), the ACEN processes for review of substantive changes are categorized as Procedure 1, 2, 3, or 4.

Per the Glossary, methods of delivery are the methods used by faculty to deliver instruction of a nursing course, which include traditional education, distance education and hybrid education. [EXHIBIT 284] Per Policy #14, offering 50%–100% of the number of credit/quarter/clock hours via distance education is a
Procedure 1 substantive change and must be submitted to the ACEN for approval prior to implementation. [EXHIBIT 285] Offering 25%–49% of the number of nursing credit/quarter/clock hours via distance education is a Procedure 2 substantive change, and approval is not required prior to implementation. [EXHIBIT 286] When the ACEN is the Title IV-HEA gatekeeper for a program that is currently on continuing accreditation with warning or for good cause, was placed on continuing accreditation with warning or for good cause over the prior 3 academic years, or the institution/nursing program is under a provisional certification as provided in 34 CFR 668.13, a Procedure 2 change in the program’s method of delivery must be approved prior to implementation.

Per Policy #14, an increase, decrease, or substitution of 50% or greater of the nursing credit/quarter/clock hours that represents a significant departure in the nursing content from the currently accepted/approved nursing courses required for completion of a program is a Procedure 1 substantive change and must be approved prior to implementation. [EXHIBIT 287] An increase, decrease, or substitution of 25%–49% of the nursing credit/quarter/clock hours that represents a significant departure in the nursing content from the currently accepted/approved nursing courses required for completion of a program is a Procedure 2 substantive change and approval is not required prior to implementation. [EXHIBIT 288] When the ACEN is the Title IV-HEA gatekeeper for a program that is currently on continuing accreditation with warning or for good cause, was placed on continuing accreditation with warning or for good cause over the prior 3 academic years or the institution/nursing program is under a provisional certification as provided in 34 CFR 668.13, a Procedure 2 change in the program’s curriculum must be approved prior to implementation.

In nursing education, students’ existing knowledge is recognized through the development of program options. For example, a program may determine that it can offer a program option that awards students credit hours for prior learning and/or experience, such as students with experience as a medic, paramedic, or practical nurse, if a program wants to offer a program option, doing so must be consistent with the policies of the institution and State regulatory agencies. Per Policy #14, adding a program option by deleting and/or substituting 50% of more of the existing nursing courses to form the new program option is a Procedure 1 substantive change and must be approved prior to implementation. [EXHIBIT 289] Adding a program option by deleting and/or substituting 1–49% of the existing nursing courses to form the new program option is a Procedure 2 substantive change and approval is not required prior to implementation. When the ACEN is the Title IV-HEA gatekeeper for a program that is currently on continuing accreditation with warning or for good cause, was placed on continuing accreditation with warning or for good cause over the prior 3 academic years, or the institution/nursing program is under a provisional certification as provided in 34 CFR 668.13, a Procedure 2 adding a program option must be approved prior to implementation.

Per Policy #14, entering a relationship under 34 CFR 668.5 in which an entity not certified to participate in Title IV-HEA offers 25% or more of the clock hours for completion of a program is a Procedure 1 substantive change and must be approved prior to implementation.
ACEN’s Policy #14 states that when ACEN is the Title IV gatekeeper and a nursing program/institution submits a substantive change request covered by this criterion that would not normally require prior approval that prior approval will be required under Procedure 1 if the institution/program has been placed on probation or equivalent status, has been subject to negative action by the agency over the prior three academic years, or is under a provisional certification, as provided in 34 CFR 668.13 [Exhibit 086]. The agency provided several examples documenting this procedure [Exhibits 285-289].
provisional certification, as provided in 34 CFR 668.13, need not apply for agency approval of subsequent additions of locations, and must report these changes to the accrediting agency within 30 days, if the institution has met criteria established by the agency indicating sufficient capacity to add additional locations without individual prior approvals, including, at a minimum, satisfactory evidence of a system to ensure quality across a distributed enterprise that includes—

(1) Clearly identified academic control;
(2) Regular evaluation of the locations;
(3) Adequate faculty, facilities, resources, and academic and student support systems;
(4) Financial stability; and
(5) Long-range planning for expansion.

(d) The agency must have an effective mechanism for conducting, at reasonable intervals, visits to a representative sample of additional locations approved under paragraphs (a)(1)(ii)(H) and (I) of this section.

Narrative:
Policy #14 Reporting Substantive Changes is a comprehensive substantive change policy with an emphasis on high-impact, high-risk substantive changes that may be undertaken by the institution/nursing program, with which all accredited programs must comply. [EXHIBIT 086] As described in 602.22(a)(1)(i), the ACEN processes for review of substantive changes are categorized as Procedure 1, 2, 3, or 4.

Adding locations is discussed in 602.22(f). The mechanism for conducting, at reasonable intervals, visits to a representative sample of additional locations is discussed in 602.22(a)(1)(ii)(I).

Per the Glossary, locations are sites where a program is delivered, in whole or part, including the main location, an off-campus instructional site (OCIS) and a branch campus (BC). [EXHIBIT 279] Per Policy #14, the addition of every new OCIS or BC must be reported.

The review of OCIS and BCs includes assessment of the:

- institution's fiscal and administrative capability to operate the location;
- institution's financial stability;
- clear identification of academic control;
- adequacy of faculty, facilities, resources and academic and student support systems; and
- consideration to long-range planning for expansion. [EXHIBIT 280]

Consistent with 602.22(c) and Policy #14, when a new OCIS where students can obtain 50% or more of the number of nursing credit/quarter/clock hours required for completion of a program is established, a focused visit is required for the first 2 OCISs. If the program has successfully completed at least 1 cycle of continuing accreditation and is not currently nor was within the last 3 academic years on continuing accreditation with warning or continuing accreditation for good cause; or is under a provisional certification as provided in 668.1, prior approval of the OCIS is not required; however, regardless of how many OCISs are used by the institution/nursing program, all OCISs must be reported within 30 calendar days of the implementation of the new OCIS.
Since 2017, the ACEN had 1 program that did not demonstrate to the ACEN’s satisfaction it had sufficient capacity to add additional locations without individual prior approval. [EXHIBIT 290(a-c)] All other institutions/nursing programs have demonstrated to the ACEN’s satisfaction that they had sufficient capacity to operate their locations and when warranted to add additional locations without individual prior approval. [EXHIBITS 082; 283; 291; 292; 293]

Document(s) for this Section

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Analyst Worksheet- Narrative

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

Staff Determination:

The agency must provide further narrative and documentation to substantiate that its policies require peer evaluators to conduct an onsite review of all branch campuses and at least two-thirds of all additional locations during the initial or continuing accreditation visit. The agency must explain and demonstrate how it verifies academic control.

Analyst Remarks to Narrative:

ACEN’s Policy #14 addresses the exception found at 602.22(c) and states “When a governing organization/nursing program initiates its third, fourth, fifth, sixth, etc. off campus instructional site; has successfully completed at least one cycle of continuing accreditation; currently is not on continuing accreditation with warning or continuing accreditation for good cause or has not been placed on continuing accreditation with warning or continuing accreditation for good cause over the prior three academic years; and is under a provisional certification as provided in 34 CRF 668.1, then the governing organization/nursing program does not need to apply to the ACEN for approval of these subsequent off-campus instructional sites prior to implementation. However, the governing organization/nursing program must report these changes to the ACEN within 30 calendar days of implementation of the third, fourth, fifth, sixth, etc. off-campus instructional site.” However, as discussed in section 602.22(a)(1)(ii)(I) it is not clear how ACEN verifies clear identification of academic control.

The agency states in its narrative that the mechanism for conducting, at reasonable intervals, visits to a representative sample of additional locations is discussed in 602.22(a)(1)(ii)(I). The relevant section from that criterion states “during the initial or continuing accreditation visit, peer evaluators conduct an onsite review of all BCs and at least two-thirds of all OCISs. For example, if a program is offered at a main campus and 2 OCISs, the team will conduct an onsite review of the main campus and 1 OCIS. When all locations are BCs, the peer evaluators conduct an onsite review of each BC. For a focused visit, the OCIS or BC is the subject of the visit and therefore peer-identified.” Although this statement appears to meet the requirement that the agency has a reasonable mechanism in place for visiting a representative sample of additional location approved under paragraphs (a)(1)(ii)(H) and (I) at reasonable intervals, Department staff could not locate or verify this information in the agency’s policies and procedures. The agency’s “Guidelines for Review of an Off-Campus Instructional Site and Branch Campus” found in section 602.22(f)(1) states “ACEN peer evaluators must visit (1) 25% to 33% of all off-campus instructional sites that offer nursing courses and (2) all branch campuses that offer nursing courses as part of the site visit. The purpose of the visit is to determine if the nursing program(s) is in compliance with the ACEN Standards and Criteria regarding (1) administrative capacity and mission; (2) faculty and staff; (3) students; (4) curriculum; (5) resources; (6) and program outcomes” [Exhibit 294]. This statement appears to contradict the agency’s narrative in this section, which states 2/3 of all additional locations and all branch campuses will be visited.

The agency provided several examples of site visit reviews that include the assessment of additional locations [Exhibits 082; 283; 291; 292]. The agency included a non-substantive change example as Exhibit 293; however, it does not appear this exhibit deals with additional locations. In addition, Exhibit 082 did not have any additional locations. The agency also notes that during the current recognition
period it has found only one program did not have the sufficient capacity to add additional locations [Exhibits 290a-290c].

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

Unfortunately, the narrative in our recognition petition indicating that the ACEN requires peer evaluators to conduct an onsite review of all locations stated “two-thirds;” this was an error. Guidelines for Off-Campus Instructional Sites are provided to the peer evaluators as a resource before and during the visit. The Guidelines state that peer evaluators must visit 25–33% of all off-campus instructional sites that offer nursing courses and must visit all branch campuses [EXHIBIT 522].

The information form must be completed prior to any site visit [EXHIBIT 523]. In this form, the nurse administrator identifies all locations where the nursing program is offered. In addition, in the Accreditation Manual [EXHIBIT 524], the nurse administrator is informed to contact the ACEN staff regarding visits to additional locations if the locations are more than one hour apart in driving distance. These two processes (information form and notifying the ACEN of distances between sites) allow the ACEN to appoint enough peer evaluators to a site visit team, ensuring that at least 25–33% of off-campus instructional sites and all branch campuses are visited during an initial or continuing accreditation review.

The ACEN ensures and verifies that the nurse administrator and nursing faculty have academic control through its definitions of these roles and through the evaluation of select Standards/Criteria during a focused visit. As defined by the ACEN, the nurse administrator has the authority and is responsible for administrative and instructional activities of the nursing program, while faculty are responsible and accountable for teaching and evaluating students [EXHIBIT 515]. These definitions encapsulate the key concepts of academic control.

Also, concepts of academic control are also embedded within the following Criteria: 1.2, 1.8, 4.3, and 5.3 [EXHIBIT 516].

1. Compliance with Criterion 1.2 ensures that the nurse administrator and nursing faculty participate in governance activities within the governing organization and nursing education unit.

2. Compliance with Criterion 1.8 ensures that the nurse administrator has authority and responsibility for development and administration of the program.

3. Compliance with Criterion 4.3 ensures that the curriculum is developed by and regularly reviewed by faculty

4. Compliance with Criterion 5.3 ensures that faculty are involved in decision-making regarding learning resources and technology used within the program.
During this recognition period, there is one example verifying and documenting academic control for a governing organization for which the ACEN serves as the institutional accreditor/Title IV gatekeeper [EXHIBIT 517]. Note, Criterion 4.3 was added in June 2022 to the criteria reviewed for this type of focused visit and therefore is not part of the Focused Site Visit Report in this exhibit [EXHIBIT 518].

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency clarified that the discrepancy between its narrative and policies was due to an error. The agency corrected its narrative by way of its response to the draft analysis and verified that it has an effective mechanism for conducting, at reasonable intervals, visits to a representative sample of additional locations approved under paragraphs (a)(1)(ii)(H) and (I) of this section. Specifically, the agency's policy requires site visits to 25-33% (rather than the two-thirds mentioned in the agency's original narrative) of off campus instructional sites and all branch campuses during an initial or continuing accreditation review [Exhibit 522]. The agency states that the nurse administrator at the program identifies all locations where the nursing program is offered [Exhibit 523]. The Accreditation Manual further instructs the nurse administrator to contact ACEN to discuss the number and distance between the sites so that ACEN can ensure it has enough peer evaluators on a site visit team to visit 25-33% of instructional sites [Exhibit 524]. As noted in the draft analysis, the agency provided several examples documenting site visits to additional locations.

As previously discussed in section 602.22(a)(1)(ii)(I), the agency provided information and supporting documentation to explain and demonstrate how it verifies academic control.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.22(e)
Description of Criteria

(e) The agency may determine the procedures it uses to grant prior approval of the substantive change. However, these procedures must specify an effective date, on which the change is included in the program's or institution's grant of
accreditation or preaccreditation. The date of prior approval must not pre-date either an earlier agency denial of the substantive change, or the agency's formal acceptance of the application for the substantive change for inclusion in the program's or institution's grant of accreditation or preaccreditation. An agency may designate the date of a change in ownership as the effective date of its approval of that substantive change if the accreditation decision is made within 30 days of the change in ownership. Except as provided in paragraphs (d) and (f) of this section, an agency may require a visit before granting such an approval.

Narrative:
Policy #14 Reporting Substantive Changes is a comprehensive substantive change policy with an emphasis on high-impact, high-risk substantive changes that may be undertaken by the institution/nursing program, with which all accredited programs must comply. [EXHIBIT 086] The ACEN processes for review of substantive changes are categorized as Procedure 1, 2, 3, or 4. Briefly, a Procedure 1 substantive change must be submitted 4 months before implementation, reviewed by staff, and either approved/denied by the Board of Commissioners (BOC) or the Chief Executive Officer (CEO) as delegated by the BOC. [EXHIBIT 268] A Procedure 2 substantive change must be submitted prior to implementation, reviewed by staff, and accepted/not accepted by the CEO. [EXHIBIT 269] A Procedure 3 substantive change is specific to program and/or off-campus instructional site or branch campus closures and teach-out agreements or teach-out plans; Procedure 3 substantive change submissions are reviewed by staff and accepted/not accepted by the CEO. [EXHIBIT 270] Finally, Procedure 4 substantive change submissions are changes that require notification and are reviewed by staff and accepted/not accepted by the CEO. [EXHIBIT 271] Any Procedure 2, 3, or 4 substantive change submission may be referred to the BOC for approval/denial.

The ACEN does not retroactively approve any substantive change. The effective date of a Procedure 1 substantive change is the date the decision was made, and this date will be noted in the decision letter. The effective date of Procedure 2, 3, or 4 substantive changes is the date of the decision letter. [EXHIBIT 266] The effective decision date may not pre-date either an earlier denial of the substantive change or the current review and subsequent approval/denial or acceptance/non-acceptance of the substantive change. Further, the effective date of a change in ownership is the date the BOC approves the change in ownership and the effective date may not be more than 30 days prior to the change in ownership. Acceptance, non-acceptance, approval, or disapproval of a substantive change at the time of submission does not guarantee that, after a review of the program by peer evaluators in the future (i.e., focused visit or continuing accreditation visit), the BOC will determine that the program is in compliance with the related Standards affected by the substantive change.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

Section 11 of ACEN’s Policy #14 generally specifies the effective date as the date of the Board of Commission (BOC) or CEO’s approval, which is listed in the decision letter sent to the nursing program and governing organization [Exhibit 086]. For substantive change requests that only require acceptance/non acceptance by the CEO for ACEN the effective date is the date of the letter notifying program and governing organization of the outcome. ACEN’s policy specifically prohibits the effective date pre-dating either an earlier agency denial of the substantive change or the current review and subsequent approval/denial or acceptance/non-acceptance of the substantive change. Policy #14 states that the effective date of a change in ownership is the date the BOC approves the change in ownership but may not be more than 30 calendar days prior to the change in ownership.

ACEN submitted several examples of substantive change requests by procedure type demonstrating that it approves and accepts substantive change requests according to the requirements of this criterion and its Policy #14 [Exhibits 268-271].

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

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

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Criteria: 602.22(f)(1)
Description of Criteria

(f) Except as provided in paragraph (c) of this section, if the agency's accreditation of an institution enables the institution to seek eligibility to participate in title IV, HEA programs, the agency's procedures for the approval of an additional location that is not a branch campus where at least 50 percent of an educational program is offered must include—

(1) A visit, within six months, to each additional location the institution establishes, if the institution—

(i) Has a total of three or fewer additional locations;
(ii) Has not demonstrated, to the agency's satisfaction, that the additional location is meeting all of the agency's standards that apply to that additional location; or
(iii) Has been placed on warning, probation, or show cause by the agency or is subject to some limitation by the agency on its accreditation or preaccreditation status;

Narrative:
Review of locations (i.e., off-campus instruction site (OCIS) and branch campus (BC)) is conducted through 2 mechanisms: initial or continuing accreditation site visit or a focused visit. Prior to the initial and continuing accreditation visit, the program identifies each location where the nursing program is offered on the ACEN Information Form. The ACEN staff plan the appropriate number of peer evaluators on the site visit team to ensure sufficient review of OCISs and BCs. During the initial or continuing accreditation visit, peer evaluators conduct an onsite review of all BCs and at least two-thirds of all OCISs. For example, if a program is offered at a main campus and 2 OCISs, the team will conduct an onsite review of the main campus and 1 OCIS. When all locations are BCs, the peer evaluators conduct an onsite review of each BC. For a focused visit, the OCIS or BC is the subject of the visit and therefore peer-identified.

An initial or continuing accreditation review includes the review all Standards, and a focused review includes only select Standards/Criteria. Standard 5 Resources emphases fiscal, physical, learning, and technological resources inclusive of all locations. Additionally, other resources such as human resources (e.g., faculty, program administrators, staff) and support services for each location are emphasized in Standard 1 Mission and Administrative Capacity, Standard 2 Faculty and Staff, and Standard 3 Students. [EXHIBITS 082; 083; 085; 097; 118] Implementation of new OCISs may increase the need for additional clinical affiliation agreements for clinical instruction, which is addressed in Standard 4 Curriculum. To facilitate the review of locations, the ACEN developed Guidelines for Review of an Off-Campus Instructional Site and Branch Campus. [EXHIBIT 294] To facilitate the program's self-evaluation and report writing, there are prompts in the Guidelines for Written Reports to emphasize the Criteria in which locations should be addressed. [EXHIBIT 055]

Policy #14 Reporting Substantive Change specifically addresses implementation of a new location, including an additional location that is not a BC where at least 50% of an educational program is offered (i.e., OCIS) as well as reporting all new OCISs whether a focused visit is required or not. The Board of Commissioners (BOC) determines if a focused visit is warranted for a new OCIS and if so, authorizes a focused visit. Policy #19 Focused Visits governs the review to ensure a program's continued compliance with select Standards/Criteria post-implementation of a new OCIS. [EXHIBITS 189; 283] During a focused
visit, peer evaluators assess adequacy of, access to, and comparability of resources at the OCIS; their assessment includes but is not limited to touring the facilities; talking with students, faculty, and staff; evaluating student support services; and appraising any other pertinent information. [EXHIBIT 295]

Per Policy #14, programs that were granted continuing accreditation with warning or continuing accreditation for good cause by the BOC during the last accreditation review may not implement a substantive change until the continuing accreditation with warning or continuing accreditation for good cause has been resolved (e.g., increase student enrollment, add new program options, add new teaching locations, implement distance education or add new program types). [EXHIBIT 086] Exceptions may be made if a substantive change is deemed necessary to ensure the program’s compliance with the Standard(s) with which the program was found to be in non-compliance. For example, a program may implement a curriculum change to address non-compliance with Standard 4 Curriculum. Therefore, implementing a new OCIS would not typically be approved. The BOC decision letters to the nurse administrator for programs on continuing accreditation with warning or for good cause provide information regarding implementation of a substantive change. [EXHIBIT 296]

Since 2017, the ACEN had 2 programs that did not demonstrate to the ACEN’s satisfaction that they met all the applicable Standards for additional locations.

