Type of Submission:
Renewal Petition

### Criteria: Scope of Recognition

**Description of Criteria**

This is the current scope of recognition for your agency which was granted by the Secretary of Education:

The accreditation of professional optometric degree programs and optometric residency programs, and for the pre-accreditation category of Preliminary Approval for professional optometric degree programs.

**Geographic Area of Accrediting Activities:** The United States.

**Narrative:**

The Accreditation Council on Optometric Education (ACOE) requests a correction to its statement of scope to align with that included in its renewal of recognition decision letter dated August 22, 2018. The scope statement should read as follows:

Scope of recognition: the accreditation in the United States of professional optometric degree programs and optometric residency programs, and for the pre-accreditation category of Preliminary Approval for professional optometric degree programs.

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**Document(s) for this Section**

No files uploaded

**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency noted that the scope listed in this section as "Current Scope of Recognition" is not correct. The agency's correct scope, as per the most recent Secretary's decision letter, is: Scope of recognition: the accreditation of professional
The Accreditation Council on Optometric Education (ACOE) is a specialized accrediting agency that accredits only higher education programs – specifically, optometric educational programs. 602.10(a) is not applicable to the ACOE.

The types and levels of programs covered by activities of the ACOE are defined in the American Optometric Association (AOA) Constitution and Bylaws and include schools and colleges of optometry, programs of residency optometric education, and programs of paraoptometric education; note – programs of paraoptometric education are not and are not intended to be included in the ACOE’s scope of recognition (602.10(b): Exhibit 1 AOA Constitution and Bylaws, pg. 11).
The relationship between the ACOE and the American Optometric Association (AOA), the ACOE’s affiliated trade association, is described in an executed Memorandum of Understanding (602.10(b): Exhibit 2 Memorandum of Understanding, all) and describes the autonomous nature of the ACOE’s decision-making authority related to accreditation activities as well as the sources of support provided to the ACOE by the AOA.

The ACOE accredits higher education programs to enable them to establish eligibility for federal programs under the Title VII Public Health Service Act (PHS Act) (42 United States Code Chapter 6A, Subchapter V: Health Professions Education 292-295p).

The specific authority for ACOE’s gatekeeping role for Title VII PHS programs is found in 42USC 295(p), which states, “For purposes of this subchapter:... The terms... "school of optometry"... mean an accredited public or nonprofit private school in a State that provides training leading, respectively, to... a degree of doctor of optometry or an equivalent degree....” Further, 42USC 295p states "The term 'accredited', when applied to a school of...optometry...means a school or program that is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education" (602.10(b): Exhibit 3 42 USC Chapter 6A Subchapter V Health Professions Education, pp. 115, 116).

Title VII programs requiring higher education programs to be recognized by the appropriate agency (which is the ACOE for optometry) follow:

• Health Professions Student Loans (PHS Act Section 721-735) (42USC 292q-292y) (602.10(b): Exhibit 3 42 USC Chapter 6A Subchapter V Health Professions Education, pg. 20);
• Centers of Excellence (PHS Act Section 736) (42USC 293) (602.10(b): Exhibit 3 42 USC Chapter 6A Subchapter V Health Professions Education, pg. 32 (refer to pp. 115, 116 for section 295p));
• Scholarship for Disadvantaged Students (PHS Act Section 737) (42USC 293a) (602.10(b): Exhibit 3 42 USC Chapter 6A Subchapter V Health Professions Education, pg. 36);
• Loan Repayments and Fellowships Regarding Faculty Positions (PHS Act Section 738b) (42USC 293b) (602.10(b): Exhibit 3 42 USC Chapter 6A Subchapter V Health Professions Education, pg. 37);
• Educational Assistance in the Health Professions Regarding Individuals from Disadvantaged Backgrounds (PHS Act Section 739) (42USC 293c) (602.10(b): Exhibit 3 42 USC Chapter 6A Subchapter V Health Professions Education, pg. 38); and
• Education and Training Relating to Geriatrics (PHS Act Section 753) (42USC 294c) (602.10(b): Exhibit 3 42 USC Chapter 6A Subchapter V Health Professions Education, pg. 57 (refer to pp. 115, 116 for section 295p)).
The Southern California College of Optometry relies on the ACOE’s accreditation to participate in federally funded loan programs established by Title VII of the Public Health Services Act (602.10(b): Exhibit 4 Documentation from SCCO Re Title VII HRSA notification of awards, all).

The ACOE also accredits higher education programs to participate in the Department of Veterans Affairs, Veterans Health Administration education and training program for optometry residency programs. The Department of Veterans Affairs (VA) requires all optometric education provided at the VA to be accredited by the appropriate accrediting body; the ACOE is the accrediting body for the schools and colleges of optometry and for their residency programs. The VA also requires optometric residencies maintain accreditation for continued funding (602.10(b): Exhibit 5 VHA Handbook, pp. H-5 – H-16, or pp. 40-42 of the PDF).

All the U.S. programs that the ACOE accredits are located in or affiliated with educational institutions accredited by a recognized institutional accrediting body, also known as regional accreditors. The regional accreditors serve as gatekeepers for Title IV funds, as applicable (602.10(b): Exhibit 6 ACOE Policy and Procedure Manual 07-2021, pg. 7).

The Illinois College of Optometry (ICO) is an example of an institution where its institutional accreditation from the Higher Learning Commission (HLC) enables it to access Title IV funding, while also holding programmatic accreditation from the ACOE.

### 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 demonstrate that it has a valid Federal link by providing evidence of a non-HEA Federal program for which its accreditation is necessary to establish eligibility for participation for one of its accredited programs.

**Analyst Remarks to Narrative:**

Part (a) of this criterion does not apply to the agency, which does not serve as an institutional accreditor and does not serve as a gatekeeper for Title IV programs. The agency cites several different Title VII programs authorized by the Public Health Service Act which are available to schools of optometry which are accredited by a recognized body approved by the Secretary of Education (Exhibit 3). However, while accreditation by the ACOE is sufficient to meet the requirements for these programs, they also accept general institutional accreditation, meaning that ACOE’s programs, which are located within or affiliated with institutions accredited by an institutional accreditor, would not need ACOE’s accreditation in order to apply for these programs.

The agency must demonstrate that it has a valid Federal link by providing evidence of a non-HEA Federal program for which its accreditation is necessary to establish eligibility for participation for one of its accredited programs.

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

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Response:

Accreditation from the ACOE enables professional optometric degree programs to establish eligibility for federal funding under the National Institutes of Health (NIH)
Research Enhancement Award Program (REAP) for Health Professional Schools and Graduate Schools.

The specific authority for ACOE’s gatekeeping role for NIH REAP programs is found in PAR-22-060, which states,

“Health professional schools and colleges are accredited institutions that provide education and training leading to a health professional degree, including but not limited to: ... OD.... Eligible health professional schools/colleges may include schools or colleges of ... optometry.... Accreditation must be provided by a body approved for such purpose by the Secretary of Education.” (602.10(b): Exhibit 70 PAR-22-060 NIH REAP, pg. 10).

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the draft staff analysis, the agency identified its federal link as the NIH Research Enhancement Award Program (REAP) for health professional schools and graduate schools. The statute quoted by the agency specifically requires accreditation recognized by the USDE, and the program includes schools of optometry in its list of types of eligible health profession schools.

The agency did not state whether any schools participate or applied to participate in these programs during the review period. However, in accordance with (b) of this section, the agency must demonstrate that: “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.” Based on the regulatory language, current participation of an accredited program in the REAP is not a require to demonstrate a Federal Link. Therefore, the agency has met the requirements of this section.

**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 government;

(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:

The ACOE conducts its activities in the United States (including Puerto Rico) and in Canada. The ACOE falls under the geographic area described in 602.11(c); 602.11(a) and 602.11(b) are not applicable to the ACOE (602.11(c): Exhibit 61 List of states with ACOE programs, all)

Twenty-five (25) professionals optometric degree programs are accredited by the ACOE; two are based in Canada (602.11(c): Exhibit 7 List of accredited optometric degree programs, all). Two hundred fifty-six (256) optometric residency programs are accredited by the ACOE (602.11(c): Exhibit 8 List of accredited optometric residency programs, all). No programs are currently preaccredited; preaccreditation status is applicable only to professional optometric degree programs (602.11(c): Exhibit 9 List of preaccredited optometric degree programs, all).

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**Analyst Worksheet - Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency accredits programs throughout the United States and its territories. The agency provided separate lists of its current accredited optometric degree programs (Exhibit 7), accredited optometric residency programs (Exhibit 8), its preaccredited optometric degree programs (Exhibit 9), and a list of states and territories with current ACOE programs (Exhibit 61). The agency’s policy and procedures manual (Exhibit 6, p.7) does not restrict its area of accrediting activities by geography but does require that its accredited programs be located within or affiliated with an institutional accrediting agency.

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

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**Response:**

The ACOE attests the geographic area of its accrediting activities is the same as it was at the time of its petition submission.

**Analyst Worksheet - Response**

**Analyst Review Status:**

**Analyst Remarks to Response**

The agency was not required to respond to this section since it was found compliant in the draft. The response provide by the agency strengthens the staff analysis and Department staff continues to find the agency compliant in this section.

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

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(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 ACOE meets the categorization described in 602.14(a)(3) – the ACOE has voluntary membership and its principal purpose is the accreditation of higher education programs to provide a link to non-HEA Federal programs in accordance with 602.10.

The formation of the ACOE is governed by the Constitution and Bylaws of the American Optometric Association (AOA), the ACOE’s affiliated trade association, which defines the ACOE’s membership and its principal purpose (602.14(a)(3): Exhibit 1 AOA Constitution and Bylaws, pg. 11).

The ACOE’s recognition by the U.S. Department of Education allows it to serve as a gatekeeper for federal funds for several Title VII US Public Health Service programs and the Department of Veterans Affairs as discussed under 602.10. All the U.S. programs that the ACOE accredits are located in or affiliated with educational institutions which are accredited by an institutional accrediting body that serves as a gatekeeper for Title IV funds (602.14(a)(3): Exhibit 6 ACOE Policy and Procedure Manual 07-2021, pg. 7).

The ACOE maintains and publishes on its website its Policy and Procedure Manual (602.14(a)(3): Exhibit 6 ACOE Policy and Procedure Manual, all). Accreditation Standards associated with the programs it accredits within the scope of its recognition from the U.S. Department of Education - professional optometric degree programs and optometric residency programs are also published and posted on the ACOE’s website (602.14(a)(3): Exhibit 10 OD Program Standards, all; Exhibit 11 Standards for OD Preliminary Approval, all; Exhibit 12 Residency Program Standards, all).

In the event the ACOE, which is recognized under 602.14(a)(3), may be required to meet the separate and independent requirements in the future, the ACOE provides the following:

• A list of members of the ACOE’s decision-making bodies (including its appeals body) describing each member’s current position or role on that body. The list must identify which member(s) represent the public and the terms of service for each individual. An exhibit has been provided including the roster of the current membership of the ACOE. Appeals panel members are appointed at the time of an appeal and are not members of the ACOE; this is described in the provided ACOE policy and procedure (602.14(a)(3): Exhibit 13 ACOE Member Roster, all; Exhibit 6 ACOE Policy and Procedure Manual, pg. 64);

• Page numbers for the ACOE’s standards, policies, and procedures manual(s) that define: (1) the members of the agency’s decision-making body and their
qualifications; (2) the procedures followed for nominating and electing members of the decision-making body; and (3) definition of public members and policies that determine what percentage of the decision-making body must be representatives of the public. (602.14(a)(3): Exhibit 6 ACOE Policy and Procedure Manual, pp. 4-5, 67, 68);

- A list of all entities the agency considers to be a related, associated, or affiliated trade association or membership organization. The American Optometric Association (AOA) is the only trade association affiliated with the ACOE (602.14(a)(3): Exhibit 14 List of affiliated trade associations, all);

- A statement of independence from any related or affiliated trade association, disclosure of any budgetary, supervisory or decision-making relationship with such organizations, and a description of the agency's policies for establishing and collecting dues separate from dues or membership fees paid to any related trade or professional organization: The ACOE is autonomous in all aspects of its accreditation activities, including but not limited to: promulgation and revision of accreditation standards and procedures, training and selection of site team members, conducting evaluation and interim visits to programs, decisions concerning the accreditation status of programs, and monitoring of accredited programs (602.14(a)(3): Exhibit 2 Memorandum of Understanding, pp. 1, 2; Exhibit 6 ACOE Policy and Procedure Manual, pg. 61);

- Copies of any contracts, MOUs or agreements between the agency and its parent organization regarding personnel actions, the appointment of members of the agency’s board and decision-making bodies, the financial arrangements that exist between the organizations, if any, and agreements regarding payment for the use of shared space or services (602.14(a)(3): Exhibit 2 Memorandum of Understanding, personnel actions – pg. 3, financial arrangements – pg. 2, access to and payment for shared services – pp. 3-4; Exhibit 1 AOA Constitution and Bylaws, pg. 11; Exhibit 6 ACOE Policy and Procedure Manual, pg. 61); and

- A description of the process by which the agency establishes and approves its budget and makes financial decisions: The ACOE develops its proposed annual budget in August for the fiscal year beginning in January. The AOA Board of Trustees reviews the budget request and approves the ACOE budget as a line item within the AOA’s overall budget. The AOA has committed to provide an annual grant of funds up to a predefined threshold to enable ACOE to carry out its functions, to the extent such a grant is authorized by the AOA Board of Trustees. For each of the past two fiscal years (FY 2020 and FY 2019), the AOA has not granted any funds to the ACOE; ACOE revenues collected covered its expenses. The ACOE has tasked its Planning Committee with assessing funding to assure the ongoing viability and effectiveness of the ACOE and makes recommendations to the ACOE, as needed.
Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must clarify its requirements for the accreditation status of an institution where a school of optometry is located.

Analyst Remarks to Narrative:

The agency meets the requirements for category (3) in this section. The agency has a voluntary membership and has as its purpose the accreditation of programs for the purpose of providing a link to non-HEA Federal programs. The agency is not required to meet the separate and independent requirements because it is not a Title IV gatekeeper. The agency discusses its accreditation purposes in its policy and procedures manual (Exhibit 6, p. 7), where it states that it accredits programs located
in or affiliated with institutions accredited by a regional accrediting agency.

However, there is some lack of clarity in the agency’s description of this requirement throughout its petition. On page 28, the policy and procedures manual states that programs seeking accreditation for a professional optometric degree must be located within institutions that are regionally accredited or in the process of seeking regional accreditation. On page 38, the agency states that professional optometric degree programs must be part of an institution that is accredited by a USDE recognized regional or national institutional accrediting body. The agency’s manual states that residency programs must be affiliated with an accredited school of optometry. Since the Department of Education does not recognize the category of regional accrediting agency, and since the agency’s description of this requirement varies throughout its documentation, the agency must clarify its requirements for the accreditation status of an institution where a school of optometry is located.

Terminology associated with the ACOE’s requirements related to institutional accreditation have been clarified throughout its Policy and Procedure Manual. Language has been updated and standardized with respect to the ACOE’s use of the term “regional accrediting agencies.” The revised terminology, “institutional accrediting agency/body,” has been italicized throughout the Manual, where applicable, indicating it is a defined term included in the ACOE’s Glossary. “Institutional accrediting agency/body” is defined as “Accrediting agency that is a member of the Council of Regional Accrediting Commissions and is accepted by the ACOE for purposes of meeting its requirements related to institutional accreditation (may also be referred to as a regional accrediting body).” In addition, throughout the ACOE Policy and Procedure Manual, verbiage specifies when USDE recognition status is required associated with institutional accreditation.

Three instances exist where a proposed professional optometric degree program – one that has not been granted an accreditation status from the ACOE - is not required to be housed within an institution accredited by a USDE recognized institutional accrediting agency that meets the ACOE definition: (1) when a proposed program is seeking the ACOE’s “Stage One designation,” which is an ACOE status granted prior to preaccreditation, (2) when a proposed program is seeking the ACOE’s “Stage Two designation,” which is also an ACOE status granted prior to preaccreditation, and (3) when a proposed program is seeking the ACOE’s Preliminary Approval, a preaccreditation status. Regarding (1), the ACOE does not have a requirement related
to institutional accreditation associated with the granting of this status. Regarding (2) and (3), the institution must possess at least a preaccreditation status (as opposed to an accreditation status). (602.14(a): Exhibit 71 ACOE Policy and Procedure Manual, pp. 7, 30, 52, 55, 72-73; Exhibit 72 Standards for OD Preliminary Approval, pg. 7).

### Analyst Worksheet - Response

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the draft staff analysis, the agency has updated it's documentation to clarify what types of institutions may host a school of optometry that is accredited by the agency (Exhibit 71). The agency has updated its language throughout its policy and procedures manual to state that an accredited school of optometry must be located within a school that has institutional accreditation from an agency recognized by the USDE.