- Based on the review record for the implementation of a substantive change related to new OCISs, the BOC determined that there was a lack of sufficient physical resources to ensure the achievement of the end-of-program student learning outcomes and program outcomes. The program was placed on warning due to non-compliance with 5 Standards, including Standard 5 Resources. During the subsequent review, the BOC found the program in compliance with Standard 5 Resources. [EXHIBIT 290(a-c)]
- Based on the review record during the follow-up review process for conditions as well as for complaints, the BOC determined that there was a lack of sufficient physical resources to ensure the achievement of the end-of-program student learning outcomes and program outcomes. The program was placed on good cause due to non-compliance with 5 Standards, including Standard 5 Resources. During the subsequent review, the BOC found the program in compliance with Standard 5 Resources. [EXHIBIT 297]

The ACEN recognizes that additional locations could increase enrollment, and if this were to occur, it would be handled per Policy #14 as described in 602.19(e).

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 Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide supporting documentation that demonstrates it visits each additional location at which 50% of an educational program is offered within 6 months for institutions it serves as the Title IV gatekeeper if the institution has three or fewer additional locations, as applicable.

Analyst Remarks to Narrative:

ACEN’s Policy #14 requires that any additional location at which 50% or more of the number of nursing credit/quarter/clock hours required for completion of an ACEN-accredited nursing program be reported and approved prior to implementation [Exhibit 089]. ACEN’s procedures require a focused site visit for the first 2 additional locations as part of the approval process. In addition, ACEN’s policy states that at its...
discretion it may conduct a focused site visit to additional locations with consideration given to the record of effective oversight of any nursing program at a branch campus and/or off-campus instructional site. The agency further notes in its narrative that Policy #14 prohibits the approval of any substantive change, including additional locations, that were granted continuing accreditation with warning or continuing accreditation for good cause by the Board of Commissioners (BOC) until the issues that caused the warning or good cause status are resolved.

Specific to this criterion, the agency provided an example of a program that did not demonstrate to ACEN’s satisfaction that the additional location met all of ACEN’s applicable standards. The Board of Commissioners (BOC) found that a program seeking approval for the implementation of an additional location did not meet the agency’s standard 5 related to resources and was placed on warning. The subsequent review found that the program had resolved the issues and was compliant with Standard 5 [Exhibits 290(a-c)].

The agency provided several other examples of accrediting activities to include BOC decision letters, follow up reports, site visit reports and other related supporting documentation; however, none of the examples appear to be related to the approval of the first 3 additional locations for institutions for which ACEN serves as the Title IV gatekeeper and that show the agency conducted a site visit to each additional location within the first 6 months. Department staff note that the two programs that are the subject of Exhibit 283 had focused site visits conducted due to the request for approval for an additional location; however, ACEN does not serve as the Title IV gatekeeper for the programs nor was it clear from the supporting documentation that ACEN conducted a site visit within 6 months of the establishment of the additional location.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

For governing organizations/nursing programs for which the ACEN serves as the Title IV gatekeeper, a review of program records and substantive change submissions records revealed only three programs submitting a substantive change for additional locations (i.e., branch campus or off-campus instructional site) during this recognition period – Rochester Regional Health, UPMC Jameson, and UPMC Shadyside [EXHIBIT 525].

Focused visits were authorized by the Board of Commissioners for all three programs [EXHIBIT 526].

The focused visit for the new branch campus at UPMC Jameson was completed in February 2022 [EXHIBIT 517]. As described in the response to 602.24(b), this focused visit occurred two weeks beyond the six-month timeframe due to winter weather circumstances. The ACEN has practices in place to ensure that focused visits occur within the six-month timeframe; unless extraordinary circumstances occur again, all focused visits are expected to occur on time.

The focused visit for the new branch campus at UPMC Shadyside will be scheduled to occur no later than February 25, 2023 [EXHIBIT 527]. Planning for the focused visit is currently in progress.
The focused visit for Rochester Regional Health was originally scheduled to coincide with the program’s continuing accreditation visit in Fall 2021; however, at the time of the site visit, there were no students enrolled at any of the new off-campus instructional sites [EXHIBIT 528]. In May 2022, the program confirmed that the new off-campus instructional sites are not yet in use [EXHIBIT 529]; however, the plan is to enroll students at one location in Fall 2022 and the other two locations in Spring 2023. The ACEN has rescheduled the focused visit to occur in Spring 2023.

 Analyst Worksheet - Response
 Analyst Review Status:

 Meets the requirements of this section

 Analyst Remarks to Response

 In response to the draft analysis, the agency provided additional information and supporting documentation to demonstrate it visits each additional location at which 50% of an educational program is offered within 6 months when the agency serves as the Title IV gatekeeper and if the institution has three or fewer additional locations. The agency identified three examples that occurred during the current recognition period. The visit to the example found in Exhibit 517 was outside the six-month timeline; however, the agency notes that it was due to an unforeseen delay due to winter weather. The example in Exhibit 527 is in the future and still in planning; however the agency states the visit will occur within the six month timeline. Lastly, the agency explains that the reason for the delay for the review found in Exhibit 529 was because at the time of the visit it was determine there were no students at the new instructional site. The agency has rescheduled the focused site visit to occur in Spring 2023.

 List of Document(s) Uploaded by Analyst - Response

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 Criteria: 602.22(f)(2)
 Description of Criteria

 (2) A mechanism for conducting, at reasonable intervals, visits to a representative sample of additional locations of institutions that operate more than three additional locations; and

 Narrative:
 Policy #14 Reporting Substantive Changes is a comprehensive substantive change policy with an emphasis on high-impact, high-risk substantive changes that may be undertaken by the
institution/nursing program, with which all accredited programs must comply. [EXHIBIT 086] As described in 602.22(a)(1)(i), the ACEN processes for review of substantive changes are categorized as Procedure 1, 2, 3, or 4. The approval of an additional location that is not a branch campus where at least 50% of an educational program is offered is categorized as needing to follow Procedure 1 and is also discussed in 602.22(a)(1)(ii)(I).

The mechanism for conducting, at reasonable intervals, visits to a representative sample of additional locations of institutions that operate more than 3 additional locations is discussed in 602.22(a)(1)(ii)(I).

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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide further narrative and documentation that substantiates how it visits a representative sample of additional locations that provide at least 50% of an educational program for institutions that ACEN serves as the Title IV gatekeeper and seek approval for 3 or more additional locations, as applicable.

Analyst Remarks to Narrative:
ACEN’s Policy #14 states “When a governing organization/nursing program initiates its third, fourth, fifth, sixth, etc. off campus instructional site; has successfully completed at least one cycle of continuing accreditation; currently is not on continuing accreditation with warning or continuing accreditation for good cause or has not been placed on continuing accreditation with warning or continuing accreditation for good cause over the prior three academic years; and is under a provisional certification as provided in 34 CRF 668.1, then the governing organization/nursing program does not need to apply to the ACEN for approval of these subsequent off-campus instructional sites prior to implementation. However, the governing organization/nursing program must report these changes to the ACEN within 30 calendar days of implementation of the third, fourth, fifth, sixth, etc. off-campus instructional site.” [Exhibit 086]

As discussed in section 602.22(a)(1)(ii)(I), the agency states in its narrative that its mechanism for conducting, at reasonable intervals, visits to a representative sample of additional locations of institutions that operate more than three additional locations is to visit all branch campuses and at least 2/3 of additional locations that offer 50% or more of instruction. However, as discussed in section 602.22(c-d) Department staff could not verify because this statement could not be found in the agency’s policies and appears to differ from guidance found in the agency’s “Guidelines for Review of an Off-Campus Instructional Site and Branch Campus” found in section 602.22(f)(1) [Exhibit 294].

For the virtual file review conducted during February 2022, the agency submitted site visit reports for programs at 3 institutions that operated more than 3 locations. ACEN was not the Title IV gatekeeper for any of the programs; however, the documentation demonstrates ACEN conducts site visits to a representative sample of additional locations as defined by Exhibit 294 of institutions that operate more than three additional locations.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

According to Policy #14 Reporting Substantive Changes, all new off-campus instructional sites at which students can obtain 50% or more of the number of nursing credit/quarter/clock hours must be reported to the ACEN; regardless of whether the ACEN serves as the institutional accreditor/Title IV gatekeeper or only the programmatic accreditor and whether a focused visit is required [EXHIBIT 519].

The ACEN’s Guidelines for Off-Campus Instructional Sites [EXHIBIT 522] are provided to peer evaluators as a resource before and during the site visit. In these Guidelines, it is stated that peer evaluators must visit 25–33% of all off-campus instructional sites that offer nursing courses and must visit all branch campuses.

The nurse administrator of the program must be complete the information form prior to any initial or continuing accreditation visit to identify all locations where the nursing program is offered. [EXHIBIT 523]. In addition, in the Accreditation Manual [EXHIBIT 524], the nurse administrator is informed to contact the ACEN staff regarding visits to locations if the locations are more than one hour apart in driving distance. These two processes (information form and notifying the ACEN of distances between locations) allow the ACEN to appoint enough peer evaluators to a site visit team, ensuring that at least
25–33% of off-campus instructional sites and all branch campuses are visited during an initial or continuing accreditation review.

A review of ACEN records identified seven programs with off-campus instructional sites or branch campuses where the ACEN is the institutional accreditor/Title IV gatekeeper [EXHIBIT 530]. During this recognition period, three of these programs (Chester, Venango, Rochester) had a continuing accreditation site visit after approval of the location(s). The Chester and Venango Site Visit Reports verify that the one location for each program was visited [EXHIBIT 531]. Note, for Venango County Area Vocational Technical School, the site visit report misidentifies the location as a branch campus; the correct designation is off-campus instructional site. Also note that at the time of the continuing accreditation visit for Rochester Regional Health System, the three locations had been approved by the ACEN; however, these additional locations were not visited because no students were yet enrolled at the locations due to a delay in opening the locations [EXHIBIT 532].

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

As noted in the final analysis in section 602.22(a)(1)(ii)(I), the agency statement that it visits two-thirds of additional locations and all branch campuses was in error. The agency clarified in its response to that section as well as this section that its policy is to visit all branch campuses and 25-33% of additional locations, including for institutions that operate more than three additional locations. As noted in the draft analysis, ACEN was not the Title IV gatekeeper for any of the examples provided in the original submission; however, the documentation demonstrates ACEN conducts site visits to a representative sample of additional locations as defined by Exhibit 294 for institutions that operate more than three additional locations. The agency notes it identified seven examples where ACEN is the institutional accreditor/Title IV gatekeeper [Exhibit 530]. The example provided in Exhibit 531 appears to have fewer than 3 locations. The example provided in exhibit 532 has at least 3 additional locations; however, as previously discussed the site visits to these locations have not yet occurred because the locations have not begun operation. Nevertheless, the agency plans to visit a representative sample in 2023. As noted in the draft analysis, the agency provided documentation for the file review that demonstrates it has a mechanism for conducting, at reasonable intervals, visits to a representative sample of additional locations of institutions that operate more than three additional locations.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.22(f)(3)
Description of Criteria

(3) A mechanism, which may, at the agency's discretion, include visits to additional locations, for ensuring that accredited and preaccredited institutions that experience rapid growth in the number of additional locations maintain education quality.

Narrative:
Policy #14 Reporting Substantive Changes is a comprehensive substantive change policy with an emphasis on high-impact, high-risk substantive changes that may be undertaken by the institution/nursing program, with which all accredited programs must comply. [EXHIBIT 086] Adding locations is discussed in 602.22(f). The mechanism for conducting, at reasonable intervals, visits to a representative sample of additional locations is discussed in 602.22(a)(1)(ii)(I).

Per the Glossary, locations are sites where a program is delivered, in whole or part, including the main location, an off-campus instructional site (OCIS), and a branch campus (BC). [EXHIBIT 279] Per Policy #14, the addition of every new OCIS or BC must be reported.

The review of OCIS and BCs includes assessment of the:

- institution's fiscal and administrative capability to operate the location;
- institution's financial stability;
- clear identification of academic control;
- adequacy of faculty, facilities, resources, and academic and student support systems; and
- consideration to long-range planning for expansion. [EXHIBIT 280]

Per Policy #14 and Policy #19 Focused Visits, the ACEN may, at its discretion, conduct a focused visit to any OCIS or BC at the time the institution/nursing program reports the implementation of the OCIS or BC for any program or the ACEN becomes aware of the use of a location for any program. [EXHIBIT 189] In deciding about the need for a focused visit, the ACEN considers whether the institution/nursing program has experienced a rapid growth in the number of additional locations maintain educational quality.

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Staff Determination:

The agency must submit further narrative and documentation demonstrating its policies ensure that a program or institution that experiences rapid growth of additional locations is maintaining education quality, as applicable.

Analyst Remarks to Narrative:

The agency states in its narrative that per Policies #14 [Exhibit 086] and #19 [Exhibit 189] the agency may conduct a focused site visit to additional locations at the time the program applies for approval of the location or ACEN becomes aware of the use of an additional location. ACEN states that it considers whether the institution/nursing program has experienced rapid growth when determining whether to conduct a visit. Based on a review of Policy #14, Reporting Substantive Changes, and Policy #19, Focused Site Visit, it does not appear that rapid growth of additional locations is mentioned in either policy. Policy #14 states “The ACEN may, at its discretion, conduct a focused visit to any branch campus or off-campus instructional site at the time the governing organization/nursing program reported the implementation of the branch campus or off-campus instructional site for any nursing program or the ACEN becomes aware of the use of a location for any nursing program. Consideration will be given to whether the governing organization/nursing program has previously demonstrated a record of effective oversight of any nursing program at a branch campus and/or off-campus instructional site. All new branch campuses and off-campus instructional sites must be reported whether or not a focused visit is required;” however, it does not mention rapid growth. Furthermore, the example the agency provided in support of this criterion does not appear related to this section. It is an example of a program that reported a substantive change related to distance education and the subsequent review and approval. [Exhibit 280].

List of Document(s) Uploaded by Analyst - Narrative

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A substantive change submission template for the addition of all off-campus instructional sites and branch campuses must be used to report additional locations to the ACEN (per Policy #14 Reporting Substantive Changes) [EXHIBITS 519; 533]. The template requires the rationale for the new location, how the expansion fits into long-range planning, governance responsibilities of the nurse administrator and faculty, enrollment projections, full- and part-time faculty numbers and qualifications, support staff, access to student services, the availability of clinical and/or practice learning environments, fiscal resources, physical resources, and learning and technology resources. In addition, effective August 2022, the template includes a request for information about the number of new off-campus instructional sites and/or branch campus initiated during the most recent and current academic years.

For all nursing programs, regardless of the number of new off-campus instructional sites and/or branch campuses or Title IV status with the ACEN, the substantive change process is designed to ensure that there is documentation of the ability to maintain academic quality and adequacy of administrative capacity and resources to ensure that student support and learning opportunities will meet students' learning needs. When substantive change submissions are reviewed, the number of new off-campus instructional sites and/or branch campuses implemented is included in the decision-making process. Due to the nature of nursing education and the interplay between state regulation, accreditation, workforce needs, and the communities served, the ACEN does not have a bright-line definition of rapid proliferation or rapid growth of new off-campus instructional sites and/or branch campuses. Instead, all submissions are considered contextually. For example, sometimes locations are permanent with a commitment to operating the location long-term. Conversely, sometimes locations are intentionally temporary to fulfill a special workforce need by an employer, such as offering an RN-to-BSN program option (once) to a cohort of hospital employees. Irrespective of the nature and number of off-campus instructional sites and/or branch campuses approved, per Policy #14 Substantive Change Reporting, the ACEN must be notified of all new locations, and the required documentation is the same. Each substantive change submission is subject to the same level of scrutiny to ensure that program integrity and educational quality will be maintained.

During this recognition period and for programs where the ACEN serves as the institutional accreditor/Title IV gatekeeper, an off-campus instructional site (50-100%) substantive change submission is provided for Rochester Regional Health System as documentation of the information provided for ACEN staff review, which substantiates that educational quality is maintained when new instructional sites are implemented [EXHIBIT 532]. It should be noted that the program submitted this template prior to the change in the substantive change submission template, including the number of new off-campus instructional sites and/or branch campuses initiated during the most recent and current academic years. In addition, the implementation date for the new off-campus instructional sites for this nursing program was delayed [EXHIBIT 534], and the focused visit is scheduled to occur in January 2023.

A review of ACEN records did not identify any governing organizations during this recognition period for which the ACEN serves as the institutional accreditor/Title IV gatekeeper that experienced rapid or unsubstantiated/unsustainable growth in the number of locations. However, for governing organizations for which ACEN serves as the institutional accreditor/Title IV gatekeeper, if a governing organization experienced rapid growth in the number of additional locations, then the ACEN would act in accordance with the requirements in 602.22(f)(3).
In response to the draft analysis, the agency provided additional information to demonstrate how its policies ensure that a program or institution that experiences rapid growth of additional locations maintains education quality. As discussed in previous sections, ACEN's Policy #14 requires institutions and programs to report all off-campus sites and branch campuses using the agency's substantive change submission template. The processes that implement Policy #14 apply to the addition of all off-campus instructional sites and branch campuses and ensures there is the ability to maintain academic quality and ensure there is sufficient administrative capacity and resources. The agency states the number of new sites is considered when reviewing substantive change requests. In addition, effective August 2022, the agency added additional questions that better captures the number of new off-campus instructional sites and/or branch campus initiated during the most recent and current academic years [Exhibit 533]. The agency notes that it does not set a bright line definition of what constitutes 'rapid growth.' Instead, the agency reviews each change request individually within its own context. The agency reiterates that each substantive change requests is subject to the same level of scrutiny to ensure program integrity and educational quality. Lastly, the agency states it did not identify any examples during this recognition period of institutions or programs that experienced rapid or unsubstantiated/unsustainable growth in the number of locations and where ACEN serves as the institutional accreditor/Title IV gatekeeper. The agency states should it identify one in the future it would act in accordance with the requirements found in 34 CFR 602.22(f)(3).

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.22(g)
Description of Criteria

(g) The purpose of the visits described in paragraph (f) of this section is to verify that the additional location has the personnel, facilities, and resources the institution claimed it had in its application to the agency for approval of the additional location.

Narrative:
Policy #14 Reporting Substantive Changes is a comprehensive substantive change policy with an emphasis on high-impact, high-risk substantive changes that may be undertaken by the institution/nursing program, with which all accredited programs must comply. [EXHIBIT 086] As described in 602.22(a)(1)(i), the ACEN processes for review of substantive changes are categorized as Procedure 1, 2, 3, or 4. The approval of an additional location that is not a branch campus where at least 50% of an educational program is offered is categorized as needing to follow Procedure 1, and the mechanism to verify that the additional location has the personnel, facilities, and resources the institution claimed it had in its application to the agency for approval of the additional location is also discussed in 602.22(a)(1)(ii)(l).

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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide further narrative and supporting documentation that demonstrates that any site visit conducted due to the events described in 602.22(f) is to verify that the additional location has the personnel, facilities, and resources the institution claimed it had in its application to the agency for approval of the additional location.

Analyst Remarks to Narrative:

As previously discussed, ACEN’s Policy #14 sets forth the approval requirements for substantive changes, including the approval of additional locations [Exhibit 086]. As discussed in section 602.22(a)(1)(i)(l), the agency’s approval procedure requires site visitors to verify that additional locations have the personnel, facilities, and resources in place at additional locations.

However, this criterion requires the agency to demonstrate that any site visits conducted under 602.22(f) is to verify that the additional location has the personnel, facilities, and resources the institution claimed it had in its application to the agency for approval of the additional location. As discussed, it does not appear the agency provided specific examples related to reviews conducted under
602.22(f) and therefore Department staff could not confirm application of this procedure.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

As noted in the ACEN’s instructions for a focused visit related to the addition of a new off-campus instructional site or branch campus [EXHIBIT 535], the Criteria for review are focused on ensuring that the additional location has the personnel, facilities, and resources needed to ensure student success.

The Criteria for review [EXHIBIT 536] of a new off-campus instructional site or branch campus minimally include the evaluation of the following ACEN Criteria.