The agency also clarified that schools of optometry seeking a preapproval or preaccreditation status do not need to be hosted within schools that currently have institutional accreditation by an agency recognized by the USDE. However, those schools will only be eligible for regular accreditation by ACOE once the institution the school is located at gains institutional accreditation by a USDE approved institutional accrediting agency.

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

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### 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
The ACOE monitors its staffing level and fiscal capacity to ensure its continued ability to carry out its accreditation activities. The Planning Committee of the ACOE is charged with providing oversight to the ongoing effectiveness and viability of the ACOE and is the source for recommendations to Council associated with accreditation fees, Council or staff size, or changes to the composition of the ACOE (602.15(a)(1): Exhibit 6 ACOE Policy and Procedure Manual, pg. 5).

The ACOE staff consists of five (5) full-time staff members. The Director reports to the Executive Director of the AOA for administrative purposes and to the Chair of the Council for accreditation matters. The team consists of an Associate Director, a Manager of Residency Programs, a Site Visit and Training Specialist, and a Coordinator (602.15(a)(1): Exhibit 15 ACOE Org Chart, all). All staff members have job descriptions associated with their roles and each meets the requisite qualifications. The Director maintains accountability for budget development and management on behalf of the ACOE and is qualified to do so based on education and experience; the ACOE does not employ a dedicated Chief Financial Officer (CFO); the ACOE has access to the support of the CFO of its affiliated trade association, the AOA (602.15(a)(1): Exhibit 16 ACOE Job Descriptions, all; Exhibit 17 Resume of ACOE Director, all; Exhibit 18 Resume of ACOE Associate Director, all; Exhibit 19 Resume of ACOE Mgr Residency Prgms, all; Exhibit 20 Resume of ACOE Site Visit Trng Specialist, all; Exhibit 21 Resume of ACOE Coordinator, all).

The fifth full-time ACOE staff member was added in 2013. The former Director of the ACOE had plans in place to add a sixth staff member to support the continued growth in programs (from 239 in AY2013 to 305 in AY2019, or a Compound Annual Growth Rate (CAGR) of 4.1%). The hiring of the sixth staff member has been deferred for two (2) primary reasons: (1) the COVID-19 pandemic reduced workload for some staff as travel ceased and site visits were deferred, (2) the former Director announced her retirement in mid-2020 and a search commenced for her replacement; given the upcoming change in Director, the sixth position was not filled to allow the new Director to assess need. The current Director joined the ACOE in September 2020 and is in process of assessing staffing needs and structure, including whether a staff-to-program ratio is the right metric upon which to base staffing decisions. A source of efficiency was realized as the ACOE shifted from a paper-reliant process to digital; the impact of this efficiency will continue to be monitored and may mitigate the need for a sixth staff member. The team has been able to maintain all required timelines and continues to monitor feedback from the programs regarding staff assistance to in order to gauge service level; on a scale of 1-5, with 5 being ‘excellent,’ programs rated the ACOE at an average of 5.0 in 2020 and 4.8 in 2019.
The ACOE budget includes a provision for the sixth staff member, which contributes to budget favorability. The lack of travel due to the COVID-19 pandemic has also been a driver of budget favorability. The last two years of ACOE’s annual budgets and annual reports are provided via exhibits (602.15(a)(1): Exhibit 22 2019 Summary Income Statement ACOE, all; Exhibit 23 2020 Summary Income Statement ACOE, all). The Director provides updates on the status of the ACOE’s financial position during Council meetings (602.15(a)(1): Exhibit 24 2020 10 Minutes Fall Meeting, pg. 6).

The ACOE Planning Committee most recently met in February 2020 and discussed workload concerns associated with Council members and the ACOE’s fee structure, with an aim to avoid reliance on funding from the AOA. The Committee forwarded a recommendation to Council regarding a proposal to add membership to the Council and revise programmatic fees in support of sustained financial self-sufficiency (602.15(a)(1): Exhibit 25 2021-02-08 Minutes ACOE Planning Meeting, pg. 3; Exhibit 26 List of administrative and fiscal decisions, all).

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Analyst Worksheet - Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must document its policies and practice for training staff in their roles, to include initial and ongoing training. The agency must provide its two most recent audited financial statements and its two most recent budgets, and describe and document its current financial picture to include budgets that include all sources of revenue to the agency, including support from the AOA or other organizations, loans, or any other sources of income.

Analyst Remarks to Narrative:

The agency described its current staffing structure, which includes a mix of administrative and professional staff sufficient to meet the agency's needs. The agency provided an org chart (Exhibit 15) and job descriptions (Exhibit 16) demonstrating the division of duties in the organization, as well as resumes for its current staff members (Exhibits 17-21). The agency has a Leadership and Professional Development Committee, which supports the training curriculum for council members staff, consultants, appeals panel members, and site visit chairs. The agency requires an annual “orientation” session for council members and staff (Exhibit 6, p. 20). However, the agency did not document how it tracks or maintains training records for staff.

The agency provided two years of budgeted and actual expenses for 2019 and 2020. Each of these two years demonstrated a significant deficit (Exhibit 22 and 23). The
agency provided documentation of meeting minutes and a plan to increase accreditation fees in future years in order to generate enough revenue to cover its own expenses (Exhibits 22-26). The agency stated that its spending has been reduced during the COVID national emergency and provided meeting minutes documenting discussion of the excess funds. However, the agency did not provide audited statements to demonstrate its current financial situation, nor did the agency discuss how it supplemented its accreditation revenue to cover deficits in years prior to the COVID national emergency. The agency's Memorandum of Understanding (Exhibit 2) in Article IV outlines the provision of financial support to the ACOE from the AOA. However, it isn't clear whether the AOA provided financial support to the ACOE during this review period or in what amounts, or if the agency took out loans or other means for covering its deficits in prior years.

The agency must document its policies and practice for training staff in their roles, to include initial and ongoing training. The agency must provide its two most recent audited financial statements and its two most recent budgets, and describe and document its current financial picture to include budgets that include all sources of revenue to the agency, including support from the AOA or other organizations, loans, or any other sources of income.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

ACOE staff participate in the ACOE’s annual orientation training. Evidence of staff participation is documented in meeting minutes; three years of minutes have been provided as exhibits. Additionally, ACOE staff members are onboarded when initially hired. Three staff members have been hired during the current recognition period. Evidence of onboarding is documented in onboarding schedules. (602.15(a)(1): Exhibit 73 2022 08 Minutes Annual Orientation, pg.1; Exhibit 74 2021 08 Minutes Annual Orientation, pg. 1; Exhibit 75 2020 10 Minutes Fall Meeting, pp. 3-4; Exhibit 76 Onboarding Schedule – Director, all; Exhibit 77 Onboarding Schedule – Coordinator, all; Exhibit 78 Onboarding Schedule – Specialist, all).

The current period of recognition initiated in 2018. In 2018, the ACOE’s revenues were lower than its expenses by $54,402.21. The American Optometric Association (AOA), the ACOE’s affiliated trade organization, funded this deficit on the ACOE’s behalf. The funding commitment by the AOA is documented in the Memorandum of Understanding (MOU) that defines the relationship between the ACOE and the AOA. ACOE revenues exceeded expenses in each of 2019, 2020, and 2021, respectively,
without need for funding from the AOA. The ACOE has also accepted contributions
in the amount of $10,000 per year from the Association of Regulatory Boards of
Optometry (ARBO) in each of 2018, 2019, 2020, and 2021. The ACOE does not
expect continued contributions from the ARBO and has considered this in its
planning. The ACOE has not taken out loans or secured funding from any other
external sources. It should be noted that the COVID-19 pandemic favorably impacted
ACOE’s financial results as virtual meetings replaced in-person meetings. The ACOE
budgets conservatively and while the AOA has remained committed to providing
financial support to the ACOE, the ACOE is intent on eliminating this reliance so as
to reinforce its independence; the ACOE’s fee changes were implemented to achieve
that goal. Provided exhibits include the two most recent audited financial statements
for the AOA showing the overall financial health of the association; the finances
associated with the functioning of the ACOE are included within the AOA’s
externally audited financial statements. Additional exhibits include the ACOE’s
Summary Income Statements from 2018, 2019, and 2020, and the ACOE’s budgets
for 2021, 2022, and 2023, showing declining reliance on the AOA for funding.
(602.15(a)(1): Exhibit 79 Audited AOA Financials 2020, all; Exhibit 80 Audited
AOA Financials 2021, all; Exhibit 81 2021 2020 2019 2018 Summary Income
Statements ACOE, all; Exhibit 82 2023 2022 2021 ACOE Budgets, all).

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft staff analysis, the agency stated in its narrative that the AOA
covered a funding shortfall in 2018 but that the agency has not needed additional
financial support since then. While the AOA is committed to provide such support if
needed, as per their memorandum of understanding with the agency, the agency has
raised its accrediting fees in order to ensure it can cover its own expenses without
assistance. The agency provided the requested audit reports (Exhibits 10 and 11) as
well as additional financial information (Exhibits 12 and 13).

The agency discussed and documented their process for training staff when
onboarding them and regularly after hire. The agency provided regular
documentation of its staff trainings through meeting minutes (Exhibits 4-6).

List of Document(s) Uploaded by Analyst - Response

No file uploaded
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:

The members of the ACOE are competent, knowledgeable, and qualified for their roles on the Council. A roster of the Council members is provided as an exhibit and shows for each Council member, his/her role on the Council along with summary-level biographical information supporting each member’s qualifications. The policies and procedures for Council member selection are included within the ACOE Policy and Procedure Manual and emanate from the American Optometric Association (AOA) bylaws; the AOA is the ACOE’s affiliated trade association (602.15(a)(2): Exhibit 13 ACOE Member Roster, all; Exhibit 6 ACOE Policy and Procedure Manual, pp. 4-5).

If an appeal regarding an ACOE decision is filed, an Appeals Panel must be formed. To date no appeals have been filed. The ACOE Appeals Panel is also a decision-making body. Members of the Appeals Panel are not appointed until an appeal is filed by a program. Appeals Panel members and alternates are appointed by the president of the AOA and qualifications are specified in the ACOE’s Policy and Procedure Manual – the Appeals Panel must be composed of an educator, a practitioner, and a non-optometric public member, none of whom can be a member of the ACOE or the AOA Board of Trustees. The Leadership and Professional Development Committee ensures each member of an Appeals Panel will have appropriate training on the ACOE Standards and process specific to the type of program appealing the decision (602.15(a)(2): Exhibit 6 ACOE Policy and Procedure Manual, pp. 21, 64, 67, 68, 69).

Members of the ACOE are trained, as appropriate for their roles, regarding the ACOE’s Standards, policies, and procedures. Training is provided annually and both Council members and staff participate. During annual orientation, experienced ACOE members share insights with new members and review Standards and procedures. A copy of the Orientation Manual from 2020 is provided as an exhibit, with specific reference to the agenda for the session (602.15(a)(2): Exhibit 6 ACOE Policy and Procedure Manual, pg. 20; Exhibit 60 2020 Orientation handout, pp. 2-3).
The ACOE provides training for its evaluation team members, referred to as consultants. Training is hosted by the ACOE’s Leadership and Professional Development Committee and offers a seminar and training materials (602.15(a)(2): Exhibit 6 ACOE Policy and Procedure Manual, pg. 21).

The ACOE provides additional training to consultants prior to assignment as chair of an evaluation visit team. These individuals are nominated by members of the Council or other team chairs (602.15(a)(2): Exhibit 6 ACOE Policy and Procedure Manual, pg. 21).

The ACOE also maintains a list of non-optometric consultants from the higher education community who may be asked to participate with optometric educators and practitioners on evaluation visits to optometric degree programs. The ACOE staff provides non-optometric consultants with a copy of the ACOE training program, which includes information pertaining to the ACOE’s Standards and processes, and the team chair, a member of Council, provides mentoring (602.15(a)(2): Exhibit 6 ACOE Policy and Procedure Manual, pg. 21).

The process for selecting and assigning team members to evaluation visit teams is documented within the ACOE Policy and Procedure Manual. The candidates are selected from the ACOE’s database of trained consultants (602.15(a)(2): Exhibit 6 ACOE Policy and Procedure Manual, pg. 25).

The ACOE does not include within its scope of recognition distance education or correspondence courses.

### Document(s) for this Section

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<th>Exhibit Title</th>
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<td>Exhibit 60 2020 Orientation handout</td>
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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**
The agency must describe and document how it keeps training records for agency representatives, including council members, site visit chairs, and site team members.

**Analyst Remarks to Narrative:**

The ACOE’s policy requires it to fill its council of eleven members based on specific types of qualifications. Two are public members. Three are practitioners, three are associated with an academic optometry program, one is an optometric technician or optometric technician educator. Two are current or recent members of the Association of Regulatory Boards of Optometry. The agency’s policy describes multiple means for nomination or recruitment of council members, with appointment by the President with advice and consent from the AOA’s Board of Trustees (Exhibit 6). The agency provided names and summary information regarding the relevant qualifications of its current council members demonstrating that they meet the agency’s policy requirements (Exhibit 13). The agency’s policies and procedures manual discusses training of council members, which occurs yearly, and the agency provided sample training materials from its October 23, 2020 meeting (Exhibit 60). The agency has a Leadership and Professional Development Committee, which supports the training curriculum for council members, staff, consultants, appeals panel members, and site visit chairs. The agency requires an annual “orientation” session for council members and staff (Exhibit 6, p. 20). However, the agency did not document how it tracks or maintains training records for council members.

The agency’s policies and procedures manual (Exhibit 6) discusses its recruitment and training of site visit team members, which the agency calls consultants. Site visit teams include at least one council member, and additional consultants with at least one educator and one practitioner present on each site visit team (Exhibit 6, p.24). The agency provided a sample 18-month roster of site visit team members during the review period which included designations of their roles on the site visit team as either an educator or practitioner (Exhibit 27). The agency’s policy and procedures manual defines an educator as someone directly engaged in education at a school of optometry (or who has retired within the last two years from optometric education), and a practitioner as someone directly engaged in the practice of optometry in a setting that is primarily devoted to patient care. The agency’s Leadership and Professional Development committee supports the training curriculum for consultants. A sample set of training materials from October 23, 2020 was provided (Exhibit 60). The agency’s policies require site team members to undergo training when selected by the agency for this role and receive additional training prior to being assigned a role as a site team chair. Although the agency has not conducted an appeals panel during the review period, its policies and procedures include the requirement for appropriate training for individuals selected to this role. However, the agency did not document how it tracks training to determine which site team members and new
The agency must describe and document how it keeps training records for agency representatives, including council members, site visit chairs and site team members.

ACOE Council members participate in the ACOE’s annual orientation training. Evidence of Council member participation is documented in meeting minutes; three years of minutes have been provided. (602.15(a)(2): Exhibit 73 2022 08 Minutes Annual Orientation, pp.1-2; Exhibit 74 2021 08 Minutes Annual Orientation, pp. 1-2; Exhibit 75 2020 10 Minutes Fall Meeting, pp. 3-4).

ACOE consultants (the pool of individual from which site visit team members are selected) and team chairs (also members of the consultant pool, deemed senior consultants following completion of team chair training) undergo ACOE training prior to participating in ACOE evaluation visits. Training completion is documented in the ACOE’s database. Evidence provided includes images from the ACOE’s database of samples of training completion logging. In addition, reports of consultant and team chair training completion logs generated from the ACOE database are also included in the submitted evidence. (602.15(a)(2): Exhibit 83 Sample Records of Consilt Team Chair Training, all; Exhibit 84 Consultant And Team Chair Training completed, all).

In response to the draft staff analysis, the agency provided screen shots and records of its training activities for its consultants and team chairs (Exhibits 14 and 15). The agency provided documentation of its training of council members through several years worth of meeting minutes, which describe the training (Exhibits 4-6). The agency also provided additional training records for review by Department staff during a file review.
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 ACOE is the policy setting and decision-making body. In the case of an appeal, the appointed Appeals Panel is also a decision-making body.

The ACOE is comprised of eleven (11) members, of which both educator and practitioner members are required per the AOA Bylaws and ACOE Policy. Per the ACOE Policy and Procedure Manual, at least three (3) members will be educators—“Three are optometrists associated with optometric education programs accredited by the ACOE, with one having expertise in optometric residency education” – and at least three (3) will be practitioners – “Three are optometrists of outstanding professional experience, who are not affiliated with any school or college of optometry and who are not members of any state board of optometric examiners” (602.15(a)(4): Exhibit 6 ACOE Policy and Procedure Manual, pg. 4).

If an appeal regarding an ACOE decision is received, the Appeals Panel, which is the decision-making body, must be composed of an educator, practitioner, and a public member. To date no appeals have been received (602.15(a)(4): Exhibit 6 ACOE Policy and Procedure Manual, pg. 64).