1. Standard 1 Mission and Administrative Capacity: Criterion 1.2, 1.7, and 1.8, which are related to participation in governance, the presence of program coordinators, and the nurse administrator’s authority and responsibility.

2. Standard 2 Faculty and Staff: Criterion 2.1, 2.2, 2.5, and 2.7, which are related to the qualifications of full- and part-time faculty as well as the number and qualifications of staff within the nursing education unit.

3. Standard 3 Students: Criterion 3.4 and 3.8, which are related to student support services, student orientation to technology, and technology support for students.

4. Standard 4 Curriculum: Criterion 4.3, 4.9 and 4.10, which are related to having secured agreements with clinical practice agencies and ensuring contemporary clinical experiences and practice learning environments.

5. Standard 5 Resources: All Criteria are related to sustainable and sufficient fiscal resources, sufficient physical resources, and comprehensive and current learning resources and technology, regardless of the method of delivery.

When the ACEN served as the Title IV gatekeeper, there were no examples at the time of the submission of our recognition petition. Since of the submission of our recognition petition, one example is now available of a program with a new branch campus for which the ACEN serves as the institutional accreditor/Title IV gatekeeper [EXHIBIT 517].

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section
In response to the draft analysis the agency states that at the time its petition was originally submitted there were no examples of visits described at 602.22(f) where ACEN served as the Title IV gatekeeper; however, since that time there is now one program with a new branch campus for which ACEN serves as the institutional accreditor/Title IV gatekeeper [Exhibit 517]. The agency also clarified which standards relate to the review of personnel, facilities, and resources at the institution [Exhibit 535]. The example report demonstrates that the agency verified these standards as part of its focused site visit [Exhibit 517].

Criteria: 602.22(h)

(h) The agency’s substantive change policy must define when the changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution.

Narrative:
Policy #14 Reporting Substantive Changes specifies conditions in which the reported substantive change could result in a comprehensive review at an earlier date than originally scheduled. [EXHIBIT 086] According to Policy #14, “extensive substantive changes by a nursing education unit may accelerate the date for the nursing program’s next comprehensive continuing accreditation visit.” Examples of extensive substantive changes that could expedite a full comprehensive review include but are not limited to proliferation of branch campuses or off-campus instructional sites where the nursing program is offered, frequent change of ownership, merger or consolidation with other nursing programs, significant increase in enrollment in the nursing program, or rapid proliferation of new nursing program options.” [EXHIBIT 298(a-b)]

If the ACEN is the Title IV-HEA gatekeeper for the institution/nursing program and the institution/nursing program fails to follow the ACEN substantive change policy and procedures, the institution/nursing program may jeopardize its Title IV-HEA funding or be required by the U.S. Department of Education to reimburse it for money received for the program(s) related to the unreported substantive change. In addition, the program may be referred to the Board of Commissioners for the imposition of a stipulation (e.g., conditions or warning) or denial of continuing accreditation. There are no examples of either of these situations occurring.
ACEN’s Policy #14 defines when the changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution [Exhibit 086]. Specifically, section 12 under “Policy Statements Regarding Substantive Change” states “extensive substantive changes by a nursing education unit may accelerate the date for the nursing program’s next comprehensive continuing accreditation visit.” The policy provides examples of extensive substantive changes that may trigger a new evaluation. The agency submitted documentation demonstrating the application of this criterion due to a merger/consolidation as Exhibits 298a and b. Department staff note that merger/consolidation is one of the examples listed in Policy #14 that may accelerate the date for the nursing program’s next comprehensive continuing accreditation visit.

List of Document(s) Uploaded by Analyst - Narrative
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(a) The agency must maintain and make available to the public written materials describing--

(1) Each type of accreditation and preaccreditation it grants;
(2) The procedures that institutions or programs must follow in applying for accreditation, preaccreditation, or substantive changes and the sequencing of those steps relative to any applications or decisions required by States or the Department relative to the agency's preaccreditation, accreditation, or substantive change decisions;
(3) The standards and procedures it uses to determine whether to grant, reaffirm, reinstate, restrict, deny, revoke, terminate, or take any other action related to each type of accreditation and preaccreditation that the agency grants;
(4) The institutions and programs that the agency currently accredits or preaccredits and, for each institution and program, the year the agency will next review or reconsider it for accreditation or preaccreditation; and
(5) A list of the names, academic and professional qualifications, and relevant employment and organizational affiliations of—
   (i) The members of the agency's policy and decision-making bodies; and
   (ii) The agency's principal administrative staff.

Narrative:
The ACEN has the following publicly accessible materials on its website (www.acenursing.org).

- "About Us" Tab:
  - The names, academic/professional qualifications, and relevant employment and organizational affiliations of its decision-making bodies: Board of Commissioners (BOC), Appeal Committee pool, Arbitrators
  - The names and academic/professional qualifications of principal administrative staff
- Accreditation Manual:
  - Procedures and steps that nursing programs must following in pursuing ACEN accreditation for programs seeking initial and continuing accreditation
  - Standards and Criteria
  - Procedures used to make accreditation decisions
- List of accredited programs and candidate programs

The BOC, Appeal Committee, and Arbitrators are decision-making bodies. The ACEN is governed by a 17-member BOC composed of 11 nurse educators, 3 nurse clinicians, and 3 public members. [EXHIBIT 073] Experienced nurse educators, nurse clinicians, and the public serve as an Appeal Committee member and Arbitrators. [EXHIBIT 299]
The Accreditation Manual is divided into sections: General Information, Policies, Standards and Criteria, and Glossary. [EXHIBIT 302]

• The General Information section explains the process programs must following to pursue initial or continuing accreditation. [EXHIBIT 004]
• All policies amplify the process since all programs seeking initial or continuing accreditation must comply with all applicable policies, especially Policy #3 Eligibility for Initial and Continuing Accreditation, Policy #34 Candidacy for a Governing Organization/Nursing Program Seeking Initial Accreditation, and Policy #14 Reporting Substantive Changes. [EXHIBIT 162]
• Policy #4 Types of Commission Actions for Initial and Continuing Accreditation explains each type of accreditation the ACEN grants. [EXHIBIT 162]
• The Standards and Criteria for each program type (clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and practical programs) further amplify the process by detailing the educational quality expectations. [EXHIBIT 097]
• The Glossary provides definitions that offer guidance regarding definitions of terms used within ACEN accreditation policies/processes. [EXHIBIT 303]

Other resources on the website in the “For Programs” tab include ACEN Guidelines for Written Reports, Written Report Instructions: Candidacy Presentations, Written Report Instructions: Follow-Up Reports/Visits, Written Report Instructions: Focused Visit Report/Visit; documents required for the onsite visit; and information as well as templates for submitting a Substantive Change Report. The website has information regarding virtual visits due to the COVID-19 pandemic. There is also an FAQ section with information about compliance with both the Standards and Criteria and with policies available to students, programs, employers, other agencies, and the public. [EXHIBIT 304]

The ACEN maintains an online directory of accredited programs on its website under the heading “Search Accredited programs.” [EXHIBIT 305] The online directory is updated at least weekly to ensure accurate, current information. The accreditation information is only updated after the most recent BOC decision is made. The public is informed of all BOC decisions through the website. The public in also informed of a program’s candidate status through the website. [EXHIBIT 306]

Anyone with access to the Internet can search for an accredited institution/nursing program by state, country, and/or by the name of the institution. Individuals can also narrow the directory search by program type (i.e., clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, or practical). Search results can be ordered by institution name, program type, or city. The following information is available for each program:

1. The name of the institution
2. The name of the nursing education unit
3. The address of the nursing education unit
4. The name, credentials and contact information for the program’s nurse administrator
5. The program’s accreditation status including:
   a. Month/Year of Initial Accreditation
   b. Date of Most Recent Commission Action (decision); this field has the date of the most recent accreditation decision and the date is a hyperlink to the webpage with that accreditation decision and rationale
   c. Current Accreditation Status
d. Accreditation Stipulations (None, Conditions, Warning, Good Cause) as well as the requirement for a Follow-Up Report or Follow-Up Report and Follow-Up Visit  
e. Date of Last Site Visit (any type such as Follow-Up, Focused, Continuing Accreditation)  
f. Next Site Visit (Follow-Up or Continuing Accreditation only). A focused visit is not a regularly scheduled visit since this type of visit is triggered only by a substantive change or a unique situation, such as a complaint.

For each program, clicking on the date hyperlink mentioned in “b” above opens another webpage, which reports the accreditation decision at the time of the program’s last review. This list is organized by type of accreditation decision (e.g., initial accreditation) and all institutions/nursing programs accredited at that time are listed in alphabetical order. The list includes the program type (e.g., associate) and the city and the state where the institution/nursing program is located. For programs that were found to be in non-compliance with 1 or more Standards when the last accreditation decision was made, the areas of non-compliance are also listed. Key terminology (e.g., follow-up report, continuing accreditation with conditions) is defined in a pop-up box when hovering over the term. Finally, there is also a hyperlink to the Standards and Criteria for each program type. All of this information is accessible to the public to ensure full transparency of all accreditation decisions and the accreditation status of each program.

For programs that are not currently accredited by the ACEN but may have been accredited in the past, an easy to find “Contact Us” link is available from the ACEN homepage; clicking on the link redirects an individual to a web-based form to request information about the program in question. The ACEN responds to these inquiries as they occur, and the response time is typically within 24 business hours of submission. Individuals may also call the ACEN directly to inquire about the accreditation of a current or previously accredited program. [EXHIBITS 307a, 307b]

Access to information about institutions/nursing programs that hold candidate status with the ACEN is found in the “Candidacy” tab. Candidate status information is provided as an alphabetical listing and includes:

1. The name of the institution
2. The name of the nursing education unit
3. The address of the nursing education unit
4. The name, credentials and contact information for the program’s nurse administrator
5. The month candidacy was granted and the month the candidacy will expire

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Analyst Remarks to Narrative:

ACEN makes publicly available all the information required by this criterion. The agency displays on its website information about each type of accreditation it grants. It defines its accreditation statuses in its Accreditation Manual which is posted on the agency's website. This manual also contains the agency's policy and instructions for applying for accreditation.

As documented in 602.16, the agency has established accreditation standards for its nurse education programs by program type. These standards establish the bases to grant, reaffirm, reinstate, restrict, deny, revoke, or take other action related to each type of accreditation that the agency grants. The policies that set forth the procedures to take the above actions are found in Section II of the accreditation manual, also found on the website.

A complete and current listing of accredited programs is also on the agency's website. The listing includes information about the program's accreditation status, the date of its last and next-scheduled review, address, and contact information.

In accordance with the requirements of this criterion, the agency's website lists the names, academic and professional qualifications, and relevant employment and organizational affiliations of the Board of Commissioners, appeal board members, and relevant administrative staff of the agency. This information is readily available without having to be a member of the ACEN and no password is required to access this information.

The agency provided screen prints or downloads of this information from its website as Exhibits 004-307b. Department staff confirmed the information was also readily available on the agency's website.
Criteria: 602.23(b)

Description of Criteria

(b) In providing public notice that an institution or program subject to its jurisdiction is being considered for accreditation or preaccreditation, the agency must provide an opportunity for third-party comment concerning the institution's or program's qualifications for accreditation or preaccreditation. At the agency's discretion, third-party comment may be received either in writing or at a public hearing, or both.

Narrative:
The ACEN has written policies and procedures to provide public notice and the opportunity for third-party comments regarding programs scheduled for review. Policy #8 Opportunities for Third-Party Comments on programs Scheduled for Initial or Continuing Accreditation outlines the purpose of the policy as ensuring that the accreditation process is responsive to a broad range of constituents. The policy states that comments are welcomed from interested individuals from the nursing community, students, graduates, and the public at large. [EXHIBIT 308]

Programs seeking continuing or initial accreditation are required to notify the public and communities of interest of the opportunity to provide third-party comments. Policy #8 states that the ACEN expects a sincere and thoughtful attempt by programs undergoing review to identify their communities of interest/public and invite comments about the program. Basic information about the visit must be published, and the use of no or low-cost means is encouraged such as program electronic newsletter, governing organization electronic publications, governing organization/nursing program website, email, social media, and/or postings at clinical agencies used by the program. Typically, programs use multiple avenues of publicizing the visit and soliciting comments. The ACEN provides a sample announcement to programs to assist them in the process of publicizing the visit and the opportunity to submit comments. The announcement addresses both written comments and the invitation to a scheduled public meeting to be held during the visit. [EXHIBIT 309] During the visit, peer evaluators verify that the program had a reasonable process for soliciting third-party comments. After the verification, the visitors describe the methods used to announce the site visit to the program’s communities of interest in their report. [EXHIBITS 310; 311; 312; 313]

Guidelines for the solicitation of third-party comments are provided to the program in the nurse administrator’s packet as well as on the ACEN website, which includes information and guidelines about the visit. [EXHIBITS 309; 314] During the site visit, time is scheduled for peer evaluators to meet with
interested members of the public, and attendees may include program graduates, members of the Advisory Council for the program, employers of graduates, potential students, and other members of the public. Anyone who wishes to attend and make comments about the program is welcomed to attend. Conducting a public meeting is discussed with all peer evaluators during their initial training and team chair training, and reminders may be included in the pre-cycle updates. [EXHIBITS 052a, 052b, 052c; 053; 315(a-b)]

An individual interested in submitting information regarding a nursing program to be considered during an upcoming initial or continuing accreditation review should follow Policy #8. The ACEN reserves the right to review and act upon incoming complaints or third-party comments under either Policy #8 or Policy #20 Complaints Against an Accredited Program as appropriate to the circumstance. [EXHIBIT 091] The public announcement directs the commenter to send written comments to the Chief Executive Officer, who reviews the comments and ensures it is handled correctly – either as a third-party comment or complaint. All third-party comments are forwarded to the peer evaluators visiting the program; their review about any concern is incorporated into the team’s report. [EXHIBIT 316]

In the “Accreditation Actions” tab, the list of programs that will be reviewed in upcoming fall or spring cycles is published. [EXHIBIT 317] The notification invites comments being sent to the ACEN.

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**Analyst Worksheet - Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

ACEN’s Policy #8 found in Section II of its Accreditation Manual governs its 3rd party comment process. [Exhibit 308]. The policy puts the onus on programs undergoing initial or continuing accreditation to identify constituents and solicit written or oral 3rd party comments during the program’s comprehensive site or focused review. The policy requires program to publish information about the visit in appropriate outlets. Site visitors meet with and receive oral comments from interested members of the public during the site visit. The policy requires any written comments to be submitted to ACEN who shares the comments with peer evaluators.

ACEN provided the guidelines it has developed for the solicitation of third-party programs [Exhibit 309]. The agency also provided example site visit reports that demonstrate the peer evaluators met with and received 3rd party comments [Exhibits 310-313]. Examples of written comments sent directly to ACEN’s CEO are found in Exhibit 314. ACEN provided a screenshot of its website that lists upcoming site visit. The website invites third party comments and instructs any comments to be sent to ACEN [Exhibit 317]. Lastly, ACEN provided additional examples of 3rd party comments it received directly, via email, for accreditation reviews of programs/institutions in 2021-2022 for the virtual file review conducted during February 2022. The examples in the petition and virtual file review clearly demonstrate ACEN provides an opportunity for third-party comment concerning the institution’s or program’s qualifications for accreditation.

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

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**
(c) The accrediting agency must--

(1) Review in a timely, fair, and equitable manner any complaint it receives against an accredited institution or program that is related to the agency's standards or procedures. The agency may not complete its review and make a decision regarding a complaint unless, in accordance with published procedures, it ensures that the institution or program has sufficient opportunity to provide a response to the complaint;

(2) Take follow-up action, as necessary, including enforcement action, if necessary, based on the results of its review; and

(3) Review in a timely, fair, and equitable manner, and apply unbiased judgment to, any complaints against itself and take follow-up action, as appropriate, based on the results of its review.

Narrative:
The ACEN has written policies that identify the processes and timeframes to be applied when a complaint is received about an accredited nursing program or against itself. Complaints against a program are governed by Policy #20 Complaints Against a Program and complaints against the ACEN are governed by Policy #21 Complaints Against the Accreditation Commission for Education in Nursing.

The ACEN engages in a thoughtful review/analysis and resolution of all complaints about an accredited program. In accordance with Policy #20, the ACEN will review any complaint it receives about a program in a timely, fair, and equitable manner and take follow-up action, as necessary, including enforcement action, if necessary, based on the results of its review.

As stated in Policy #20, the ACEN will only act upon substantiated complaints against an accredited program that indicate:

1. An institution’s and/or program’s noncompliance with the Standards and Criteria;
2. An institution’s and/or program’s noncompliance with ACEN policy; and/or
3. An institution’s and/or program’s noncompliance with its own published policy as said policy relates to the Standards and Criteria.

The ACEN will not interpose itself as a reviewing authority in individual matters such as but not limited to admission; grades; granting or transferability of credits; application of academic policies; fees or other financial matters; disciplinary matters; contractual rights and obligations; personnel decisions; or similar matters. The ACEN will also not seek any type of compensation, damages, re-admission, or other redress on an individual’s behalf. The ACEN will not respond to or act upon any complaint that is defamatory, hostile or profane. In addition, the ACEN will not involve itself in collective bargaining disputes. The ACEN does not accept complaints about individuals. In addition, the ACEN may act upon concerns from a
recognized state or federal agency.

The ACEN expects an individual to attempt to resolve an issue through the institution’s/program’s own published grievance policy/processes before submitting a complaint to the ACEN. Therefore, an individual must use all available grievance procedures and means of appeal within the institution and/or nursing education unit before filing a complaint with the ACEN. The ACEN will not consider a complaint while institutional proceedings or litigation appertaining thereto are ongoing with the complainant. However, if the ACEN determines that the complainant raises issues so immediate that a delay may jeopardize the program’s accreditation status or cause harm to students, the ACEN may at its discretion choose to proceed with its review.

The ACEN reviews all complaints it receives against an accredited program and works to respond to the complaint in a timely manner and when warranted, to resolve a complaint in a fair and equitable manner using processes published in the Accreditation Manual. The agency has a 4-member internal complaint review committee with the goal of furthering the efforts to ensure that each complaint is reviewed timely while encouraging an impartial process. [EXHIBITS 092a, 092b] All complaints submitted are placed on a complaint log, and all documents received are maintained by the year they were received. The complaint log contains information related to the type, status, and final disposition of each complaint submitted. Both substantiated and unsubstantiated complaints are tracked, and all related documents are retained for a period of 8 years.

The complaint review committee will only review complaints submitted on a completed official ACEN complaint form. [EXHIBIT 152(a-x)] The complaint must also contain all applicable exhibits as necessary to validate the claim being made. The committee reviews the complaint and determines whether it is related to the program’s accreditation status; is within the scope of ACEN policy; demonstrates the institution’s and/or program’s non-compliance with the Standards and Criteria, an ACEN policy or the institution’s and/or program’s own published policy as said policy relates to the Standards and Criteria; and there is adequate evidence in support of the allegations made in the complaint.

If the committee determines that the complaint does have sufficient substance relative to the Standards and Criteria and contains appropriate documentation, the Policy #20 complaint process is followed relative to notification sent to the program and the complainant. The complaint is moved through the remainder of the process as outlined in the policy.

The ACEN will review in a timely, fair, and equitable manner and apply unbiased judgment to any complaints against itself and take follow-up action, as appropriate, based on the results of its review. Policy #21 identifies the procedure and timeline for complaints made against the ACEN. These types of complaints are received by the Board of Commissioners Executive Committee (EC). Complaints must be received in writing and are forwarded to the Chief Executive Officer (CEO) for review to ensure the complaint record is complete before forwarding the complaint to the EC. If the EC determines that the complainant raises significant issues, the EC will direct the CEO to appoint a special committee to investigate the complaint in a timely, fair, and equitable manner. Conflicts of interest will be considered in the appointment of the special committee members. Commissioners shall not participate in any capacity on the special committee. The special committee presents its findings and recommendation to the CEO for consideration and the CEO will present the special committee’s findings/recommendation to the Board of Commissioners. The complainant will be notified of the outcome of the complaint.