The ACOE relies upon trained consultants to perform evaluation visits on its behalf. Every evaluation team is comprised of at least one (1) educator and one (1) practitioner (602.15(a)(4): Exhibit 6 ACOE Policy and Procedure Manual, pg. 24).


The process for selecting and assigning team members to evaluation visit teams is documented within the ACOE Policy and Procedure Manual. The candidates are selected from the ACOE’s database of trained consultants and ensures team composition includes at least one (1) educator and one (1) practitioner (602.15(a)(4):}

A roster of all individuals who over the period January 1, 2020 – June 30, 2021 participated on site visit teams is provided as an exhibit and indicates each team member’s specific focus (602.15(a)(4): Exhibit 27 ACOE Site Visits with Site Visitors, all).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency documented its policy requirements for educators and practitioners on its decision-making body, on its site visit teams, and on appeals panels (Exhibit 6). The agency provided documentation of its implementation of these requirements for its council (Exhibit 13) and attested that it has not convened an appeals panel during the review period. The agency documented its policy for including educators and practitioners on its site visit teams (Exhibit 6) and documented the presence of educators and practitioners on its site visit teams during a sample period (Exhibit 27).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

ACOE policy continues to require inclusion of both practitioners and educators on Council, on evaluation visit teams, and on appeals panels remains. The ACOE affirms its attestation that no appeal requests have been submitted and the ACOE has not had the need to convene an appeals panel.

**Analyst Worksheet - Response**
The agency was not required to respond to this section since it was found compliant in the draft. The response provided by the agency strengthens the staff analysis and Department staff continues to find the agency compliant in this section.

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

No file uploaded

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**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 ACOE is the primary decision-making body. In the case of an appeal, the appointed Appeals Panel is also a decision-making body.

The ACOE is comprised of eleven (11) members and includes two (2) public members – “The two public members of the Council are individuals who are not educators in or members of the profession of optometry” (602.15(a)(5): Exhibit 6 ACOE Policy and Procedure Manual, pg. 4).

If an appeal regarding an ACOE decision is received, the Appeals Panel, which is the decision-making body in this case, must be composed of an educator, practitioner, and a member of the public. To date, no appeal requests have been received (602.15(a)(5): Exhibit 6 ACOE Policy and Procedure Manual, pg. 64).

The ACOE publishes a definition for the term public member (602.15(a)(5): Exhibit 6 ACOE Policy and Procedure Manual, pg. 69).

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**Document(s) for this Section**
Staff Determination:

The agency must document how they confirm that public members meet agency definitions and Department regulations, such as through a signed attestation or through some other means.

Analyst Remarks to Narrative:

The agency documented its policy of including members of the public on its decision-making body (two on its eleven-member decision-making body) and notes that its policy requires the inclusion of a public member on an appeals panel, should one occur (Exhibit 6). The agency provided appropriate definitions for a public member (Exhibit 6, p.4) and documented the inclusion of public members on the current decision-making body (Exhibit 13). The agency’s policy and procedures manual describes its process for recruiting and appointing public members. If there is an anticipated need, the chair organizes an ad hoc committee to screen candidates, who are solicited through queries placed in the Chronicle of Higher Education, accreditation listservs, and similar locations. Once the candidates have been screened, the ACOE forwards their recommended candidates to the AOA for presidential appointment. However, the agency has not documented how the selected public members confirm they meet definitions that conform the Department’s regulations in this area.

The agency must document how they confirm that public members meet agency definitions and Department regulations, such as through a signed attestation or through some other means.

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

No files uploaded

**Response:**
The process used by the ACOE in the past for assuring its public members meet the ACOE’s definition for a public member (which is defined in the Glossary of the ACOE’s Policy and Procedure Manual) and conform to the Department’s regulations in this area has been managed through the syndication of its ACOE Public Member Fact Sheet, which is distributed to prospective public members. The ACOE Public Member Fact Sheet describes the requirements for a public member of ACOE as well as the duties and responsibilities. Evidence provided shows that all public members appointed during the current recognition period were provided a copy of the ACOE Public Member Fact Sheet at the point of soliciting their interest in the role. (602.15(a)(5): Exhibit 85 public members meet agency definition, all).

Following a recent update to the ACOE Policy and Procedure Manual, in addition to distribution of the ACOE Public Member Fact Sheet, the ACOE secures signed attestations regarding compliance with the ACOE definition of a public member. Evidence of the secured attestations for both the ACOE’s current and previous public members are provided as exhibits (602.15(a)(5): Exhibit 71 ACOE Policy and Procedure Manual, pg. 4; Exhibit 86 Signed Public Member Attestations, all).

### Analyst Worksheet - Response

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the draft staff analysis, the agency provided documentation of its current practice for assuring that public members meet agency policy and department practice. The agency requires signed attestations from public members. The agency provided evidence of its policy in this area in its policy and procedures manual (Exhibit 71) and sample signed attestations in Exhibit 86.

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

No file uploaded

### 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:

ACOE Policy and Procedure provides for effective controls, including guidelines, to prevent or resolve conflicts of interest, or the appearance of conflicts of interest. The ACOE’s Policy applies to all relevant constituencies — Council members (602.15(a)(6)(i)), evaluation team members (which for the ACOE are referred to as consultants, 602.15(a)(6)(iii and iv)), committee volunteers (non-Council members who volunteer to participate on ACOE’s committee(s)), and administrative staff (602.15(a)(6)(v)). Commissioners (602.15(a)(6)(ii)) are not applicable to the ACOE (602.15(a)(6): Exhibit 6 ACOE Policy and Procedure Manual, pg. 11).

The Policy outlines that “each member or representative of the ACOE must be free to take actions and make decisions without undue pressure from any program that the Council recognizes or to any other entity within the optometric profession.” The Policy and Procedure provides for a set of guidelines to assist in assessing whether a potential conflict of interest may exist (602.15(a)(6): Exhibit 6 ACOE Policy and Procedure Manual, pg. 11).

The Procedure addresses key steps taken to control for the prevention of potential conflicts of interest for each relevant constituency. Key aspects of the process include annual completion of conflict of interest disclosure form by each Council member, each Committee member where individual program evaluation is conducted, and each staff member. Site evaluation team members also complete a disclosure form if the version on record with the ACOE is two (2) or more years old. During program-specific discussion and deliberation, Council and Committee members recuse themselves if a potential conflict of interest exists (602.15(a)(6): Exhibit 6 ACOE Policy and Procedure Manual, pp. 12-13).

In addition, the Procedure addresses actions taken to evaluate and resolve instances where a potential for conflict of interest exists. The ACOE Director performs initial assessment of a potential conflict of interest and may engage the ACOE Chair (or Vice Chair is the potential conflict of interest involves the Chair) who is empowered

In the event of an appeal of an accreditation decision, members of the Appeals Panel are also subject to the ACOE’s Policy on Conflicts of Interest (602.15(a)(6)(vi): Exhibit 6 ACOE Policy and Procedure Manual, pg. 64).

The ACOE maintains a form for collection of potential conflicts of interest and associated attestations. A blank copy of the current form is provided as a sample; copies of signed forms will be provided during the on-site file review 602.15(a)(6): Exhibit 28 COI Disclosure - Confidentiality Acknowledgment 07-2021, all).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Substantially Compliant

**Staff Determination:**

Staff will review signed conflict of interest forms during the file review.

**Analyst Remarks to Narrative:**

The agency documented a robust set of policies to address conflict of interest, which applies to members of its decision-making body, staff, and site team members (Exhibit 6, p. 11). The agency provides a thorough definition of scenarios that would constitute a conflict-of-interest and provides several mechanisms for preventing them. The agency requires completion of a yearly conflict of interest disclosure form from each council member and staff member. Site team members complete a conflict-of-interest disclosure form every two years. The procedure for recusal during decision making meetings by members with a conflict of interest is documented on p. 13 of the agency’s policies and procedures manual (Exhibit 6). The agency provides the
opportunity for accredited programs to review potential site visitors and identify any conflicts of interest in the site visit team, as well (Exhibit 6). The agency’s policy and procedures require that appeals panel members also be subject to conflict-of-interest policies. The agency provided a template version of its conflict-of-interest form with the petition. The agency has documented appropriate policies and procedures related to conflict of interest. Staff will review signed conflict of interest forms during the file review.

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

The requested documents are available for Department review as part of the File Review.

Analyst Worksheet - Response

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Response

In response to the draft staff analysis, the agency provided additional requested documentation as part of the file review, which demonstrated the agency's compliance with this section.

List of Document(s) Uploaded by Analyst - Response
No file uploaded

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:

The ACOE maintains a Policy on Document Retention. All items specified in 602.15(b) are addressed in Policy, and includes records of “Its last two full accreditation or preaccreditation reviews of each program, including on-site evaluation visit team reports, the program's responses to evaluation reports, Progress Reports, if any, reports of interim or focus reviews conducted by the ACOE between and since the last two full accreditation or preaccreditation reviews, and copies of the program's last two self-studies associated with full accreditation or preaccreditation reviews; all decision letters issued by the ACOE regarding the accreditation and preaccreditation of any program and any substantive changes” The Policy also addresses storage, security, and retention of documents (602.15(b): Exhibit 6 ACOE Policy and Procedure Manual, pg. 14).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Substantially Compliant

**Staff Determination:**

The agency’s records will be reviewed in a pending file review to ensure regular compliance with this policy.

**Analyst Remarks to Narrative:**

The agency documented its policy for record-keeping, which meets the requirements of this criterion (Exhibit 6). The agency’s policy requires that the agency keep records of its last two full reviews of each program, including on-site evaluation visit team
reports, the program's responses to evaluation reports, progress reports, if any, reports of interim or focus reviews conducted by the ACOE between and since the last two full accreditation or preaccreditation reviews, copies of the program's last two self-studies, all decision letters issued by the ACOE regarding the accreditation and preaccreditation of any program and any substantive changes. (Exhibit 6, pg. 14). The agency’s records will be reviewed in a pending file review to ensure regular compliance with this policy.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The requested documents are available for Department review as part of the File Review.

Analyst Worksheet - Response

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Response

In response to the draft staff analysis, the agency provided documentation for staff to review during the file review. Department staff reviewed many additional samples of agency records. The agency is found compliant in this section of the Criteria. The agency keeps extensive records of its accreditation activities, including the full set of documents for the last two reviews of each program.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

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:

ACOE Policy specifies its objective of ensuring its Standards are rigorous and ensure that the ACOE is a reliable authority regarding the quality of the education provided by programs it accredits. The ACOE Standards address student achievement indicators in relation to a program’s mission (602.16(a)(1)(i): Exhibit 6 ACOE Policy and Procedure Manual, pg. 22).

The self-study is an important tool in the accreditation process. ACOE Policy, Self-Studies, states “The primary purpose of the self-study is for the program to assess the quality of its education and its success in meeting its mission and objectives, highlight opportunities for improvement, and delineate a plan for making those improvements.” Programs are directed to “ensure a focus on outcomes related to the program's efforts in pursuit of its mission and goals.” The Standards require and the self-study demonstrates to the evaluation team the alignment between student achievement standards and the mission of the program. Programs construct the self-study as “a report presented on a Standard-by-Standard basis that demonstrates compliance with Standards through narrative description and submission of exhibits/examples of evidence.” The ‘examples of evidence’ clarify the ACOE’s expectations by providing programs insight into the types of evidence evaluation reviewers may expect to see (602.16(a)(1)(i): Exhibit 6 ACOE Policy and Procedure Manual, pp. 23, 24, 67; Exhibit 29 SUNY Self-Study, all; Exhibit 30 SUNY VR BI Residency Self-Study, all).

ACOE Standard 1.2 requires each professional optometric degree program to have a mission, goals, and objectives that will result in graduates with the levels of knowledge, skills and values required for the independent practice of contemporary optometry (602.16(a)(1)(i): Exhibit 10 OD Program Standards, pg. 1; Exhibit 29 SUNY Self-Study, pg. 8). Standard 2.1 states “The optometric curriculum must fulfill the intent of the mission statement of the program to prepare graduates to independently practice contemporary optometry,” and in 2.9 that “The program must establish and apply a published set of clinical competencies for the contemporary
practice of optometry and evaluate the student’s attainment of these competencies.” In structuring the Standards this way, the ACOE is ensuring a line of sight is drawn between the program’s student success indicators, its mission, and ultimately its ability to produce graduates prepared for independent practice of contemporary optometry. While the Council affords flexibility to programs in defining expected clinical competency outcomes, the Council establishes a common set of expected competency outcomes (2.9.1-2.9.10), ensuring all graduates of ACOE-accredited programs have achieved a core set of competencies. (602.16(a)(1)(i): Exhibit 10 OD Program Standards, pp. 2-3, 4-5; Exhibit 29 SUNY Self-Study, pp. 25-27, 36-37).

The ACOE mandates programs identify and “use outcome measures to assess effectiveness and use the measures to improve performance. Such measures must include but are not limited to graduation rates, and results from the National Board of Examiners in Optometry (NBEO) examinations, Optometry Examining Board of Canada (OEBC) or equivalent testing agencies” (Standard 1.3) (602.16(a)(1)(i): Exhibit 10 OD Program Standards, pg. 1; Exhibit 29 SUNY Self-Study, pp. 8-16). Effective July 2019, programs must comply with the bright-line requirement in Standard 1.3.1 which states “Within six years of initial matriculation, at least 80% of entering students must be (1) licensed to practice optometry, or (2) pass all three parts of the NBEO or (3) pass the equivalent Canadian registration examination” (602.16(a)(1)(i): Exhibit 10 OD Program Standards, pg. 2; Exhibit 29 SUNY Self-Study, pg. 16). This standard was developed after an extensive process involving all stakeholders. The ACOE initiated its most recent comprehensive review of the ACOE professional optometric degree program Standards in 2014. The process started with an online survey of the criticality and clarity of the Standards. In fall 2014, the ACOE convened a group of leaders from various optometric organizations and the deans and presidents of the accredited professional optometric degree programs to participate in an Invitational Conference. The attendees reviewed the results of the survey and provided suggested revisions. Following the conference, the ACOE Professional Optometric Degree Committee met and prepared a draft set of Standards that was approved for distribution in a call for comments at the ACOE’s Annual Meeting. Two iterations of calls for comments were sent to the communities of interest (08/2015 and 01/2016) and comments received were considered by the ACOE prior to adoption of new standards in June 2016 with an effective date set July 1, 2017. This process ensured the Council had extensive input from all optometric degree programs as well as other relevant stakeholders when setting the student achievement benchmarks.

A professional optometric degree program seeking preliminary approval must define the outcome measures it plans to use to evaluate its effectiveness and improve performance. Standard 1.2 links the program’s mission to student achievement. Standard 2.1 ensures the program curricula will fulfill the program’s mission, and Standard 2.8 requires a plan to evaluate attainment of each of the competencies. Standard 1.3 specifies programs prepare to report certain core outcome measures (602.16(a)(1)(i): Exhibit 11 Standards for OD Preliminary Approval, pp. 1-2, 2, 4-5).
The ACOE has not evaluated any programs seeking preaccreditation status during the recognition period.

ACOE Standards for optometric residency programs require each program to publish its mission and define specific goals and objectives by which it intends to gauge fulfillment of its mission (Standards 1.1-1.3). Standard 2.1 ensures the program curricula will fulfill the program’s mission, and Standard 2.4 requires each program to specify the advanced competencies residents will attain. Therefore, the Council clearly expects that the program will establish its mission and expected clinical competency outcomes. While the Council allows programs flexibility in defining their expected clinical competency outcomes, the Council establishes a common set of expected competency outcomes all programs must achieve (2.4.1-2.4.6), ensuring all graduates of ACOE-accredited programs have achieved a common level of competency. Programs are required to annually review the fulfillment of objectives to determine the degree to which mission and goals have been attained (Standard 1.4) (602.16(a)(1)(i): Exhibit 12 Residency Program Standards, pp. 1, 5, 6-7; Exhibit 30 SUNY VR BI Residency Self-Study, pp. 4-11, 23-30).

ACOE Standards for optometric residency programs include bright-line measures of student success. Standard 1.7 requires the program achieve at least a 70% completion rate within the last eight years. Standard 1.8 requires that within the last eight years, 70% of those who have completed the residency must have worked in a clinical, education, research or administrative setting within two years of completion. The ACOE followed an inclusive process in developing these standards and through its QI Committee, the Council assesses trends associated with compliance. Moreover, programs are surveyed for feedback following each accreditation review (602.16(a)(1)(i): Exhibit 12 Residency Program Standards, pp. 4-5; Exhibit 30 SUNY VR BI Residency Self-Study, pp. 17-18).