Since 2015, 1 complaint was filed against the ACEN. [EXHIBIT 319]
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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide the supporting documents listed in Exhibit 319 demonstrating it followed the procedures listed in ACEN’s Policy #21.
ACEN’s policies #20 and #21 address the requirements of this criterion [Exhibit 318]. Policy #20 sets forth ACEN’s procedures relevant to complaints against accredited programs and policy #21 details procedures related to complaints against ACEN. Both policies ensure ACEN reviews in a timely, fail, and equitable manner any complaint it receives against an accredited program or against ACEN itself. Policy #20 ensures the institution or program has sufficient opportunity to provide a response to the complaint prior to ACEN completing its review and making a decision. Policy #20 also contains procedures for ACEN to take follow-up action, as necessary, including enforcement action based on the results of its review.

To demonstrate compliance with this criterion the agency submitted its complaint log [Exhibit 092b] that lists all complaints received by ACEN from 2016-2021, including key dates, complaint summary, and final outcome. ACEN also submitted several complaints it received against accredited programs [Exhibits 092a; 152a-152x]. The exhibits demonstrate that ACEN processed the complaints according to the timelines and procedures in Policy #20. Lastly, ACEN notes it received one complaint against itself. ACEN provided the outcome as determined by the special committee [Exhibit 319]. However, ACEN did not provide the full record of the complaint. The documents referenced in the Special Committee report were not included in the exhibit and therefore Department staff could not confirm ACEN conformed to the timeline and procedures in Policy #21.

For the virtual file review conducted during February 2022, the agency provided an additional 3 complaints submitted since it submitted its petition for recognition in April 2021. A review of the complaints by Department staff confirm that ACEN processed the complaints according to the timelines and procedures in Policy #20.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:
The complaint described in Exhibit 319 occurred in 2015, which was during a previous recognition period. The ACEN has no examples during this recognition period related to ACEN Policy #21 Complaints Against the Accreditation Commission for Education in Nursing. Additionally, Policy #21 was revised since 2015; therefore, the complaint covered in Exhibit 319 would have been subject to procedures no longer applicable.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency clarified that the complaint described in Exhibit 319 occurred outside the current recognition period and was processed under different procedures that are no longer applicable. The agency further clarified it has no records of complaints against itself that were
processed under Policy #21 during the current recognition period. As discussed in the draft analysis, the agency provided ample information and documentation in the petition and as part of the virtual file review demonstrating its Policy #21 is compliant with the requirements of this criterion [(602.23(c)(1) and (2)).

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.23(d)
Description of Criteria

(d) If an institution or program elects to make a public disclosure of its accreditation or preaccreditation status, the agency must ensure that the institution or program discloses that status accurately, including the specific academic or instructional programs covered by that status and the name and contact information for the agency.

Narrative:
Policy #31 Integrity requires an institution and nursing program to maintain honesty and integrity in all disclosures to the ACEN and its representatives, students, and the public. [EXHIBIT 149] If it is determined that an institution and/or nursing education unit is in violation of policy, the Chief Executive Officer (CEO) will inform the institution and/or nursing education unit. If the violation is not corrected, the CEO shall report the matter to the Board of Commissioners for appropriate action.

Policy #9 Disclosure of Information about an Accredited Program gives direction to accredited nursing programs to ensure the accuracy of their accreditation status in any public disclosure while Policy #34 Candidacy for a Governing Organization/Nursing Program Seeking Initial Accreditation provides similar information regarding candidate programs. [EXHIBIT 320] When the disclosure of a program’s accreditation status is made, the disclosure must accurately cite each program (e.g., clinical doctorate/DNP specialist certificate, master’s/PMC, baccalaureate, associate, diploma, and/or practical) and accurately identify each program’s accreditation/candidate status with the ACEN. The phrase “fully accredited” must not be used as partial accreditation is not possible. The disclosure must include all the information as illustrated in Policy #9 or #34, which includes the contact information for the ACEN. If the program publishes incorrect or misleading information about its accreditation/candidacy status or any action by the ACEN related to its accreditation status, the program must immediately provide public correction via a news release or other media.

The requirement to accurately disclose accreditation/candidate information is also stipulated in Standard 3 Students. [EXHIBIT 147] During a visit, peer evaluators review program documents to verify that information intended to inform the public is current, clear, accurate, and consistent, including information about the program’s status and the ACEN’s contact information. [EXHIBITS 142; 143; 144;
ACEN’s Policy #9 found in Section II of its Accreditation Manual, addresses public disclosure of accreditation status [Exhibit 320]. Policy #9 requires, in part, that any a governing organization or nursing program that makes a disclosure regarding its ACEN accreditation status must accurately cite each program and accurately identify its ACEN accreditation status. The policy further requires that the governing organization or nursing program disclose, in part, the name, address, telephone number, and web address of ACEN to all current and prospective students within 7 days of receipt of the decision letter from ACEN.

ACEN ensures the accuracy of this information through its policy on integrity [Policy #31, Exhibit 149], which requires the governing organization/nursing program to demonstrate honesty and integrity in all disclosures. Breach of this policy may affect the accreditation status on the institution/program. ACEN further enforces these polices through Standard 3, Students, and peer evaluators confirm that information intended to inform the public is current, clear, accurate, and consistent, including information about the program’s status and the ACEN’s contact information. ACEN provided examples of reviews of programs that demonstrate peer evaluators confirmed the accuracy of this information [Exhibits 142, 143, 144, 321].
Criteria: 602.23(e)

Description of Criteria

(e) The accrediting agency must provide for the public correction of incorrect or misleading information an accredited or preaccredited institution or program releases about--

1. The accreditation or preaccreditation status of the institution or program;
2. The contents of reports of on-site reviews; and
3. The agency's accrediting or preaccrediting actions with respect to the institution or program.

Narrative:

Policy #31 Integrity requires an institution and nursing program to maintain honesty and integrity in all disclosures to the ACEN and its representatives, students, and the public. [EXHIBIT 149] If it is determined that an institution and/or nursing education unit is in violation of policy, the Chief Executive Officer (CEO) will inform the institution and/or nursing education unit. If the violation is not corrected, the CEO shall report the matter to the Board of Commissioners for appropriate action.

The ACEN has written policies and procedures in place that require accredited programs and those in candidacy to publicly correct misleading and incorrect information related to their accreditation/candidacy status, the content of any review, or the ACEN’s actions with respect to the program. The requirement to publicly correct misleading and incorrect accrediting information appears in Policy #9 Disclosure of Information About an Accredited Program and Policy #34 Candidacy for a Governing Organization/Nursing Program Seeking Initial Accreditation. [EXHIBIT 320]

Additionally, all programs are required to accurately state their accreditation/candidacy status in information intended to inform the public as stated in Standard 3 Students. [EXHIBIT 147] During a visit, peer evaluators review program documents to verify that information intended to inform the public is current, clear, accurate, and consistent, including information about the program’s status and the ACEN’s contact information. Any areas of significant inconsistency are noted in the team’s report. [EXHIBIT 142; 143; 144; 321]

If the program publishes incorrect or misleading information about its accreditation/candidacy status or contents of reports from its review, the program must immediately provide public correction via a news
release or other media. [EXHIBIT 322]

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s Policy #9 requires that the governing organization and/or nursing education unit must immediately provide public correction via a news release or through other media if it publishes incorrect or misleading information about the accreditation status of a nursing program or any action by ACEN relative to the accreditation status of a nursing program [Exhibit 320]. The policy also requires that if the governing organization/nursing education unit makes public the contents from a site visit, it must provide the full context and any statements that are inaccurate or misinterpreted be corrected through a clarifying release to the same audience that received the information. ACEN’s CEO pursues any inaccurate information and if not corrected may refer to the Board of Commissioners for further action.

To demonstrate compliance with this criterion, ACEN submitted an example of a letter sent to a college regarding its candidacy status with ACEN along with the college’s apology and correction of information [Exhibit 322].

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Criteria: 602.23(g)
Description of Criteria

(g) The agency may establish any additional operating procedures it deems appropriate. At the agency's discretion, these may include unannounced inspections.

Narrative:
Per Policy #19 Focused Visit, the Board of Commissioners (BOC) or Chief Executive Officer may determine a focused visit is warranted to review significant accreditation-related information disclosed about a program as a result of:

1. A substantive change;
2. Information revealed about a nursing program between periods of scheduled review;
3. Information received from the institution's accrediting body related to an adverse action;
4. Information received from the program's state regulatory agency for nursing related to a change in its status;
5. Information revealed about a program during the Evaluation Review Panel process;
6. Information received from the U.S. Department of Education regarding an institution's/nursing program's compliance responsibilities under Title IV of the Higher Education Act such as information related to an institution's/nursing program's most recent student loan default rates, the results of financial or compliance audits, program reviews and any other information that may be provided by the U.S. Department of Education.

Typically, a focused visit is scheduled in advance. Focused visits are scheduled as soon as possible, especially if a situation is urgent. [EXHIBIT 189]

Policy #31 Integrity requires that an institution/nursing program demonstrate honesty and integrity in all disclosures to the ACEN and its representatives, students, and the public. If the ACEN has reason to believe that an institution/nursing program has breached this policy, the ACEN will investigate and issue a report of its findings. The investigation will utilize an appropriate process and provides for the institution/nursing program to respond to an alleged breach prior to the ACEN imposing a sanction. [EXHIBIT 149]

Verified breaches may adversely affect the institution's/nursing program’s accreditation status with the ACEN. Depending upon the seriousness of the breach, sanctions by the BOC may result in a letter of censure, being placed on warning, being denied continuing accreditation and being removed from the list of accredited programs, or being denied initial accreditation. Only the decisions by BOC to deny continuing accreditation and remove an institution/nursing program from the list of accredited programs or to deny initial accreditation are appealable actions. Fortunately, there are no examples to
Neither Policy #9 nor Policy #30 precludes an unannounced visit.

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency's policies should definitively state whether its operational procedures include unannounced inspections and provide documentation of any unannounced inspections, as applicable. In addition, the agency must state whether it has adopted any additional procedures not discussed elsewhere in the petition as allowed under this criterion.

Analyst Remarks to Narrative:

ACEN states in its narrative that Policy #19, Focused Site Visits, governs its review of programs when significant accreditation related information is disclosed about the program. The agency notes that focused site visits are typically scheduled in advance. The agency further notes that its policy #19 and policy on integrity [Policy #31, Exhibit 149] do not preclude unannounced site visits. The agency did not state whether it does or has conducted unannounced site visits. Furthermore, the agency did not state if it has adopted additional procedures not discussed elsewhere in the petition as allowed under this criterion.

List of Document(s) Uploaded by Analyst - Narrative

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Response:
The ACEN has not conducted unannounced site visits. ACEN Policy #19 Focused Site Visits was revised to clearly indicate that the ACEN does not conduct unannounced site visits [EXHIBIT 537]. The ACEN has not adopted any additional procedures undiscussed elsewhere in our petition as allowed under this criterion.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency notes it does not conduct unannounced visits and revised its Policy #19 to specifically state it does not conduct unannounced site visits [Exhibit 537]. In addition, the agency states it has not adopted any additional procedures not found in other sections.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.24(a)
Description of Criteria

If the agency is an institutional accrediting agency and its accreditation or preaccreditation enables those institutions to obtain eligibility to participate in title IV, HEA programs, the agency must demonstrate that it has established and uses all of the following procedures:

(a) **Branch campus.**
   The agency must require the institution to notify the agency if it plans to establish a branch campus and to submit a business plan for the branch campus that describes—
   (1) The educational program to be offered at the branch campus; and
   (2) The projected revenues and expenditures and cash flow at the branch campus.

Narrative:
A branch campus must be permanent in nature; offer courses in the program that lead to a degree, certificate, or other recognized educational credential; and must have its own faculty and administrative
or supervisory organization and budgetary and hiring authority. [EXHIBIT 323] Per ACEN Policy #14 Reporting Substantive Changes, accredited programs must receive approval of a branch campus prior to implementation. When the ACEN serves as the Title IV-HEA gatekeeper, the addition of a branch campus must include a business plan inclusive of projected revenues, expenditures, and cash flow for the branch campus. There are no examples to offer; however, the substantive change template a program would complete has prompts to ensure the program provides the required information for 602.24(a). [EXHIBIT 324]

The process used to report this type of substantive change is described in 602.22(a)(1)(i) and further details are provided in 602.22 (a)(1)(ii)(I).

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Analyst Worksheet- Narrative

Analyst Review Status: Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s Accreditation Manual defines branch campus in accordance with the Department’s definition found at 34 C.F.R. 600.2. ACEN’s substantive change policy [Policy #14] requires the institution to notify the agency if it plans to establish a branch campus. The agency’s policy and substantive change report [Exhibit 324] require the institution to report the information required by this criterion.

The agency did not indicate in the petition whether any institutions applied for approval for a branch campus or provide an example of its review of any branch campuses. However, the agency provided several examples for the virtual file review conducted during February 2022. Only one of the examples was an application for an approval for a branch campus by an institution for which ACEN serves as the Title IV gatekeeper. The documentation submitted demonstrates ACEN approved the branch campus according to the requirements of 34 CFR 602.24(a)(1) and (2).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Criteria: 602.24(b)  
Description of Criteria

(b) *Site visits.*
The agency must undertake a site visit to a new branch campus or following a change of ownership or control as soon as practicable, but no later than six months, after the establishment of that campus or the change of ownership or control.

Narrative:
Per ACEN Policy #14 Reporting Substantive Changes, when the ACEN serves as the Title IV-HEA gatekeeper, a focused visit is required for an approved substantive change related to a new branch campus (BC) or following a change of ownership or control. [EXHIBIT 086] Upon approval of a substantive change for a new BC or following a change of ownership or control, a focused visit must occur within 6 calendar months of approval. [EXHIBIT 275]

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Analyst Worksheet - Narrative  
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:
The agency must submit further narrative and documentation to demonstrate how it ensures it conducts site visits to newly established branch campuses within 6 months of the establishment of the branch campus.

Analyst Remarks to Narrative:

ACEN’s substantive change policy [Policy #14] requires the agency to conduct a focused site visit to an approved branch campus or following a change in ownership within 6 months as required by this criterion if the agency serves as the Title IV gatekeeper [Exhibit 086].

The agency provided examples of change in control substantive change requests [Exhibit 275]. The substantive change report demonstrates that the agency approved the change of control and conducted a site visit according to its policy and in accordance with the requirements of this criterion.

For the file review conducted during February 2022 ACEN submitted 3 additional examples of its review of change in ownership or control applications. ACEN was the Title IV gatekeeper for only one of the examples and the documentation demonstrates ACEN conducted a site visit within 6 months of the change in control taking place. However, for the one branch campus approval discussed in 602.24(a), the site visit was scheduled greater than 6 months after the establishment of the branch campus. ACEN approved the branch campus on 4/9/21 and the school established the branch campus on 8/30/21. ACEN has scheduled the site visit to take place March 13-14, 2022, according to an email by the ACEN CEO [Exhibits AA and AB].

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Response:

A site visit for the newly established branch campus was scheduled to be completed within the six-month timeframe; however, the visit was completed two weeks past the six-month timeframe after the branch campus opened [EXHIBIT 517]. The delay in completing the onsite visit was primarily due to safety considerations for the ACEN site visitor. First, the ACEN had to curtail all travel from January 2022 to the third week of February 2022 due to a surge in COVID. Second, the program and site visitor had discussed scheduling the visit in late January 2022, but wintertime travel to Eire, PA, can be treacherous, and program representatives strongly advised not traveling at that time of the year. With these factors taken into consideration, the site visit was scheduled for the earliest possible date for all parties and occurred two weeks after the expected six-month timeframe.

Regarding governing organizations for which the ACEN serves as the institutional accreditor/Title IV gatekeeper and to ensure that expected timelines are met, the ACEN implemented a new process in April 2022 whereby the program is notified of the date by which the site visit for a new branch campus
must be completed [EXHIBIT 527]. This layer of notification will ensure that all parties are well-aware of and responsive to the timeline requirements and expectations.

There are no other examples during this recognition period of conducting a site visit for establishing a new branch campus per 602.24(b) and for which the ACEN serves as the institutional accreditor/Title IV gatekeeper.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency provided additional information and context regarding how it ensures it conducts site visits within six months to newly established branch campuses. For the example provided in the draft analysis [Exhibits AA and AB], ACEN notes it conducted its site visit two weeks after the six month deadline because of travel delays and restrictions due to COVID and winter weather. The agency notes there are no other examples of site visits to a new branch campus per 602.24(b) during the current recognition period. Further, the agency revised its process of notifying programs of upcoming site visits. The new process informs the program of the scheduled date for the focused site visit [Exhibit 527]. The agency states this change will help ensure programs are more aware of and responsive to the timeline requirements.

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Criteria: 602.24(c)(1-2)
Description of Criteria

(c)Teach-out plans and agreements.
   (1) The agency must require an institution it accredits to submit a teach-out plan as defined in 34 CFR 600.2 to the agency for approval upon the occurrence of any of the following events:
       (i) For a nonprofit or proprietary institution, the Secretary notifies the agency of a determination by the institution’s independent auditor
expressing doubt about the institution's ability to operate as a going concern or indicating an adverse opinion or a finding of material weakness related to financial stability.

(ii) The agency acts to place the institution on probation or equivalent status.

(iii) The Secretary notifies the agency that the institution is participating in title IV, HEA programs under a provisional program participation agreement and the Secretary has required a teach-out plan as a condition of participation.

(2) The agency must require an institution it accredits or preaccredits to submit a teach-out plan and, if practicable, teach-out agreements (as defined in 34 CFR 600.2) to the agency for approval upon the occurrence of any of the following events:

(i) The Secretary notifies the agency that it has placed the institution on the reimbursement payment method under 34 CFR 668.162(c) or the heightened cash monitoring payment method requiring the Secretary's review of the institution's supporting documentation under 34 CFR 668.162(d)(2).

(ii) The Secretary notifies the agency that the Secretary has initiated an emergency action against an institution, in accordance with section 487(c)(1)(G) of the HEA, or an action to limit, suspend, or terminate an institution participating in any title IV, HEA program, in accordance with section 487(c)(1)(F) of the HEA.

(iii) The agency acts to withdraw, terminate, or suspend the accreditation or preaccreditation of the institution.

(iv) The institution notifies the agency that it intends to cease operations entirely or close a location that provides one hundred percent of at least one program, including if the location is being moved and is considered by the Secretary to be a closed school.

(v) A State licensing or authorizing agency notifies the agency that an institution's license or legal authorization to provide an educational program has been or will be revoked.

Narrative:
A teach-out agreement, as defined by the ACEN, is used when an institution engages in an orderly process to protect students and arranges with another institution to teach out its nursing students. A teach-out plan, as defined by the ACEN, is used when an institution engages in an orderly process to protect students and the institution plans to teach-out its nursing students. [EXHIBIT 325] A teach-out agreement and teach-out plan are governed by Policy #36 Teach-Out and Policy #14 Reporting Substantive Changes. [EXHIBIT 326]

Both policies ensure the submission of a teach-out agreement or teach-out plan when:

• the Secretary notifies the ACEN of a determination that a nonprofit or proprietary institution's independent auditor expressed doubt about the institution's/nursing program's ability to operate as a going concern or indicating an adverse opinion or a finding of material weakness related to financial stability;
• the institution/program is placed on warning or good cause;
• the Secretary notifies the ACEN that the institution/nursing program is participating in Title IV-HEA programs under a provisional program participation agreement and the Secretary has required a teach-out plan as a condition of participation;
• the Secretary notifies the ACEN that it has placed the institution/nursing program on the reimbursement payment method under 34 CFR 668.162(c) or the heightened cash monitoring payment method requiring the Secretary's review of the institution's/nursing program's supporting documentation under 34 CFR 668.162(d)(2);
• the Secretary notifies the ACEN that the Secretary initiated an emergency action against an institution/nursing program, in accordance with section 487(c)(1)(G) of the HEA or an action to limit, suspend or terminate an institution participating in any Title IV-HEA program, in accordance with section 487(c)(1)(F) of the HEA;
• the ACEN acts to deny continuing accreditation of the institution/nursing program;
• the institution/nursing program notifies the ACEN that it intends to cease operations entirely or close a location that provides 100% of at least 1 program, including if the location is being moved and is considered by the Secretary to be a closed school; and
• a State licensing or authorizing agency notifies the agency that an institution's/nursing program’s license or legal authorization to provide the accredited nursing program has been or will be revoked.