During an evaluation visit, the team assesses compliance with the ACOE Standards; the team seeks to validate information provided in the self-study, including Standards related to student achievement outcomes. The team uses several information sources – including interviews and review of materials, including handbooks, websites, brochures, and other public sources. For instance, Standard 1.4 for professional optometric degree programs requires each program to “publish on its website current and reliable information on its website with respect to student achievement.” Team members review the program’s website to ensure that not only are student success indicators published, but that they align with information presented in the self-study and comply with accreditation Standards. For residency programs, evaluation reviewers assess whether the objectives associated with the program’s mission and goals are assessable and whether the program can demonstrate the resident meets the requirements for residency completion and awarding of certificate (602.16(a)(1)(i): Exhibit 6 ACOE Policy and Procedure Manual, pg. 38; Exhibit 31 Example OD Pgm publishing student achievement indicators, all; Exhibit 32 Example Residency Pgm
publishing student achievement indicators, all).

If a program cannot adequately demonstrate compliance to the ACOE’s Standards, accreditation or preaccreditation status will be withheld or adverse action will be taken (602.16(a)(1)(i): Exhibit 6 ACOE Policy and Procedure Manual, pg. 55).

Between accreditation reviews, the Annual Report process is the primary mechanism to monitor ongoing compliance. These reports include information regarding the program’s continued compliance with the ACOE Standards and include a summary of outcome assessments made during the previous year. Based on the results provided in the program’s Annual Report, the Council may accept the report or require additional action, which could the include the need to submit a Progress Report or host an Interim Review (602.16(a)(1)(i): Exhibit 6 ACOE Policy and Procedure Manual, pp. 45, 46).

Evaluation reports and decision letters for sample programs are provided (602.16(a): Exhibit 33 SUNY OD Eval Report FINAL, all; Exhibit 34 Accreditation Notification Letter SUNY OD, all; Exhibit 35 SUNY VR BIR Evaluation Report FINAL, all; Exhibit 36 Accreditation Notification Letter SUNY VR BIR, all).

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must document its policy and procedures in this area and sample cases of programs failing to meet the agency’s thresholds in this area, or attest that no programs failed to meet the agency’s standards in this area during the review period.

Analyst Remarks to Narrative:

The agency sets forth clear expectations for success with respect to student achievement in multiple areas. For its Optometric Degree (OD) programs, the agency’s standard 1.3 (Exhibit 10) requires that each program identify and use outcome measures to evaluate its effectiveness and to link these outcome measures to the program’s goals and objectives. This standard requires that outcome measures include graduation rates, results from licensing exams and other relevant exams for the profession, and career placement. The agency further specifies under 1.3.1 that within six years of matriculation, 80% of entering students must be licensed to practice optometry, or pass all three parts of the National Board of Examiners in Optometry (NBEO) exams, or pass the equivalent Canadian registration examination. The agency assesses programs in this area during its annual monitoring, with the agency requiring schools to provide data to support how well they meet these requirements yearly. Under standard 1.4, the agency requires programs to publish current and reliable information on its performance with respect to student
achievement. Standard 2.3 requires that student achievement of curricular outcomes must be assessed. Standard 2.9 requires that student achievement related to clinical competencies must be assessed. The agency describes within its standards multiple types of evidence that may be reviewed to assess a program against each of these standards.

The agency’s standards related to its residency programs (Exhibit 12) require that each residency program achieves an average 70% completion rate over the 8-year period prior to the review. Additionally, 70% of completers of the residency program must work in a clinical, education, research, or administrative setting within two years of completion of the residency. Under standard 2.4, the agency specifies minimum core competencies residents must attain under the residency program.

The agency provided a set of documents for a full-cycle review of one OD program and one residency program (Exhibits 29, 33, 34, and Exhibits 30, 35, and 36). The schools’ self-studies and the agency’s site-visitor reports reflect documentation provided by the school related to student achievement and evaluation by the agency in multiple areas related to student achievement. Exhibits 31 and 32 reflect each program’s published student achievement information, provided on public-facing websites. Exhibits 34 and 36 reflect the agency’s decision-making body’s decision for each program. Additionally, Department staff observed the site team’s evaluation of agency standards through an observation of a site visit to an OD program, which included review of program documents, interviews with faculty, staff, and students, and observation of the program’s facilities.

However, while the agency uses threshold completion rates for each of these types of programs, the agency didn’t provide sample annual reports to demonstrate its review in this area. It also isn’t clear what policies and procedures apply should a program fail to meet these thresholds. The agency did not document sample cases of programs failing to meet the agency’s requirements in these areas and the agency’s subsequent actions. The agency must document its policy and procedures in this area and sample cases of programs failing to meet the agency’s thresholds in this area, or attest that no programs failed to meet the agency’s standards in this area during the review period.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

In addition to the on-site evaluation visits, the ACOE utilizes annual reports to monitor programs’ compliance to its threshold completion rates. Sample completed 2022 annual reports from each of two professional optometric degree programs and
two optometric residency programs are provided as exhibits. (602.16(a)(1)(i): Exhibit 87 School 1 2022 OD annual report, pp. 1-2; Exhibit 88 School 2 2022 OD annual report, pp. 1-2; Exhibit 89 Residency 1 2022 annual report, pp. 2, 5 (of PDF); Exhibit 90 Residency 2 2022 annual report, pp. 2, 5 (of PDF)).

The ACOE’s bright-line requirements are included within its Standards for accreditation. Thus, policies and procedures governing the handling of cases of non-compliance to ACOE Standards apply in cases of non-compliance to the ACOE’s bright-line requirements. The ACOE’s Policy and Procedure “Timeframe for Compliance with Standards” defines the ACOE’s process around cases of non-compliance to its bright-line requirements. (602.16(a)(1)(i): Exhibit 71 ACOE Policy and Procedure Manual, pp. 56-57).

During the 2022 annual report review, one professional optometric degree program was identified as performing below the 80% threshold as defined in the ACOE’s Standard 1.3.1, its bright-line requirement. During the 2021 annual report review, two programs were identified as not meeting the bright line, and in 2020, all programs met or exceeded the bright line. Because Standard 1.3.1 was effective in July 2017, it is applicable to programs for classes matriculating in 2017 and later; thus, the first year programs are held accountable to meeting this Standard is 2023 (six years from 2017). A sample annual report findings letter sent to the program in 2022 is provided as an exhibit (602.16(a)(1)(i): Exhibit 91 OD Pgm 2022 Annual Report Findings Letter, all).

All accredited optometric residency programs remained in compliance with the ACOE bright line Standards during the recognition period.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the draft staff analysis, the agency provided multiple annual reports and progress reports (Exhibits 26/95-Exhibits 34/103) which demonstrate the regular review of information relevant to this section of the Criteria. Department staff also viewed multiple additional sample reports as part of a file review.

The agency provided sample documentation of decision letter for a school reviewed in 2022 that failed to meet the agency's threshold for OD programs, and attested that no residency programs failed to meet the agency's threshold. The agency noted that the new standard was implemented in 2017, and that schools would first be held
accountable to it in 2023. Exhibit 22/91 shows the agency's decision letter following an annual report for a school related to the school's pass rates.

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

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**Criteria: 602.16(a)(1)(ii)**

Description of Criteria

(ii) Curricula.

Narrative:

ACOE Policy specifies its objective of ensuring its Standards are rigorous and ensure that the ACOE is a reliable authority regarding the quality of the education provided by programs it accredits. The ACOE Standards address curricula (602.16(a)(1)(ii): Exhibit 6 ACOE Policy and Procedure Manual, pg. 22).

The self-study is an important tool in the accreditation process. ACOE Policy, Self-Studies, states “The primary purpose of the self-study is for the program to assess the quality of its education and its success in meeting its mission and objectives, highlight opportunities for improvement, and delineate a plan for making those improvements.” Programs construct the self-study as “a report presented on a Standard-by-Standard basis that demonstrates compliance with Standards through narrative description and submission of exhibits/examples of evidence.” The ‘examples of evidence’ clarify the ACOE’s expectations by providing programs insight into the types of evidence evaluation reviewers may expect to see (602.16(a)(1)(ii): Exhibit 6 ACOE Policy and Procedure Manual, pp. 24, 67; Exhibit 29 SUNY Self-Study, all; Exhibit 30 SUNY VR BI Residency Self-Study, all).