The submission of a teach-out agreement or teach-out plan is a Procedure 3 substantive change, which is described in 602.22(a)(1)(i). This means that the Chief Executive Officer may accept or not accept the submission, request additional information for review, or refer the submission to the Board of Commissioners for consideration and possible further action.

Since Policy #36 was implemented July 2020, the ACEN has required a teach-out agreement or teach-out plan from:

• All programs granted continuing accreditation for good cause in September 2020 [EXHIBIT 327];
• Excelsior College as a result of extending the accreditation of the associate degree nursing program [EXHIBIT 328]; and
• American School of Nursing and Medical Career due to the Accrediting Council for Continuing Education and Training (ACCET) withdrawing institutional accreditation and the New Hampshire Board of Nursing suspending approval of the nursing program. [EXHIBIT 329(a-c)]

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Staff Determination:

The agency must provide further narrative and supporting documentation demonstrating its policies require an institution to submit a teach-out plan when the events described at 602.24(c)(1)(i) and (iii) occur. In addition, the agency must provide further narrative and supporting documentation demonstrating its policies require a teach-out plan and, if practicable, teach out agreements when the events described at 602.24(c)(2)(v) occur.

Analyst Remarks to Narrative:

The agency defines teach-out plan and teach-out agreement in accordance with the definition found at 34 CFR 600.2 [Exhibit 325]. The agency states in its narrative that its Policies # 36, Teach-Out, and #14, Reporting Substantive Changes, require institutions to submit teach-out plans when the events described at 602.24(c)(1)(i-iii) occur. However, a review of those policies by Department staff failed to locate the triggering events listed at 602.24(c)(1)(i) and (ii). The agency’s policy states in general terms that it requires a teach-out plan or agreement when “The United States Department of Education (USDE) or the ACEN requests the teach-out agreement or a teach-out plan as a way for a governing organization/nursing program to demonstrate its obligation to fulfill its educational commitment to currently enrolled nursing students” or “The ACEN has reasonable cause for concern regarding the financial stability and/or continuing operations of a governing organization/nursing program it accredits” [Exhibit 326, Section A]. These are broad statements, and it is not clear if the specific events described in regulation to include a going concern, adverse opinion, or finding of material weakness by the institution’s auditor or the Secretary placing the institution on provisional certification are covered by the agency’s policies. Likewise, it is not clear if these statements cover the triggering events listed at 602.24(c)(2)(i) and (ii). In addition, Department staff could not locate the event described at 602.24(c)(2)(v) under the agency’s list of triggering events found in its Policy #36, Section A or in the glossary.

The agency notes that since it last revised its Policy #26 in July 2020 it has required teach-out plans from programs granted continuing accreditation with good cause [Exhibit 327]; a teach-out agreement for one institution who had its accreditation extended after a loss of accreditation [Exhibit 328]; and a
teach-out plan for one institution due to the institutional accreditor withdrawing accreditation and the state nursing agency suspending approval of the nursing program [Exhibit 329(a-c)]. ACEN provided an additional 3 teach out plans for programs it granted continuing accreditation for good cause for the virtual file review conducted during February 2022. ACEN is not the Title IV gatekeeper for any of the 3 programs.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

Policy #36 Teach Out was revised to incorporate the triggering events per 602.24(c)(1)(i), 602.24(c)(1)(ii), and 602.24(c)(2)(v) [EXHIBIT 538]. Policy #14 Reporting Substantive Changes was edited to correct the federal regulation citation [EXHIBIT 519].

Per 602.24(c)(2)(v), the ACEN has no examples during this recognition period of a state licensing or authorizing agency providing notification that an institution’s license or legal authorization to provide an educational program has been or will be revoked for governing organizations for which ACEN serves as the institutional accreditor/Title IV gatekeeper. However, for governing organizations for which ACEN serves as the institutional accreditor/Title IV gatekeeper, if a state licensing or authorizing agency provided the ACEN notice that an institution’s license or legal authorization to provide an educational program has been or will be revoked, the ACEN would act in accordance with the requirements in 602.24(c)(2)(v).

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency provided additional information and supporting documentation to demonstrate it revised its Policy #36 [Exhibit 538]. The revised policy now requires an institution to submit a teach-out plan for all events described at 602.24(c) in this section. The agency also updated its Policy #14 to correct the regulatory citation. Lastly, the agency further notes there are no examples teach-out plans required by the triggering events listed in this section.

List of Document(s) Uploaded by Analyst - Response

No file uploaded
Criteria: 602.24(c)(3)
Description of Criteria

(3) The agency must evaluate the teach-out plan to ensure it includes a list of currently enrolled students, academic programs offered by the institution, and the names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the institution.

Narrative:
A teach-out agreement and teach-out plan are governed by Policy #36 Teach-Out and Policy #14 Reporting Substantive Changes. [EXHIBIT 326] Per Policy #36, a teach-out agreement and teach-out plan must include a complete list of currently enrolled nursing students and the names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the institution/nursing program.

Since Policy #36 was implemented July 2020, the ACEN has required a teach-out agreement or teach-out plan from:

- All programs granted continuing accreditation for good cause in September 2020 [EXHIBIT 327];
- Excelsior College as a result of extending the accreditation of the associate degree nursing program [EXHIBIT 328]; and
- American School of Nursing and Medical Career due to the Accrediting Council for Continuing Education and Training (ACCET) withdrawing institutional accreditation and the New Hampshire Board of Nursing suspending approval of the nursing program. [EXHIBIT 329(a-c)]

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide further narrative and supporting documentation demonstrating that its policies require the agency to evaluate the teach-out plan to ensure it includes a list of academic programs.

Analyst Remarks to Narrative:

Section C.1. of Policy #36 lists the required elements of every teach-out agreement or teach-out plan [Exhibit 326]. In accordance with this criterion, the policy states that every teach-out agreement or teach-out plan must include at a minimum a list of currently enrolled students and the names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the institution. Policy #36 does not appear to require that all academic programs are listed. The Department recognizes that the agency accredits only nursing programs; however, it is possible that the agency may accredit more than one nursing program type at an institution and this criterion requires all programs to be listed in any teach-out plan or teach-out agreement. Nevertheless, Department staff verified that each of these elements were listed in the teach-out plans and teach-out agreements submitted as supporting documentation, as applicable [Exhibits 327; 328, 329(a)-(c)]. Lastly, ACEN submitted an additional 3 teach out plans for the virtual file review conducted during February 2022. Each plan contained the elements required by this criterion, as applicable.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

Policy #36 Teach Out was revised to clarify that if the ACEN accredits more than one nursing program type at a governing organization, and a teach-out is required, then all programs must be listed in any plan/agreement [EXHIBIT 538].

During this recognition period and for the governing organizations for which ACEN serves as the institutional accreditor/Title IV gatekeeper, the ACEN accredits one governing organization where the ACEN is the institutional accreditor/Title IV gatekeeper. This governing organization has two ACEN-accredited nursing programs, and all programs are “in good standing” and not under the requirements of a teach-out plan or agreement. Therefore, under 602.24(c)(3), there are no examples during this recognition and for the governing organizations for which ACEN serves as the institutional accreditor/Title IV gatekeeper. However, if a governing organization for which the ACEN is the
institutional accreditor/Title IV gatekeeper and the governing organization has more than one ACEN-accredited nursing programs, then ACEN would act in accordance with the requirements in 602.24(c)(3) if a teach-out plan/agreement were to be required.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency revised its Policy #36 to clarify all programs must be listed in a teach-out plan when the agency accredits more than one program at the governing organization. The agency further states there are no examples under 602.24(c)(3) from the current recognition period.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.24(c)(4)
Description of Criteria

(4) If the agency approves a teach-out plan that includes a program or institution that is accredited by another recognized accrediting agency, it must notify that accrediting agency of its approval.

Narrative:
A teach-out agreement and teach-out plan are governed by Policy #36 Teach-Out and Policy #14 Reporting Substantive Changes. [EXHIBIT 326] The submission of a teach-out agreement or teach-out plan is a Procedure 3 substantive change, which is described in 602.22(a)(1)(i). This means that the Chief Executive Officer may accept or not accept the submission, request additional information for review, or refer the submission to the Board of Commissioners for consideration and possible further action. The ACEN will notify the institutional accrediting agency upon the acceptance.

Since Policy #36 was implemented July 2020, the ACEN has required a teach-out agreement or teach-out plan from:

• All programs granted continuing accreditation for good cause in September 2020 [EXHIBIT 327; 330];
• Excelsior College as a result of extending the accreditation of the associate degree nursing program
American School of Nursing and Medical Career due to the Accrediting Council for Continuing Education and Training (ACCET) withdrawing institutional accreditation and the New Hampshire Board of Nursing suspending approval of the nursing program. [EXHIBIT 329(a-c)]

ANALYST WORKSHEET - NARRATIVE

ANALYST REVIEW STATUS:

Meets the requirements of this section

ANALYST REMARKS TO NARRATIVE:

ACEN’s Policy #36 states that when the agency approves a teach-out agreement or teach-out plan that includes an institution or nursing program accredited by another accrediting agency recognized by the Secretary then ACEN must notify the agency of its approval [Exhibit 326, Section C.2]. ACEN provided several examples of notifications under this criterion in Exhibit 330. ACEN also provided 2 additional examples of the notification required by this criterion for the virtual file review conducted during February 2022.

LIST OF DOCUMENT(S)/uploaded BY ANALYST - NARRATIVE

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ANALYST WORKSHEET - RESPONSE

ANALYST REVIEW STATUS:
Criteria: 602.24(c)(5-6)

Description of Criteria

(5) The agency may require an institution it accredits or preaccredits to enter into a teach-out agreement as part of its teach-out plan.

(6) The agency must require a closing institution to include in its teach-out agreement—

(i) A complete list of students currently enrolled in each program at the institution and the program requirements each student has completed;
(ii) A plan to provide all potentially eligible students with information about how to obtain a closed school discharge and, if applicable, information on State refund policies;
(iii) A record retention plan to be provided to all enrolled students that delineates the final disposition of teach-out records (e.g., student transcripts, billing, financial aid records);
(iv) Information on the number and types of credits the teach-out institution is willing to accept prior to the student’s enrollment; and
(v) A clear statement to students of the tuition and fees of the educational program and the number and types of credits that will be accepted by the teach-out institution.

Narrative:
A teach-out agreement and teach-out plan are governed by Policy #36 Teach-Out and Policy #14 Reporting Substantive Changes. [EXHIBIT 326] Both policies ensure a teach-out agreement or teach-out plan includes a:

- complete list of students currently enrolled in the nursing program and the program requirements each student has completed;
- plan to provide all potentially eligible students with information about how to obtain a closed school discharge and, if applicable, information on state refund policies;
- record retention plan to be provided to all enrolled students that delineates the final disposition of teach-out records (e.g., student transcripts, billing, financial aid records);
- Information on the number and types of credits the teach-out institution is willing to accept prior to the student’s enrollment; and
- clear statement to students of the tuition and fees of the educational program and the number and types of credits that will be accepted by the teach-out institution.

Since Policy #36 was implemented July 2020, the ACEN has required a teach-out agreement or teach-out plan from:

- All programs granted continuing accreditation for good cause in September 2020 [EXHIBIT 327];
- Excelsior College as a result of extending the accreditation of the associate degree nursing program [EXHIBIT 328]; and
• American School of Nursing and Medical Career due to the Accrediting Council for Continuing Education and Training (ACCET) withdrawing institutional accreditation and the New Hampshire Board of Nursing suspending approval of the nursing program. [EXHIBIT 329(a-c)]

These teach-outs include:

• complete list of students currently enrolled in the program and the program requirements each student has completed;
• Information on the number and types of credits the teach-out institution is willing to accept prior to the students’ enrollment; and
• clear statement to students of the tuition and fees of the educational program and the number and types of credits that will be accepted by the teach-out institution.

The following are not applicable to these teach-outs:

• plan to provide all potentially eligible students with information about how to obtain a closed school discharge and, if applicable, information on state refund policies; and
• record retention plan to be provided to all enrolled students that delineates the final disposition of teach-out records (e.g., student transcripts, billing, financial aid records).

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

Section C.I of ACEN’s Policy #36 includes the minimum requirements all teach-out plans or teach-out agreements must contain to include all the elements listed at 602.24(c)(6)(i)-(v) [Exhibit 326]. The
agency provided the teach-out plans and teach-out agreements required by ACEN since Policy #36 was adopted July 2020 [Exhibits 327; 328, 329(a)-(c)]. The plans and agreements contain the elements required by this criterion, as applicable.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.24(c)(7-10)

Description of Criteria

(7) The agency must require an institution it accredits or preaccredits that enters into a teach-out agreement, either on its own or at the request of the agency, to submit that teachout agreement for approval. The agency may approve the teachout agreement only if the agreement meets the requirements of 34 CFR 600.2 and this section, is consistent with applicable standards and regulations, and provides for the equitable treatment of students being served by ensuring that the teachout institution—

(i) Has the necessary experience, resources, and support services to provide an educational program that is of acceptable quality and reasonably similar in content, delivery modality, and scheduling to that provided by the institution that is ceasing operations either entirely or at one of its locations; however, while an option via an alternate method of delivery may be made available to students, such an option is not sufficient unless an option via the same method of delivery as the original educational program is also provided;
(ii) Has the capacity to carry out its mission and meet all obligations to existing students; and
(iii) Demonstrates that it—

(A) Can provide students access to the program and services without requiring them to move or travel for substantial distances or durations; and
(B) Will provide students with information about additional charges, if any.

(8) Irrespective of any teach-out plan or signed teach-out agreement, the agency must not permit an institution to serve as a teach-out institution under the following conditions:
(i) The institution is subject to the conditions in paragraph (c)(1) or (2) of this section.
(ii) The institution is under investigation, subject to an action, or being prosecuted for an issue related to academic quality, misrepresentation, fraud, or other severe matters by a law enforcement agency.
(9) The agency is permitted to waive requirements regarding the percentage of credits that must be earned by a student at the institution awarding the educational credential if the student is completing his or her program through a written teach-out agreement or transfer.
(10) The agency must require the institution to provide copies of all notifications from the institution related to the institution's closure or to teach-out options to ensure the information accurately represents students' ability to transfer credits and may require corrections.

Narrative:
A teach-out agreement and teach-out plan are governed by Policy #36 Teach-Out and Policy #14 Reporting Substantive Changes. [EXHIBIT 326] Both policies ensure a teach-out agreement or teach-out plan demonstrates that the teach-out institution:

- has the necessary experience, resources, and support services to provide a nursing program that is of acceptable quality and reasonably similar in content, delivery modality, and scheduling to that provided by the institution that is ceasing operations either entirely or at 1 of its locations;
- has the capacity to carry out its mission and meet all obligations to students;
- can provide students access to the program and services without requiring them to move or travel for substantial distances or durations; and
- will provide students with information about additional charges, if any.

Additionally, irrespective of any teach-out plan or signed teach-out agreement, when known, the ACEN will not permit an institution to serve as a teach-out institution under the following conditions:

- the institution is subject to the conditions of 602.24(c)(1-2); and
- the institution is under investigation, subject to an action, or being prosecuted for an issue related to academic quality, misrepresentation, fraud, or other severe matters by a law enforcement agency.

The ACEN does not have established requirements regarding the number or percentage of credits that must be earned by a student at the institution awarding the credential in nursing.

Policy #36 requires that the institution to provide the ACEN copies of all notifications from the institution related to the institution's closure or to teach-out options to ensure the information accurately represents students' ability to transfer credits and may require corrections, if needed.

Since Policy #36 was implemented July 2020, the ACEN has required a teach-out agreement or teach-out plan from:

- All programs granted continuing accreditation for good cause in September 2020 [EXHIBIT 327];
- Excelsior College as a result of extending the accreditation of the associate degree nursing program [EXHIBIT 328]; and
American School of Nursing and Medical Career due to the Accrediting Council for Continuing Education and Training (ACCET) withdrawing institutional accreditation and the New Hampshire Board of Nursing suspending approval of the nursing program. [EXHIBIT 329(a-c)]

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:

Section D of ACEN’s Policy #36 states that ACEN may only approve teach-out agreements that meet the requirements of 602.24(c)(7)(ii)-(iii). Department staff confirmed all the elements in this section are contained within ACEN’s Policy #36. [Exhibit 326]. Furthermore, the agency states in its narrative and Policy #36 confirms that irrespective of any teach-out plan or signed teach-out agreement, the agency will not permit an institution to serve as a teach-out institution if the institution is subject to the conditions in paragraph (c)(1) or (2) of 602.24 or 602.24(c)(8) [Exhibit 326, Section E]. The agency states in its narrative that it does not have established requirements regarding the number of percentage of credits that must be earned by a student at the institution awarding the credential in nursing and therefore 602.24(c)(9) does not apply. Lastly, Policy #36 also requires that the agency must require the institution to provide copies of all notifications from the institution related to the institution’s closure or to teach-out options to ensure the information accurately represents students’ ability to transfer credits and may require corrections [Exhibit 326, Section C.3].

ACEN provided supporting documentation for the programs/institutions required to submit teach-out plans or teach-out agreements since Policy #36 was adopted in July 2020. [Exhibits 327; 328; 329a-c] The exhibits demonstrate that the agency approved teach-out agreements in accordance with this criterion.
Criteria: 602.24(d)

Description of Criteria

(d) Closed institution. If an institution the agency accredits or preaccredits closes without a teach-out plan or agreement, the agency must work with the Department and the appropriate State agency, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without additional charges.

Narrative:
If an institution/nursing program closes without a teach-out agreement or teach-out plan, per ACEN Policy #16 Closings, the ACEN will work with the U.S. Department of Education and the appropriate state agency, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without additional charges.

In 2018, the Accrediting Council for Independent College and Schools (ACICS) withdrew the accreditation of Brightwood College. At that time, the ACEN accredited the practical program at Brightwood College in Nevada. Despite the ACEN requesting a teach-out agreement before and after Brightwood College closed, the request for a teach-out agreement was ignored before the institution closed. The ACEN encouraged other practical nursing programs in the same geographic region to assist students to the extent possible. [EXHIBITS 256; 331(a-c)]

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Analyst Worksheet - Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide further narrative and supporting documentation demonstrating it has worked with the U.S. Department of Education and appropriate State agency, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without additional charges, as applicable.

Analyst Remarks to Narrative:

ACEN’s Policy #16, Closings, states that “If a governing organization/nursing program closes without a teach-out agreement or teach-out plan, the ACEN will work with the U.S. Department of Education and the appropriate state agency, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without additional charges.” [Exhibit 326, Section 602.24(c)(1-2)].

The agency states in its narrative that it worked with nursing programs to assist students to the extent feasible to complete their education after ACICS withdrew accreditation for Brightwood College and the institution failed to submit a teach-out plan or agreement as requested by ACEN [Exhibit 256; and 331(a)-(c)]. It is not clear based on a review of those exhibits that they meet the requirements of this criterion. It appears that the exhibits included teach out plans and agreements for the closed or closing institutions. In addition, the efforts by the agency to work with the schools on teach-outs as documented in the exhibits appear to be with the institution and not with the Department or state agency as required by this criterion. The Department recognizes this criterion is new as of July 1, 2020 and was not in effect at the time the closures in the exhibits occurred. If the agency has not had a chance to implement this criterion it should state so in its response.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Response:

As acknowledged by Department Staff, the situation with Brightwood College occurred before July 1, 2020. However, this situation occurred during this recognition period; therefore, the following information is provided regarding the actions taken by ACEN related to Brightwood College.

ACICS was the institutional accreditor/Title IV gatekeeper for Brightwood College. Therefore, ACEN was not required under 602.24(d) to assist students. However, the ACEN as the programmatic accreditor acting in good faith on behalf of students (and as noted by Department Staff) attempted to assist the nursing students enrolled in Brightwood College complete their education after ACICS withdrew accreditation for the institution, which ultimately resulted in Brightwood College closing. Despite the ACEN’s attempts, Brightwood College representatives failed to submit a teach-out plan as requested by ACEN, and the ACEN had no access to any type of student information to assist students directly.

The Nevada State Board of Nursing followed its process to assist the students and did not enlist the assistance of the ACEN. If needed or requested, the ACEN would have assisted the Nevada State Board of Nursing to the extent feasible as required by 602.24(d) [EXHIBIT 539].

When this situation emerged, the [b](6) seeking guidance on the Department’s expectations per 602.24(d). During that conversation [b](6) conveyed that, in their judgment, the ACEN fulfilled the expectations of 602.24(d) to the extent feasible, and the ACEN had no leverage to compel Brightwood College representatives to respond to the request for a teach-out plan. Additionally, they agreed that the ACEN should assist the Nevada Board of Nursing if that assistance were requested; however, as already stated, assistance was not requested.

On July 12, 2022, the ACEN became aware of the possibility that the hospital-based diploma nursing program at Lutheran School of Nursing/South City Hospital may close [EXHIBIT 540]. While the ACEN is the institutional accrediting agency, the program was ineligible for Title IV funds due to a previous bankruptcy by a former owner of the hospital. The nurse administrator of the program submitted teach-out paperwork to the ACEN on 8/1/22 and additional information was submitted on 8/4/22 [EXHIBIT 541]. Lutheran School of Nursing/South City Hospital provided students with a path to program completion/teach-out at St. Louis College of Health Careers (SLCHC), an ABHES accredited school. The ACEN also participated in a meeting on 8/5/22 involving the Missouri Board of Nursing, the Missouri Department of Higher Education and Workforce Development, South City Hospital representatives, and other stakeholders; this conversation confirmed that all remaining students were continuing their education at SLCHC. Additionally, the ACEN is in contact with the Missouri Board of Nursing and will assist this State agency and students, to the extent feasible [EXHIBIT 542].

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response
In response to the draft analysis, the agency provided additional information and supporting documentation. Specifically, the agency confirmed the issue with Brightwood College occurred prior to when this regulation came into effect. In addition, ACICS was the institutional accreditor for Brightwood College rather than ACEN, which means this criterion did not apply to ACEN at the time. Nevertheless, ACEN provided more detail and a timeline of its efforts to assist students at Brightwood College, including that it contacted the Accreditation Group staff to ensure it was in compliance with this criterion.

The agency also provided information and documentation related to the closure of a program for which ACEN serves as the institutional accreditor, although the institution was not eligible for Title IV funding. In addition, the program submitted a teach-out plan [Exhibit 541]; therefore, the example is not responsive to this criterion. Nevertheless, ACEN participated in meetings with the appropriate state agency, Missouri Board of Nursing, to confirm students continued their education at the teach-out institution. ACEN continues to work with the state agency and will assist the agency and students, to the extent feasible [Exhibit 542].

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.24(e)

Description of Criteria

e) **Transfer of credit policies.** The accrediting agency must confirm, as part of its review for initial accreditation or preaccreditation, or renewal of accreditation, that the institution has transfer of credit policies that—

   1. Are publicly disclosed in accordance with § 668.43(a)(11); and
   2. Include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.

(Note: This criterion requires an accrediting agency to confirm that an institution's teach-out policies are in conformance with §668.43(a)(11), which reads:

'A description of the transfer of credit policies established by the institution, which must include a statement of the institution's current transfer of credit policies that includes, at a minimum –

(i) Any established criteria the institution uses regarding the transfer of credit earned at another institution and any types of institutions or sources from which the institution will not accept credits;

(ii) A list of institutions with which the institution has established an articulation agreement; and
(iii) Written criteria used to evaluate and award credit for prior learning experience including, but not limited to, service in the armed forces, paid or unpaid employment, or other demonstrated competency or learning”

Narrative:
When peer evaluators review nursing programs for initial or continuing accreditation, in which processes Standard 3, Criterion 3.6 is reviewed, they assess whether the institution/nursing publicly discloses its transfer of credit policy regarding the transfer of credit earned at another institution of higher education. This assessment is documented in the team’s report. [EXHIBITS 332; 333; 334; 335]

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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide further narrative and supporting documentation demonstrating that it confirms as part of an initial accreditation or renewal of accreditation that the institution has transfer of credit policies in conformance with 34 CFR 668.43(a)(11) and include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.
Analyst Remarks to Narrative:

ACEN states in its narrative that peer evaluators assess whether an institution/program publicly discloses its transfer of credit policies as part of its assessment of Standard 6, Criterion 3.6 and provided several examples of self-studies and site visit reports [Exhibits 332-335]. Based on a review of the exhibits, Department staff note that Standard 3, Criterion 3.6 relates to an institution’s/program’s compliance with Title IV eligibility and certification requirements, including default rates and the results of financial or compliance audits. It does not appear from the self-study or site visit reports that transfer of credit policies are reviewed as part of Criterion 3.6. However, it does appear from the exhibits that site visitors review credit of transfer policies under Standard 3, Criterion 3.2, which states “Public information is accurate, clear, consistent, and accessible, including the program’s accreditation status and the ACEN contact information.” Site visitors check a box that states: “The institution has a transfer of credit policy that is publicly disclosed and includes a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.” Although it appears site visitors verified the institution has a transfer of credit policy it is not clear that it was reviewed for all the elements included in 34 CFR 668.43(a)(11).

The agency included an additional three examples for the virtual file review conducted during February 2022. It is not clear from the written discussion under Standard 3, Criterion 3.2 that site visitors confirmed the program’s transfer of credit policies contained at a minimum all of the elements included in 34 CFR 668.43(a)(11). Department staff notes that ACEN does not serve as the Title IV gatekeeper for any of the examples provided.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

Based on feedback in by Department Staff, the ACEN revised Policy #25 Transfer of Credit and the Site Visit Report template to ensure that all elements of 34 CFR 668.43(a)(11) are reviewed and documented during initial and continuing accreditation reviews of programs for which the ACEN is the Title IV gatekeeper [EXHIBITS 543; 544; 545].

During this recognition period, for governing organizations for which the ACEN serves as the institutional accreditor/Title IV gatekeeper, and per Criterion 3.2, the ACEN has a long-standing practice of ensuring that the institutional transfer of credit policies is publicly disclosed and includes a statement of criteria for implementation of these policies during initial and continuing accreditation reviews. Site visitors verify that the transfer of credit policy conforms with 34 CFR 668.43(a)(11) and includes a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education [EXHIBIT 546].

Analyst Worksheet - Response

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency revised its Policy #25 and procedures, which are now in compliance with the requirements of this criterion [Exhibits 543-545]. Specifically, Policy #25 now lists the elements found at 34 CFR 668.43(a)(11). In addition, the agency has updated its Handbook and Site Visit Report Template to reflect the same elements. As previously noted in the draft analysis, the agency already demonstrated its site visitors verified institutions have a transfer of credit policy that is publicly disclosed and includes a statement of the criteria established by the institutions regarding the transfer of credit earned at other institutions of higher education.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.24(f)
Description of Criteria

(f)
(1) Adopt and apply the definitions of “branch campus” and “additional location” in 34 CFR 600.2;
(2) On the Secretary’s request, conform its designations of an institution’s branch campuses and additional locations with the Secretary’s if it learns its designations diverge; and
(3) Ensure that it does not accredit or preaccredit an institution comprising fewer than all of the programs, branch campuses, and locations of an institution as certified for title IV participation by the Secretary, except with notice to and permission from the Secretary.

Narrative:
Per the Glossary, locations are sites where a nursing program is delivered, in whole or part, including the main location, an off-campus instructional site (OCIS), and a branch campus (BC). [EXHIBIT 279] A BC is defined as an additional location of an institution that is geographically separate from and independent of the main campus of the institution. A location is independent of the main campus if the location meets all the following attributes:

- is permanent in nature;
- offers courses in program leading to a degree, certificate or other recognized educational credential;
- has its own faculty and administrative or supervisory organization; and
- has its own budgetary and hiring authority.
A BC is not an OCIS.

When the ACEN is the institutional accreditor, the programs offered at all BCs and locations of an institution are part of the accreditation of the institution. [EXHIBIT 336]

When the ACEN is not the institutional accreditor and the program is offered at multiple locations, then the ACEN will determine whether a program is a single program offered at different sites or multiple programs. [EXHIBIT 337] This depends on several factors, and the ACEN retains the right to determine whether a program is a single program and whether a location at which a program is offered must hold separate accreditation. Factors used to determine program status are described below. [EXHIBIT 338]

Method of Delivery:
When 51% or more of the program is offered in a traditional method of delivery, the program and all locations where the program is offered must be in the same state and under the jurisdiction of the same state regulatory agency for nursing.

When 51% or more of the program is offered through a distance education method of delivery, it is possible for the program and all locations where the program is offered to be in the same state or in different states and under the same or different state regulatory agency. If 2 or more state regulatory agencies are involved, the program must meet all the requirements set by each state regulatory agency for the program.

A program is a single program when all the following criteria are met:

- The program is within a single institution that is accredited through an institutional accrediting agency recognized by the ACEN.
- The program is located only on an institution’s main campus and/or OCIS.
- A single degree, certificate, or diploma is awarded from the same institution to students who successfully complete the program.
- A single National Council State Boards of Nursing program code for the program offered by the single institution.
- There is 1 program of study for each program option offered by the single institution.
- There is 1 set of end-of program student learning outcomes and program outcomes utilized for the program offered by the single institution.
- There is a systematic plan of evaluation in place that addresses the end-of program student learning outcomes and program outcomes for the program offered by the single institution.
- There is 1 nurse administrator for the program.
- All program and nursing education unit personnel at all locations must report to the nurse administrator.
- There is 1 group of faculty members for the program who continually function as a faculty of the whole on a daily basis within a set of established faculty policies through their organization and decision-making processes and continually have input into the curriculum development, delivery and evaluation.
- There is a single set of policies governing all nursing students enrolled in the program that is established by a single institution and a single nursing education unit.

The ACEN retains the right to determine whether a program is a single program and whether a location at which a program is offered must hold separate accreditation.
Does not meet the requirements of this section

Staff Determination:

The agency must provide further narrative and supporting documentation demonstrating it has, on the Secretary's request, conformed its designations of an institution's branch campuses and additional locations with the Secretary's if it learns its designations diverge, if applicable.

Analyst Remarks to Narrative:

As previously discussed in sections 602.22 and 602.24, the agency uses definitions of "branch campus" and "additional locations" that conforms with the Department's definitions found at 600.2 [Exhibit 279]. The agency did not state in its narrative or provide supporting documentation demonstrating it has complied with section 602.24(f)(2) of this section. If the agency has not had to conform the designations of an institution's branch campuses and/or additional locations as described at 602.24(f)(2) it should state that in its response. The agency serves as the Title IV gatekeeper for single purpose institutions that offer certificate, diploma, and professional degree programs and public k-12 schools that offer post-secondary adult practical programs. The agency provided a list of the institutions/programs it accredits that are eligible to participate in title IV, HEA programs [Exhibit 001]. Department staff verified with the Office of Federal Student Aid that as of 8/23/21 58 of the agency's 1,259 accredited institutions/programs use the agency's accreditation to establish eligibility to participate in title IV, HEA programs. The agency states in its narrative and provided supporting documentation to demonstrate that the programs offered at all branch campuses and locations of an institution are part of the accreditation of the institution [EXHIBIT 336].
Response:

During this recognition period and for governing organizations/nursing programs for which ACEN serves as the Title IV gatekeeper, ACEN records show five programs with off-campus instructional sites and two programs with branch campus that are approved by the ACEN or are currently in the review/approval process [EXHIBIT 530].

During this recognition period and for the governing organizations for which ACEN serves as the institutional accreditor/Title IV gatekeeper, ACEN has no record of a request from the Secretary identifying the need for the ACEN to conform its designation of these off-campus instructional sites or branch campuses to a different designation identified by the Secretary. If the Secretary were to make such a request regarding a governing organization for which ACEN serves as the institutional accreditor/Title IV gatekeeper, then ACEN would act in accordance with 602.24(f).

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency confirmed it has not received a request from the Secretary to conform its designations of an institution's branch campuses and additional locations with the Secretary's because the designations diverged. The agency also provided a list of programs with off-campus instructional sites and branch campuses that are approved or under consideration by the agency [Exhibit 530].

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.25(a-e)
Description of Criteria
The agency must demonstrate that the procedures it uses throughout the accrediting process satisfy due process. The agency meets this requirement if the agency does the following:

(a) Provides adequate written specification of its requirements, including clear standards, for an institution or program to be accredited or preaccredited.
(b) Uses procedures that afford an institution or program a reasonable period of time to comply with the agency's requests for information and documents.
(c) Provides written specification of any deficiencies identified at the institution or program examined.
(d) Provides sufficient opportunity for a written response by an institution or program regarding any deficiencies identified by the agency, to be considered by the agency within a timeframe determined by the agency, and before any adverse action is taken.
(e) Notifies the institution or program in writing of any adverse accrediting action or an action to place the institution or program on probation or show cause. The notice describes the basis for the action.

Narrative:
Due process is governed by Policy #4 Types of Commission Actions for Initial and Continuing Accreditation, Policy #34 Candidacy for Governing Organization/Nursing Program Seeking Initial Accreditation, Policy #10 Appeal Process and Submission of New Financial Information Subsequent to Adverse Action and Policy #38 Binding Arbitration. [EXHIBIT 339]

602.23(a)(1-5) describes the ACEN requirements for an institution/nursing program to be accredited.

602.17 and 602.18 describe the procedures and timeframes used that afford an institution/nursing program found to have a deficiency and placed on continuing accreditation with conditions, warning, or for good cause a reasonable period to come into compliance and provide evidence of compliance. Exhibits in 602.17 and 602.18 demonstrate that the ACEN provides written specification of any deficiencies identified at the institution/nursing program examined. Exhibits in 602.17 and 602.18 demonstrate that the ACEN provides sufficient opportunity for a written response by an institution/nursing program regarding any deficiencies identified before any adverse action is taken. [EXHIBIT 245; 340(a-i)]

602.17(b) details the review process. Programs have multiple opportunities to provide written responses throughout the review process (e.g., nurse administrator response form, good cause report) as well as provide additional information for only select Criteria (i.e., 1.5, 1.6, 2.1, 2.2, 2.3, 2.5, 6.1, 6.2, 6.3, and 6.4) before the Evaluation Review Panel (ERP) and Board of Commissioners (BOC) review processes. [EXHIBITS 341; 342] These select Criteria have information that is easily verifiable by written evidence and rarely needs further clarification. However, if a peer evaluator on ERP or the BOC does need further clarification, the peer evaluator can request that the ACEN staff obtain clarification on the peer evaluator's behalf. [EXHIBIT 343]

The BOC can only make an adverse decision (i.e., deny initial or continuing accreditation) based on the information provided by the program. [EXHIBIT 344] The Chief Executive Officer reminds the BOC of this requirement at the beginning of their meeting. [EXHIBIT 203]
Policy #5 Notification of Commission Decisions governs notifying the institution/nursing program in writing of an adverse decision and the notice describes the basis for the decision. [EXHIBITS 245; 345]

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:
The agency has established written policies and standards that address the requirements of this criterion. As discussed throughout section 602.16(a)(1)(i), the agency has written standards that are specific to each nursing program type it accredits. The agency's standards clearly identify how programs can gain and maintain accreditation [Exhibit 098; Policy #34, Exhibit 339]. Sections 602.17 and 602.18 demonstrate that the agency meets sections (b) and (c) of this section.

The agency's Policies #4, #5, #34, and #38 found in Section II of its Accreditation Manual are responsive to the due process requirements required by this section [Exhibit 339]. The policies are detailed and extensive and meet all the requirements of this criterion. The agency's policies afford programs sufficient time and opportunity to comply with its requests for information. Deficiencies are clearly and specifically identified in the site visit team report and the Commission decision letter and, prior to taking any adverse action, programs are afforded an opportunity to respond as evidence by the supporting documentation provided in various sections as well as this section [Exhibits 340a-340i, 341-345]. The agency states that there are no examples of any complaints against the agency regarding due process violations, including any suits filed against the agency or any instances of arbitration to resolve such complaints, and the resolution to those complaints [Exhibit AC in section 602.19(b)].

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.25(f)
Description of Criteria

(f) Provides an opportunity, upon written request of an institution or program, for the institution or program to appeal any adverse action prior to the action becoming final.

(1) The appeal must take place at a hearing before an appeals panel that--
   (i) May not include current members of the agency's decision-making body that took the initial adverse action;
   (ii) Is subject to a conflict of interest policy;
   (iii) Does not serve only an advisory or procedural role, and has and uses the authority to make the following decisions: To affirm, amend, or remand adverse actions of the original decision-making body; and
   (iv) Affirms, amends, or remands the adverse action. A decision to affirm or amend the adverse action is implemented by the appeals panel or by the original decision-making body, at the agency's option; however, in the event of a decision by the appeals panel to remand the
adverse action to the original decision-making body for further consideration, the appeals panel must explain the basis for a decision that differs from that of the original decision-making body and the original decision-making body in a remand must act in a manner consistent with the appeals panel's decisions or instructions.

(2) The agency must recognize the right of the institution or program to employ counsel to represent the institution or program during its appeal, including to make any presentation that the agency permits the institution or program to make on its own during the appeal.

Narrative:
Due process is governed by Policy #4 Types of Commission Actions for Initial and Continuing Accreditation, Policy #34 Candidacy for Governing Organization/Nursing Program Seeking Initial Accreditation, Policy #10 Appeal Process and Submission of New Financial Information Subsequent to Adverse Action, and Policy #38 Binding Arbitration. [EXHIBIT 339]

Policy #10 describes the first due process opportunity – an appeal. Policy #38 describes the final due process opportunity – arbitration.

Policy #10 ensures the appeal takes place at a hearing before an appeals committee that:

• does not include current members of the Board of Commissioners (BOC), which is the decision-making body that took the initial adverse action;
• all committee members are subject to Policy #1 Code of Conduct and Conflict of Interest [EXHIBIT 061];
• recognize the right of the institution/nursing program to employ counsel to represent them during its appeal and make presentations as permitted by Policy #10 during the appeal process;
• committee members have and use their authority to affirm, amend, or remand the BOC's adverse decision; and
• the appeals committee must explain the basis for its decision.

The committee's decision to affirm, amend, or remand the adverse action would be implemented as directed by the appeals committee. [EXHIBIT 233]

Similar provisions are found and followed in Policy #38 if an institution/nursing program chooses to pursue binding arbitration. There are no examples of an institution/nursing program pursuing binding arbitration.

Document(s) for this Section

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ACEN's Policy #10 in Section II of its Accreditation Manual contains the agency's specific appeal requirements [Exhibit 339]. The policy provides the opportunity for review of an adverse action taken by the Board of Commissioners (BOC). The policy describes what actions are eligible for an appeal and the grounds for an appeal. The policy requires a written notification of appeal be sent to the CEO of ACEN within 30 calendar days of receipt of notice of an adverse action. The policy further describes the appointment of the appeal committee and specifies that no member of the BOC may serve on the appeal committee. All members of the appeal committee are subject to the agency's conflict of interest policy [Policy #1, Exhibit 061]. Policy #10 further specifies that the appellant program has the right to employ counsel or other representation. An appeal committee has the authority to affirm, amend, or remand the original decision back to the decision-making body. Decisions made by the appeal committee to affirm or amend are final. Decisions to remand are sent back to the original decision-making body with an explanation for the basis of the decision that differs from the original decision-making body. However, ACEN's policy allows the original decision-making body to affirm its prior decision therefore acting in a manner inconsistent with the appeal panel's decisions and instructions. The policy states: “when remanded to the Board of Commissioners, there is no guarantee that the Board of Commissioners will be the exact same peer evaluators that made the original decision. The current Board of Commissioners will reconsider the case and make a second accreditation decision, which may or may not be the same as the first decision. If the original decision-making body affirms its original decision the program may appeal a second time. If the appeal panel again remands the decision to the original decision-making body and that body again affirms its decisions, then the action cannot be remanded again. In this scenario the appeal panel is operating as little more than an advisory or procedural role because the ultimate decision-making power is left to the original decision-making body. Therefore, the agency's policy is non-compliant with section (f)(4) of this criterion because the original decision-making body in a remand must act in a manner consistent with the appeals panel's decisions or instructions.

The agency notes it has had only one appeal during the recognition period and provide the supporting documentation, including the appeal roster demonstrating application of its appeals process in compliance with this criterion [Exhibit 233]. The appeal panel affirmed the adverse action taken by the BOC.
The ACEN agrees that the section on “remand” in Policy #10 Appeal Process and Submission and Review of New Financial Information Subsequent to Adverse Action was confusing. Therefore, revisions were made to clarify that the decision-making body acts in a manner consistent with the Appeal Committee’s decisions and instructions [EXHIBIT 547]. During the recognition period, the ACEN had one appeal that resulted in the Appeal Committee affirming the Board of Commissioners decision. During the recognition period, there are no examples of an Appeal Committee amending or remanding an adverse action.

In response to the draft analysis, the agency revised its Policy #10. The policy now clearly states that if the Appeal Committee remands a decision it must explain the basis for its decision that differs from that of the original decision-making body and the original decision-making body in a remand must act in a manner consistent with the appeals panel’s decisions or instructions [Exhibit 547]. The agency restates that it has had only one appeal during the current recognition period, which was discussed in the draft analysis.
Narrative:
Due process is governed by Policy #4 Types of Commission Actions for Initial and Continu ing Accreditation, Policy #34 Candidacy for Governing Organization/Nursing Program Seeking Initial Accreditation, Policy #10 Appeal Process and Submission of New Financial Information Subsequent to Adverse Action, and Policy #38 Binding Arbitration. [EXHIBIT 339]

Policy #5 Notification of Commission Decisions and Policy #10 govern notifying the institution/nursing program in writing of the results of its appeal and the basis for the decision. [EXHIBITS 245; 346]

Similar provisions are found in Policy #38 if an institution/nursing program chooses to pursue binding arbitration. There are no examples of an institution/nursing program pursuing binding arbitration.

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Analyst Worksheet - Narrative

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:

ACEN’s Policy #5, Notification of Commission Decisions, in Section II of the agency’s Accreditation Manual addresses this criterion [Exhibit 245]. Specifically, the policy states the outcome of the appeal process and reasons are submitted to the nurse administrator of the nursing program and the governing institution among other parties within 30 calendar days of receiving the decision from the Appeal Committee. The agency notes it has received only one appeal during the recognition period and submitted documentation related to that appeal [Exhibits 346]. The documentation demonstrates ACEN notified the program of the outcome of the appeal and the basis for that result.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:
Criteria: 602.25(h)
Description of Criteria

(h)  
(1) The agency must provide for a process, in accordance with written procedures, through which an institution or program may, before the agency reaches a final adverse action decision, seek review of new financial information if all of the following conditions are met: 
   (i) The financial information was unavailable to the institution or program until after the decision subject to appeal was made. 
   (ii) The financial information is significant and bears materially on the financial deficiencies identified by the agency. The criteria of significance and materiality are determined by the agency. 
   (iii) The only remaining deficiency cited by the agency in support of a final adverse action decision is the institution's or program's failure to meet an agency standard pertaining to finances. 
(2) An institution or program may seek the review of new financial information described in paragraph (h)(1) of this section only once and any determination by the agency made with respect to that review does not provide a basis for an appeal.

Narrative:
Due process is governed by Policy #4 Types of Commission Actions for Initial and Continuing Accreditation, Policy #34 Candidacy for Governing Organization/Nursing Program Seeking Initial Accreditation, Policy #10 Appeal Process and Submission of New Financial Information Subsequent to Adverse Action, and Policy #38 Binding Arbitration. [EXHIBIT 339]

Policy #10 states the following:
If an adverse action is taken by the Board of Commissioners based solely on financial grounds, including Commissioners' action to deny initial accreditation or to deny continuing accreditation, a nursing program may submit and seek review of new financial information prior to the action becoming final if the following conditions are met:

1. The financial information was unavailable to the program until after the adverse action was taken; and
2. The financial information is significant and bears materially on the financial deficiencies identified in support of the adverse action.

There are no examples of an adverse decision for financial reasons.

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

ACEN's Policy #10 in Section II of its Accreditation Manual contains the agency's specific appeal requirements [Exhibit 339]. The language in section “Submission and Review of New Financial Information Subsequent to Adverse Action,” is identical to the regulation and completely addresses (1) and (2) of this criterion.

The agency notes there have been no appeals due to financial reasons during the recognition period.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.26(a)

Description of Criteria

The agency must demonstrate that it has established and follows written procedures requiring it to provide written notice of its accrediting decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public. The agency meets this requirement if the agency, following its written procedures--

(a) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes the decision:

(1) A decision to award initial accreditation or preaccreditation to an institution or program.
(2) A decision to renew an institution’s or program’s accreditation or preaccreditation;

Narrative:
Policy #5 Notification of Commission Decisions [EXHIBIT 245] governs the disclosure of:

1. An accreditation decision no later than 30 calendar days after the Board of Commissioners (BOC) makes their accreditation decisions;
2. An appeal decision no later than 30 calendar days after the Appeal Committee makes their decision; and
3. A binding arbitration decision no later than 30 calendar days after the arbitrators makes their decision.

The BOC meets twice annually to make accreditation decisions, typically in March and September. An appeal and binding arbitration process only occur when needed. The last appeal occurred in 2020. There has not been any binding arbitration process. [EXHIBIT 347]

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

ACEN’s policy #5, Notification of Commission Decisions, found in Section II of the agency’s Accreditation Manual addresses the requirements of this criterion [Exhibit 245]. Specifically, Policy #5 states ACEN will provide written notification within 30 calendar days of accreditation decisions made by the Board of Commissioners to all the entities covered by this section. ACEN submitted an example of a written notice sent March 2020 of all accreditation decisions, including initial and continuing accreditation.

Department staff also confirmed the agency is reporting decisions under this criterion to the Department’s Database of Accredited Postsecondary Institutions and Programs (DAPIP) system. The agency is reminded to continue using the Department’s DAPIP system to report notifications under this criterion in the future as the information is relied upon by Federal Student Aid, state agencies, other accreditors as well as students, families, employer, and taxpayers.

ACEN submitted additional examples of written notices for the virtual file review conducted during February 2022. The examples include notifications sent to the Secretary, the appropriate State licensing
or authorizing agency, the appropriate accrediting agencies, and the public of decisions required by this criterion within 30 days of the BOC’s March 2021 and September 2021 meetings.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.26(b)
Description of Criteria

(b) Provides written notice of a final decision of a probation or equivalent status or an initiated adverse action to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision and requires the institution or program to disclose such an action within seven business days of receipt to all current and prospective students;

Narrative:
The following are accreditation statuses that the Board of Commissioners (BOC) can grant. For Initial Accreditation: Initial Accreditation or Denial of Initial Accreditation. For Continuing Accreditation: Continuing Accreditation, Continuing Accreditation with Conditions, Continuing Accreditation with Warning, Continuing Accreditation for Good Cause, or Denial of Continuing Accreditation.

Per Policy #9 Disclosure of Information about an Accredited Program, any institution/nursing program seeking continuing accreditation must disclose required information as a single disclosure to all current and prospective students within 7 business days of receipt of the decision letter from the ACEN. While the ACEN considers good cause as the equivalent status to probation, the ACEN requires disclosure of the accreditation status regardless of the accreditation status the BOC grants. Additionally, this disclosure also includes the ACEN contact information and link to the ACEN website, which enables access to information made available by the ACEN. [EXHIBIT 348]

Per Policy #34 Candidacy for a Governing Organization/Nursing Program Seeking Initial Accreditation, any institution/nursing program seeking initial accreditation must disclose required information as a single disclosure to all current and prospective students within 7 business days of receipt of the decision letter from the ACEN. This disclosure also includes the ACEN contact information and link to the ACEN website, which enables access to information made available by the ACEN. [EXHIBIT 088]

Document(s) for this Section
As discussed in section 602.26(a), the agency’s Policy #5 requires ACEN to provide written notice of all accreditation decisions made by the Board of Commissioners to all the entities covered by this criterion within 30 calendar days of the decision. Further to this section, ACEN notes the Board of Commissioners can grant the following accreditation statuses: Initial Accreditation or Denial of Initial Accreditation. For Continuing Accreditation: Continuing Accreditation, Continuing Accreditation with Conditions, Continuing Accreditation with Warning, Continuing Accreditation for Good Cause, or Denial of Continuing Accreditation. ACEN states it considers continuing accreditation for good cause to be the equivalent of probation. Policy #9, “Disclosure of Information About an Accredited Program,” found in Section II of the agency’s Accreditation Manual requires programs to disclose all the above-mentioned accrediting statuses granted by the Board of Commissioners be disclosed in a single disclosure to all current and prospective students within 7 business days of receipt of a letter from ACEN notifying the program of the Board of Commissioner’s decision(s). The policy provides exact language nursing programs should use in their disclosure, including for those programs placed on probation or equivalent status or those for which ACEN has initiated adverse action.

ACEN provided an example in section 602.26(a)[Exhibit 347] of its written notification to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public. The notification is of all decisions made at the Board of Commission’s March 2020 meeting and includes probation or equivalent status (good cause) decisions as required by this criterion. The exhibit includes an example of the disclosure statement by the institution to all current and prospective students within 7 business days of receipt as required by this criterion.

Department staff also confirmed the agency is reporting decisions under this criterion to the Department’s Database of Accredited Postsecondary Institutions and Programs (DAPIP) system. The agency is reminded to continue using the Department’s DAPIP system to report notifications under this criterion in the future as the information is relied upon by Federal Student Aid, state agencies, other accreditors as well as students, families, employer, and taxpayers.

ACEN submitted additional examples of written notices for the virtual file review conducted during February 2022. The examples include notifications of the BOC’s March 2021 and September 2021 decisions sent to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program.
Criteria: 602.26(c)
Description of Criteria

(c) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision, but no later than 30 days after it reaches the decision:

(1) A final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation of an institution or program.
(2) A final decision to take any other adverse action, as defined by the agency, not listed in paragraph (c)(1) of this section;

Narrative:
Per Policy #4 Types of Commission Actions for Initial and Continuing Accreditation, the following represent a final decision:

1. The Board of Commissioners (BOC) decision is the final accreditation decision if the institution/nursing program does not appeal the denial of initial or continuing accreditation. The effective end date of the nursing program's accreditation is the date per the BOC decision letter.
2. If the institution/nursing program does appeal, the BOC decision is the final accreditation decision if the institution/nursing program withdraws its appeal before the Appeal Committee renders its decision. The effective end date of the nursing program's accreditation is the original effective end date per the BOC decision letter.
3. If the institution/nursing program does appeal, the decision of the Appeal Committee is the final accreditation decision. If the result of an appeal is to affirm the BOC decision, the original effective end date of the nursing program’s accreditation is also affirmed, which is the original effective end date per the BOC decision letter.
4. If the institution/nursing program pursues binding arbitration, the Appeal Committee’s decision is the final accreditation decision if the institution/nursing program withdraws from binding arbitration before the arbitrators render a decision letter. The effective end date of the nursing program’s accreditation is the original effective end date per the BOC decision letter.
5. If the institution/nursing program pursues binding arbitration, the decision of the arbitrators is the final accreditation decision. If the result of binding arbitration is to affirm the decision of the Appeal Committee, the effective end date of the nursing program’s accreditation is also affirmed, which is the original effective end date per the BOC decision letter.
6. The BOC decision is the final accreditation decision if the institution/nursing program fails to meet any deadline in the appeal process or binding arbitration process. The effective end date of the nursing program's accreditation is the original effective end date per the BOC decision letter.

Overlaying Policy #5 Notification of Commission Decisions and Policy #4 Types of Commission Actions for Initial and Continuing Accreditation, then the required notification by the institution/nursing program will occur no later than 1 calendar day of the final decision. [EXHIBIT 349]

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

As discussed in section 602.26(a), the agency’s Policy #5 requires ACEN to provide written notice of all accreditation decisions made by the Board of Commissioners to all the entities covered by this criterion within 30 calendar days of the decision, including a final decision to deny, revoke, withdraw, suspend, or terminate the accreditation of an institution or program. Policy #5 also provides for notice within 30 days of the outcome of an appeal panel or arbitration process.

ACEN provided an example in section 602.26(a) of its written notification to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public [Exhibit 347 in section 602.26(a)]. The notification is of all decisions made at the Board of Commission’s March 2020 meeting and includes negative decisions as required by this criterion.

Department staff also confirmed the agency is reporting decisions under this criterion to the Department’s Database of Accredited Postsecondary Institutions and Programs (DAPIP) system. The agency is reminded to continue using the Department’s DAPIP system to report notifications under this criterion in the future as the information is relied upon by Federal Student Aid, state agencies, other accreditors as well as students, families, employer, and taxpayers.

ACEN submitted additional examples of written notices for the virtual file review conducted during February 2022. The examples include notifications of the BOC’s March 2021 and September 2021 decisions sent to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies of decisions required by this criterion within 30 days of the BOC’s March 2021 and September 2021 meetings.
Criteria: 602.26(d)
Description of Criteria

(d) Provides written notice to the public of the decisions listed in paragraphs (b) and (c) of this section within one business day of its notice to the institution or program;

Narrative:
Per Policy #5 Notification of Commission Decisions, the ACEN must provide written disclosure to the public of decisions within 1 business day of its notice to the institution/nursing program. [EXHIBIT 245]

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Analyst Worksheet - Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide further narrative and supporting documentation that its policies require notice to the public within one business day as required by this criterion.

Analyst Remarks to Narrative:

ACEN states that Policy #5 requires it to provide written disclosure to the public within 1 business day of its notice to the institution/nursing program [Exhibit 245]. However, Department staff could not confirm
this in its review of the policy. The policy lists the public as one of the entities notified of the Board of Commission’s accreditation decisions, but does not stipulate the 1 business day rule as required by this criterion. The agency has demonstrated its use of its website for communicating with the public about its actions; however, it appears that the 1 business day rule is met because the notice sent to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies and the public about decisions listed in sections 602.26(b) and (c) of this section contain the link to the website that also serves to notify the public.

ACEN submitted additional examples of written notices for the virtual file review conducted during February 2022. The examples include notifications from the BOC’s March 2021 and September 2021 and include decisions listed in paragraphs (b) and (c) of this section. The examples also contain a link to its webpage that serves as the notification to the public.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

Policy #5 Notification of Commission Decisions includes the stipulated one business day rule as required by this criterion. Unfortunately, an old version (dated June 2020) was uploaded as Exhibit 245 in our petition. The current (correct and publicly available) version dated July 2020 has (and has had) the stipulated one business day rule as required by this criterion [EXHIBIT 548].

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency states an incorrect version of its Policy #5 was submitted in the original petition. The agency submitted the current version of the appropriate policy, which was effective July 2020. This version states that the agency provides written notice to the public of the decisions listed in paragraphs (b) and (c) of this section within one business day of its notice to the institution or program [Exhibit 548]. As noted in the draft analysis, the agency demonstrated application of this policy.

List of Document(s) Uploaded by Analyst - Response

No file uploaded
Criteria: 602.26(e)
Description of Criteria

(e) For any decision listed in paragraph (c) of this section, requires the institution or program to disclose the decision to current and prospective students within seven business days of receipt and makes available to the Secretary, the appropriate State licensing or authorizing agency, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for the agency's decision and the official comments that the affected institution or program may wish to make with regard to that decision, or evidence that the affected institution has been offered the opportunity to provide official comment;

Narrative:
Per Policy #9 Disclosure of Information about an Accredited Program, any institution/nursing program seeking continuing accreditation must disclose required denial of continuing accreditation information as a single disclosure to all current and prospective students within 7 business days of receipt of the decision letter from the ACEN. Additionally, this disclosure also includes the ACEN contact information and link to the ACEN website, which enables access to information made available by the ACEN. [EXHIBITS 348; 350]

Per Policy #34 Candidacy for a Governing Organization/Nursing Program Seeking Initial Accreditation, any institution/nursing program seeking initial accreditation must disclose required denial of initial accreditation information as a single disclosure to all current and prospective students within 7 business days of receipt of the decision letter from the ACEN. This disclosure also includes the ACEN contact information and link to the ACEN website, which enables access to information made available by the ACEN. [EXHIBITS 088; 350]

Per Policy #5 Notification of Commission Decisions, within 60 calendar days of a final accreditation decision to deny initial accreditation or deny continuing accreditation, the ACEN will make available to the Secretary of Education, U.S. Department of Education, the nurse administrator of the program, the Chief Executive Officer of the institution, the appropriate state regulatory agency for nursing, the institution's accrediting agency, and the public a brief statement summarizing the reasons for the decision and the official comments that the affected institution/nursing program may wish to make with regard to the decision, if any, or the ACEN will provide evidence that the affected institution was offered the opportunity to provide official comment. [EXHIBIT 245]

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ACEN's Policy #9, Disclosure of Information about an Accredited Program, found in Section II of its Accreditation Manual requires nursing programs to disclose to current and prospective students within 7 business days of receipt of a letter from ACEN advising the program it has been denied continuing accreditation [Exhibit 348]. ACEN notes that its Policy #5 [Exhibit 245] requires a brief statement be submitted within 30 days to the required entities covered by this criterion summarizing the reasons for the decision and the official comments that the affected institution/nursing program may wish to make with regard to the decision, if any, or the ACEN will provide evidence that the affected institution was offered the opportunity to provide official comment. ACEN provided examples of written notices and disclosures meeting this requirement for the virtual file review conducted during February 2022.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Criteria: 602.26(f)

(f) Notifies the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public if an accredited or preaccredited institution or program—

1. Decides to withdraw voluntarily from accreditation or preaccreditation, within 10 business days of receiving notification from the institution or program that it is withdrawing voluntarily from accreditation or preaccreditation;
2. Lets its accreditation or preaccreditation lapse, within 10 business days of the date on which accreditation or preaccreditation lapses.

Narrative:
Per Policy #5 Notification of Commission Decisions, the ACEN is required to notify the Secretary, the appropriate state licensing or authorizing agency, the appropriate accrediting agencies, and the public within 10 business days of the effective date if an accredited nursing program decides to withdraw voluntarily from ACEN accreditation. [EXHIBIT 245; 351]

Per Policy #7 Voluntary Withdrawal, the ACEN will deem as a voluntary withdrawal from accreditation any refusal or failure of an accredited program to submit to a required report or refusal or failure of an accredited program to pay its fees and expenses when due. [EXHIBIT 352] Either of these circumstances constitute a program as “letting its accreditation lapse.” As such, per Policy #5, the ACEN is required to notify the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public within 10 business days of the effective date if an accredited program decides to withdraw voluntarily from ACEN accreditation. To date, all programs have submitted a required report and paid required fees and expenses when due therefore there are no examples to provide.

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Notification to Constituents

Analyst Worksheet - Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide further narrative and documentation that demonstrates it notifies all the parties covered by this criterion within 10 days of receiving notification from a program it is voluntarily withdrawing its accreditation rather than within 10 days of the effective date of that withdrawal.

Analyst Remarks to Narrative:

ACEN's policy #5, Notification of Commission Decisions, found in Section II of the agency's Accreditation Manual partially addresses the requirements of this criterion [Exhibit 245]. The policy states ACEN notifies all of the parties covered by this criterion within 10 business days of receiving a voluntary withdrawal letter. However, the examples it submitted in Exhibit 351 indicate that ACEN's notifications related to this criterion are actually submitted within 10 business days of the effective date of the program's voluntarily withdrawal and not upon initial notification as required. In addition, the agency only submitted its letters to programs acknowledging the voluntary withdrawal and notification of next steps and not the actual notifications to the parties covered by this criterion.

For the virtual file review conducted during February 2022 the agency submitted 5 examples of notices sent to the parties listed in this section notifying them of the voluntary withdrawal from accreditation. It appears that the notices were sent within 10 business days of the effective date of the withdrawal rather than 10 business days from receiving notice the program intends to withdraw.

ACEN further notes that per its Policy #7, Voluntary Withdrawal, that programs that let their accreditation lapse are also considered voluntary withdrawals and therefore the notification requirements of Policy #5 discussed above apply. The agency notes that there have been no programs that have let their accreditation lapse by failing to submit required reports or pay any required fees.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

Department staff assessment was correct that the ACEN's notifications related to this criterion are submitted within 10 business days of the effective date of the program's voluntarily withdrawal and not upon initial notification. The ACEN changed its practice effective 4/2/22 and is now notifying the Secretary, the appropriate state licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public if an accredited nursing program or single-purpose institution within 10
business days of receiving notification from the nursing program or single-purpose institution that it is withdrawing voluntarily from accreditation.

Since 4/2/22, the ACEN received a voluntary withdrawal notification from the following governing organizations/nursing programs.

1. University of Arkansas Grantham

   a. On 4/13/22, University of Arkansas Grantham (Lenexa, AR) notified the ACEN of the intent to voluntarily withdraw its master’s and baccalaureate nursing programs from ACEN accreditation effective 7/1/22 [EXHIBIT 549a].

   b. On 4/15/22, the ACEN sent a letter to University of Arkansas Grantham acknowledging the withdrawal [EXHIBIT 549b].

   c. On 4/15/22, the ACEN notified the public of University of Arkansas Grantham’s intent by posting this information on the ACEN website [EXHIBIT 549c].

   d. On 4/18/22, the ACEN notified the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies [EXHIBIT 549d].

2. Swedish Institute College of Health Sciences

   a. On 3/21/22, Swedish Institute College of Health Sciences (New York, NY) notified the ACEN of the intent to voluntarily withdraw its associate nursing program from ACEN accreditation effective 4/23/22 [EXHIBIT 550a].

   b. On 3/23/22, the ACEN sent a letter to Swedish Institute College of Health Sciences acknowledging the withdrawal [EXHIBIT 550b].

   c. On 4/1/22, the ACEN notified the public of Swedish Institute College of Health Sciences’ intent by posting this information on the ACEN website [EXHIBIT 550c].

   d. On 4/1/22, the ACEN notified the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies [EXHIBIT 550d].

3. Hutchinson Community College

   a. On 8/24/22, Hutchinson Community College (Hutchinson, KS) notified the ACEN of the intent to voluntarily withdraw its practical nursing program from ACEN accreditation effective 12/31/22 [EXHIBIT 552a].
b. On 8/31/22, the ACEN sent a letter to Hutchinson Community College acknowledging the withdrawal [EXHIBIT 552b].

c. On 8/31/22, the ACEN notified the public of Hutchinson Community College’s intent by posting this information on the ACEN website [EXHIBIT 552c].

d. On 8/31/22, the ACEN notified the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies [EXHIBIT 552d].

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft analysis, the agency states it changed its practice effective 4/2/22 and is now compliant with its own policy and this criterion. In addition, the agency submitted three recent examples of programs that submitted voluntary withdrawal letters to ACEN since 4/2/22. In each case, the agency notified the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies within 10 days of receiving notification from the institution or program that it is voluntarily withdrawing accreditation.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.27 (a)(1-4)
Description of Criteria

(a) The agency must submit to the Department—
   (1) A list, updated annually, of its accredited and preaccredited institutions and programs, which may be provided electronically;
   (2) A summary of the agency's major accrediting activities during the previous year (an annual data summary), if requested by the Secretary to carry out the Secretary's responsibilities related to this part;
   (3) Any proposed change in the agency's policies, procedures, or accreditation or preaccreditation standards that might alter its—
       (i) Scope of recognition, except as provided in paragraph (a)(4) of this section; or
(ii) Compliance with the criteria for recognition;
(4) Notification that the agency has expanded its scope of recognition to include distance education or correspondence courses as provided in section 496(a)(4)(B)(i)(I) of the HEA. Such an expansion of scope is effective on the date the Department receives the notification;

Narrative:
Annually, the Chief Executive Officer sends the Director of the Accreditation Group at the U.S. Department of Education a list of its accredited programs and candidate programs. [EXHIBITS 245; 353]

Annually, the Chief Executive Officer sends the Director of the Accreditation Group at the U.S. Department of Education the ACEN Report to Constituents. [EXHIBITS 245; 353]

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

ACEN's Policy #5, Notifications of Commissions Decisions, found in Section II of its accreditation manual addresses the requirements of this criterion. [Exhibit 245]. Specifically, it lists the report category and timelines for notification to the Department to include the items listed in this criterion. Department staff notes that the agency's scope currently includes distance education. In addition, the agency provided an example email it sent to the Department in 2019 that contains an update on the items covered by this criterion, as applicable. [Exhibit 353]

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:
Criteria: 602.27 (a)(5-6),(b)

Description of Criteria

(5) The name of any institution or program it accredits that the agency has reason to believe is failing to meet its title IV, HEA program responsibilities or is engaged in fraud or abuse, along with the agency’s reasons for concern about the institution or program; and

(6) If the Secretary requests, information that may bear upon an accredited or preaccredited institution’s compliance with its title IV, HEA program responsibilities, including the eligibility of the institution or program to participate in title IV, HEA programs.

(b) If an agency has a policy regarding notification to an institution or program of contact with the Department in accordance with paragraph (a)(5) or (6) of this section, it must provide for a case-by-case review of the circumstances surrounding the contact, and the need for the confidentiality of that contact. When the Department determines a compelling need for confidentiality, the agency must consider that contact confidential upon specific request of the Department.

Narrative:
There are no examples of the ACEN believing an institution/nursing program is failing/failed to meet its Title IV-HEA program responsibilities or is/was engaged in fraud or abuse.

Periodically, the ACEN receives requests from U.S. Department of Education representatives for information that may bear upon an accredited institution’s/nursing program’s compliance with its Title IV-HEA program responsibilities, including the eligibility of the institution or program to participate in Title IV-HEA program. Upon receipt, the ACEN responds to these requests. [EXHIBIT 354]

The ACEN does not have a policy regarding notification to an institution/nursing program of contact with the Department in accordance with paragraph 602.27(a)(5) or 602.27(6). The ACEN has always honored the Department’s request to keep their request confidential and has not disclosed the inquiry to the institution/nursing program.

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section
ACEN’s Policy #5, Notifications of Commissions Decisions, found in Section II of its accreditation manual addresses the requirements of this criterion [Exhibit 245 submitted in section 602.27(a)(1)-(4)]. Specifically, Policy #5 states ACEN “will submit to the U.S. Department of Education Secretary information regarding a program’s compliance with federal student aid program requirements if the Secretary requests such information, or if the ACEN believes that the program is failing to meet its Title IV responsibilities or is involved in fraud and abuse with respect to its activities. If circumstances permit and to the extent feasible, prior to submission of information, the program will be provided an opportunity to comment on findings.” ACEN states in its narrative that there have been no examples during the current recognition period of ACEN believing an institution/nursing program is failing/failed to meet its Title IV-HEA program responsibilities or is/was engaged in fraud or abuse.

In addition, ACEN states in its narrative that it does not have a policy regarding notification to an institution or program of contact with the Department. ACEN submitted an example of a response it submitted to the Department’s inquiry regarding a program ACEN placed on probation [Exhibit 354].
There are 3 policies that supplement Policy #3 for accredited programs if eligibility circumstances change:

- **Policy #18 Accreditation Status of the Institution and Policy #22 Program Accreditation Status in Relation to State and Other Accrediting Agency Actions** if the status of the institution with an ACEN-accredited program was changed by its institutional accrediting agency or was changed by a state agency. [EXHIBIT 256]
- **Policy #17 State Regulatory Agency for Nursing Approval** if the status of a nursing program was changed with its state regulatory agency for nursing.

These types of changes would be reported through Policy #14 Reporting Substantive Changes. [EXHIBITS 086; 355]

For programs seeking initial accreditation, **Policy #34 Candidacy for a Governing Organization/Nursing Program Seeking Initial Accreditation** provides additional information. [EXHIBIT 088] For example, a program seeking initial accreditation must have full approval with the state regulatory agency for the Board of Commissioners to grant initial accreditation in accordance with Policy #3. These types of change would be reported through the ACEN staff member assigned to mentor the program. [EXHIBITS 002; 356]

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

ACEN's Policy #3, Eligibility for Initial and Continuing Accreditation, found in Section II of its accreditation manual addresses the requirements of this criterion [Exhibit 002]. Specifically, the policy states, in part, that the governing organization/institution is legally authorized to provide post-secondary education in the state or country the institution or program is located and is legally authorized to grant the credential (degree, diploma, or certificate) for the nursing program seeking accreditation. In addition, Policies #18
and #22 supplement Policy #3 by providing additional requirements related to the accreditation status of the institution and program accreditation status related to state and other accrediting agency actions. [Exhibit 256]. Lastly, Policy #17 requires the nursing program to submit a substantive change request if it has a change in its approval status with a state regulatory agency.

The agency submitted examples demonstrating compliance with this criterion in accordance with its policies for the virtual file review conducted during February 2022. Specifically, the agency provided an example of a college for which it confirmed state authorization and a college whose initial accreditation was denied because it did not state approval.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.28 (b)
Description of Criteria

(b) Except as provided in paragraph (c) of this section, the agency may not grant initial or renewed accreditation or preaccreditation to an institution, or a program offered by an institution, if the agency knows, or has reasonable cause to know, that the institution is the subject of--

(1) A pending or final action brought by a State agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education in the State;
(2) A decision by a recognized agency to deny accreditation or preaccreditation;
(3) A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation; or
(4) Probation or an equivalent status imposed by a recognized agency.

Narrative:
In accordance with Policy #22 Program Accreditation Status in Relation to State and Other Accrediting Agency Actions and in accordance with 602.28, the ACEN may not grant initial or continuing accreditation to a nursing program if there are pending adverse actions against the program or the institution in which the program resides. [EXHIBIT 357] If a pending adverse action is identified, the Board of Commissioners (BOC) will review and decide whether to grant continuing or initial accreditation. There are no examples of this type of situation.
The ACEN notifies programs seeking initial accreditation of the requirement to disclose information regarding potential adverse actions when the Chief Executive Officer and nurse administrator sign the Authorization for Candidacy Process form. [EXHIBIT 358]

All programs seeking initial and continuing accreditation complete an Information for Accreditation Site Visit form; the form reiterates the requirement to notify the ACEN of any pending action or final action by a state agency or accrediting agency to suspend, revoke, withdraw or terminate the institution's/nursing program's accreditation/approval. [EXHIBIT 359]

Per Policy #3 Eligibility for Initial and Continuing Accreditation and in accordance with 602.28, if the ACEN grants initial or continuing accreditation to a program notwithstanding the actions of a recognized institutional accrediting agency or a state agency, the ACEN will provide an explanation to the Secretary of Education, U.S. Department of Education, consistent with ACEN Standards, as to why it granted accreditation. [EXHIBIT 002] Policy #3 also states that if the ACEN is notified that the institution of an ACEN-accredited program is the subject of an adverse action or was placed on probation or an equivalent status by its institutional accrediting agency or a state agency, the ACEN will promptly review the program to determine what action should be taken. [EXHIBIT 256] Finally, the policy states that if the ACEN is notified that an accredited nursing program is the subject of an adverse action or was placed on probation or an equivalent status by its institutional accrediting agency or a state agency, the ACEN will promptly review the program to determine what action should be taken. [EXHIBIT 254]

There are 3 policies that supplement Policy #3 for accredited programs if eligibility circumstances change.

- Policy #18 Accreditation Status of the Institution and Policy #22 Program Accreditation Status in Relation to State and Other Accrediting Agency Actions if the status of the institution with an ACEN-accredited program was changed by its institutional accrediting agency or was changed by a state agency. [EXHIBITS 256; 331(a-c)]
- Policy #17 State Regulatory Agency for Nursing Approval if the status of a nursing program was changed with its state regulatory agency for nursing.

These types of changes would be reported through Policy #14 Reporting Substantive Changes. [EXHIBITS 086; 355]

For programs seeking initial accreditation, Policy #34 Candidacy for a Governing Organization/Nursing Program Seeking Initial Accreditation provides additional information. [EXHIBIT 088] For example, a program seeking initial accreditation must have full approval with the state regulatory agency for the Board of Commissioners to grant initial accreditation in accordance with Policy #3. These types of change would be reported through the ACEN staff member assigned to mentor the program. [EXHIBITS 002; 356]

Document(s) for this Section

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ACEN’s Policy #3, Eligibility for Initial and Continuing Accreditation, found in Section II of its accreditation manual addresses the requirements of this criterion. [Exhibit 002]. Specifically, section G.4.a exactly state the requirements of this criterion. In addition, the agency’s “Candidacy Eligibility Application” form requires a candidate program for initial accreditation certify it is not the subject of any of the actions of this criterion. [Exhibit 358]. Programs are required to recertify this information as part of any site visit [Exhibit 359].

The agency provided several examples of programs that lost ACEN accreditation due to a nursing program being subject to one of the actions described in section 602.28(b)(1)-(4) of this criterion [Exhibits 256, 331a-331c].
Criteria: 602.28 (c)
Description of Criteria

(c) The agency may grant accreditation or preaccreditation to an institution or program described in paragraph (b) of this section only if it provides to the Secretary, within 30 days of its action, a thorough and reasonable explanation, consistent with its standards, why the action of the other body does not preclude the agency's grant of accreditation or preaccreditation.

Narrative:
Per Policy #3 Eligibility for Initial and Continuing Accreditation and in accordance with 602.28, the ACEN may grant initial accreditation or continuing accreditation to an institution/nursing program only if the ACEN provides to the Secretary of the U.S. Department of Education, within 30 calendar days of its action, a thorough and reasonable explanation, consistent with the ACEN Standards, why the action of the other body does not preclude the granting of initial accreditation or continuing accreditation by the ACEN. [EXHIBIT 002]

In accordance with Policy #5 Notification of Commission Decisions, if the ACEN grants initial or continuing accreditation to a program, notwithstanding the actions of another accrediting agency or a state agency, the ACEN will provide an explanation to the Secretary of Education, U.S. Department of Education, within 30 days of a decision in which the ACEN granted initial or continuing accreditation to the institution/nursing program. [EXHIBIT 245]

There are no known examples of the ACEN granting initial accreditation or continuing accreditation to an institution/nursing program that contradicted the action of another accrediting agency or a state agency.

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Analyst Worksheet- Narrative
Analyst Review Status:
ACEN’s Policy #3, Eligibility for Initial and Continuing Accreditation, found in Section II of its accreditation manual addresses the requirements of this criterion. [Exhibit 002]. Specifically, section G.4.b exactly state the requirements of this criterion.

The agency states there are no examples where it has granted initial or continuing accreditation under 602.28(c).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.28 (d)
Description of Criteria

(d) If the agency learns that an institution it accredits or preaccredits, or an institution that offers a program it accredits or preaccredits, is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, the agency must promptly review its accreditation or preaccreditation of the institution or program to determine if it should also take adverse action or place the institution or program on probation or show cause.

Narrative:
The ACEN monitors all notifications received from accrediting agencies. If an institution with an ACEN-accredited or candidate nursing program is subject to an adverse action by another recognized accrediting agency or has been place on probation or an equivalent status of another recognized agency, then the ACEN reviews the situation and takes appropriate action. [EXHIBITS 255; 360]

Policy #17 State Regulatory Agency for Nursing Approval, Policy #18 Accreditation Status of the Governing Organization, and Policy #22 Program Accreditation Status in Relation to State and Other Accrediting Actions provide direction regarding actions taken by an accrediting or state agency. [EXHIBIT 361] These policies require the nurse administrator to report and the ACEN to review if an institution/nursing program is subject to an adverse action by another recognized accrediting agency or
has been placed on probation or an equivalent status of another recognized agency. The self-reporting process is handled with Policy #14 Reporting Substantive Changes. [EXHIBITS 086; 254; 331(a-c)]

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Analyst Worksheet - Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

ACEN’s Policy #3, Eligibility for Initial and Continuing Accreditation, found in Section II of its accreditation manual addresses the requirements of this criterion. [Exhibit 002]. Specifically, section G.4.c exactly states the requirements of this criterion. In addition, the agency’s Policy #18, Accreditation Status of the Governing Organization, states that if the institutional accreditor revokes its accreditation of the governing organization the nurse administrator is required to notify ACEN within 24 hours. ACEN’s Board of Commissioners determines the appropriate actions based on the review of the submitted report.

The agency submitted several examples of reviews initiated after it learned of adverse actions by another recognized accrediting agency [Exhibits 255 and 360]. The agency also submitted two other examples of programs that lost ACEN accreditation after another accrediting agency withdrew institutional accreditation for the virtual file review conducted February 2022.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:
Criteria: 602.28 (e)
Description of Criteria

(e) The agency must, upon request, share with other appropriate recognized accrediting agencies and recognized State approval agencies information about the accreditation or preaccreditation status of an institution or program and any adverse actions it has taken against an accredited or preaccredited institution or program.

Narrative:
Upon request, the ACEN will share with recognized accrediting agencies and recognized state approval agencies information about the accreditation status of an institution/nursing program about any adverse actions taken against the institution/nursing program. [EXHIBIT 362]

Per Policy #5 Notification of Commission Decisions, constituents receive notification of all decisions made by the Board of Commissioners within 30 days of the decision. Constituents include but are not limited to the U.S. Department of Education Secretary, U.S. Department of Education Case Management Teams, state regulatory agencies for nursing and other appropriate state departments, the Council for Higher Education Accreditation, institutional accreditation agencies, and the public. [EXHIBITS 245; 363] To ensure that any agency and/or member of the public has access to information, the ACEN posts all final accreditation decisions on the ACEN website within 1 business day of sending written notification of the final accreditation decision to the institution/nursing program. [EXHIBIT 364] Information is publicly accessible by searching for a specific nursing program on the ACEN website. [EXHIBIT 365]

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:
Policy #5, Notifications of Commission Decisions, found in Section II of the agency's Accreditation Manual addresses the requirements of this criterion [Exhibit 245]. Policy #5 states, in part, that ACEN notifies all the entities covered by this criterion of all decisions made by its Board of Commissioners within 30 days. The agency further states that this information is publicized on its website [Exhibits 364, 365].

The agency states in its narrative that it would share information concerning the accreditation status with other accrediting agency including state agencies, upon request. For the virtual file review the agency stated it has not received any enquiries about a program/institution accredited by ACEN or one ACEN took action against [Exhibit BB].

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

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3rd Party Written Comments

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Staff Analysis of 3rd Party Written Comments
One commenter stated that the Department’s solicitation of written third-party comments occurred in a vacuum, as the agency’s petition/compliance report or related materials were not made available to the public. The commenter stated that if the agency was in compliance with the requirements of 34 C.F.R. § 602.31(f), then there should be no reason that the agency’s petition/compliance report or related materials could not be made available to the public. Since the information and documentation could not be provided, the commenter concluded that the agency must be out-of-compliance with 34 C.F.R. § 602.31(f). This conclusion does not take into account the Department’s role in processing and decision-making on requests for public disclosure of agency materials, as described in 34 C.F.R. § 602.31(f)(1). In addition, the Department's solicitation of written third-party comments sought comment on the agency’s compliance with the criteria in question pursuant to 34 C.F.R. §§ 602.32(c) and (l). The purpose of the call for written third-party comment is to allow anyone who has any knowledge of an agency undergoing a recognition review by the Department and the agency's compliance or non-compliance with Departmental regulations to provide that information and/or documentation so that Department staff can utilize it in the comprehensive analysis of the agency.
Response to 3rd Party Comments
No response to 3rd Party Written Comments

Document(s) Uploaded in response to 3rd Party Comments
No files were uploaded in response to 3rd Party Comments.

3rd Party Request for Oral Presentation
There are no oral comments uploaded for this Agency.