With respect to optometric degree programs, Standard II of the ACOE Standards addresses curriculum. Specific highlights include: The optometric curriculum must fulfill the intent of the mission statement of the program to prepare graduates to independently practice contemporary optometry (Standard 2.1); Each student’s achievement of curricular outcomes must be assessed (Standard 2.3); The program must employ a curriculum management plan that includes ongoing curriculum and evaluation processes that include input for faculty, students, administrators, and other appropriate stakeholders, as well as evaluation of all courses with respect to defined objectives of the program (Standard 2.4); The quantity, quality and variety of
experiences in the supervised care of patients must be sufficient to develop clinical competency for independently practice contemporary optometry (Standard 2.8); and The program must establish a set of clinical competencies to prepare students for the contemporary practice of optometry and evaluate the student’s attainment of the competencies (Standard 2.9). The curriculum standards for professional optometric degree programs assure that the ACOE requires programs to design and maintain a curriculum that meets the mission, goals, and objectives of the program and ensures graduates of professional optometric degree programs are prepared to practice as contemporary optometrists (602.16(a)(1)(ii): Exhibit 10 OD Program Standards, pp. 2-6; Exhibit 29 SUNY Self-Study, pp. 25-39).

Similar to existing optometric degree programs, a new optometric degree program seeking preliminary approval, and thus has not yet enrolled students, must show in its planning that compliance to the ACOE’s Curriculum Standards is addressed. The content of the Curriculum Standards mirrors those for existing optometric degree programs but focuses on the sufficiency of planning (602.16(a)(1)(ii): Exhibit 11 Standards for OD Preliminary Approval, pp. 2-6). The ACOE has not evaluated any programs against the Standards for professional optometric degree programs seeking preliminary approval pre-accreditation status during the recognition period.

With respect to optometric residency programs, Standard II of the ACOE Standards addresses curriculum. An optometric residency is a post-doctoral educational program centered on clinical training that results in the resident’s attainment of advanced competencies in eye, vision, and health care. Specific to the area of training, the residency expands and builds on the competencies attained through completion of the Doctor of Optometry degree program. Standard 2.1 of the optometric residency standards states, "The residency must have a written curriculum that includes structured clinical experiences, didactic components and scholarly activities, designed to achieve the mission, goals and objectives including training in advanced competencies.” Additional elements under Standard II provide specific requirements relating to curriculum for residency programs. Standard 2.4 and its subparts require a residency program to define core competencies specific to the program’s mission and assess the attainment by the resident of the core competencies (602.16(a)(1)(ii): Exhibit 12 Residency Program Standards, pp. 5-7; Exhibit 30 SUNY VR BI Residency Self-Study, pp. 18-31).

During an accreditation review, the evaluation team is tasked with validating information provided in the program’s self-study and assessing compliance with the ACOE Standards, including Curriculum Standards. The team utilizes several information sources to validate information – including interviews and review of materials, including copies of curricula, course syllabi and learning objectives, curriculum committee minutes, course assessments, and evidence of action taken as a result of curricular assessments (602.16(a)(1)(ii): Exhibit 6 ACOE Policy and Procedure Manual, pg. 38).
Evaluation reports and decision letters for sample programs are provided (602.16(a): Exhibit 33 SUNY OD Eval Report FINAL, all; Exhibit 34 Accreditation Notification Letter SUNY OD, all; Exhibit 35 SUNY VR BIR Evaluation Report FINAL, all; Exhibit 36 Accreditation Notification Letter SUNY VR BIR, all).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has several standards related to the curricula offered by accredited
programs (Exhibits 10 and 12). The agency’s Optometric Degree (OD) standard 2 addresses curriculum. The standard addresses the curriculum’s relationship to the program’s mission statement (standard 2.1), the length of the program (2.2), student achievement related to curricular outcomes (2.3), ongoing review and evaluation of the curriculum, to include input from faculty, students, administration, and stakeholders (2.4.a), and evaluation of individual courses with respect to the objectives of the program (2.4.b). Furthermore, the standard addresses control over the curriculum (exhibit 2.5), and required elements, including basic science instruction (2.6), types of instruction and practice (2.7), and clinical competencies and control (2.8-2.10). The agency’s residency program standards (Exhibit 12) also address curriculum under standard 2, including requirements related to the types of experiences provided to residents and the length of the program (2.1 and 2.5), and includes core competencies related to the residency (2.4). The agency’s standards list appropriate documentation for review in each area.

The agency provided a set of documents for a full-cycle review of one OD program and one residency program (Exhibits 29, 33, 34, and Exhibits 30, 35, and 36). The schools’ self-studies and the agency’s site-visitor reports reflect documentation provided by the school related to curricula and evaluation by the agency in multiple areas related to curricula. Exhibits 34 and 36 reflect the agency’s decision-making body’s decision for each program. Additionally, Department staff observed the site team’s evaluation of agency standards through an observation of a site visit to an OD program, which included review of program documents, interviews with faculty, staff, and students, and observation of the program’s facilities.

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

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Response:

Documentation provided for the File Review offers additional evidence that ACOE Standards address curricula and that programs are evaluated to these Standards.

**Analyst Worksheet - Response**

**Analyst Review Status:**

**Analyst Remarks to Response**

The agency was not required to respond to this section since it was found compliant in the draft. Department staff reviewed the agency's records as part of a file review, which supported the staff analysis. Department staff continues to find the agency
ACOE Policy specifies its objective of ensuring its Standards are rigorous and ensure that the ACOE is a reliable authority regarding the quality of the education provided by programs it accredits. The ACOE Standards address faculty (602.16(a)(1)(iii): Exhibit 6 ACOE Policy and Procedure Manual, pg. 22).

The self-study is an important tool in the accreditation process. ACOE Policy, Self-Studies, states “The primary purpose of the self-study is for the program to assess the quality of its education and its success in meeting its mission and objectives, highlight opportunities for improvement, and delineate a plan for making those improvements.” Programs construct the self-study as “a report presented on a Standard-by-Standard basis that demonstrates compliance with Standards through narrative description and submission of exhibits/examples of evidence.” The ‘examples of evidence’ clarify the ACOE’s expectations by providing programs insight into the types of evidence evaluation reviewers may expect to see (602.16(a)(1)(iii): Exhibit 6 ACOE Policy and Procedure Manual, pp. 24, 67; Exhibit 29 SUNY Self-Study, all; Exhibit 30 SUNY VR BI Residency Self-Study, all).

With respect to optometric degree programs, Standard V of the ACOE standards addresses faculty. For the doctoral level professional optometric degree programs, the Council specifies that the number, qualifications, expertise, and experience of faculty must be sufficient to meet the stated mission and goals of the program. Standard 5.1.1 of the professional optometric degree Standards states, “Faculty members must hold an earned terminal degree or first professional degree from an institution accredited by a recognized agency or its foreign equivalent or have certification or licensure related to their primary instructional assignment.” Other faculty Standards address faculty participation in decision-making (Standard 5.2), the allowance of time and resources for faculty to enhance their skills and leadership abilities (Standard 5.3), the
existence of a faculty evaluation process (Standard 5.4), processes for faculty recruitment, retention, promotion, and academic assignments, among others (Standard 5.5), and efforts of the program to recruit a diverse faculty (Standard 5.6) (602.16(a)(1)(iii): Exhibit 10 OD Program Standards, pp. 8-10; Exhibit 29 SUNY Self-Study, pp. 57-65).

Similar to existing optometric degree programs, a new optometric degree program seeking preliminary approval, and thus has not yet enrolled students, must show in its planning that compliance to the ACOE’s Faculty Standards is addressed. The content of the Faculty Standards mirrors those for existing optometric degree programs but focuses on the sufficiency of planning (602.16(a)(1)(iii): Exhibit 11 Standards for OD Preliminary Approval, pp. 9-10). The ACOE has not evaluated any programs against the Standards for professional optometric degree programs seeking preliminary approval pre-accreditation status during the recognition period.

With respect to optometric residency programs, Standard IV of the ACOE Standards address faculty. An optometric residency is a post-doctoral educational program centered on clinical training that results in the resident’s attainment of advanced competencies in eye, vision, and health care. Faculty Standards include: qualifications of the residency faculty to train the resident in accordance with the mission, goals, and objectives (Standard 4.1); the autonomy and authority of the faculty to provide clinical training to the resident (Standard 4.2); and the time to sufficient for resident education and training (Standard 4.3) (602.16(a)(1)(iii): Exhibit 12 Residency Program Standards, pg. 10; Exhibit 30 SUNY VR BI Residency Self-Study, pp. 37-39).

During an accreditation review, the evaluation team is tasked with validating information provided in the program’s self-study and assessing compliance with the ACOE Standards, including Faculty Standards. The team utilizes several information sources to validate information – including interviews of administration and of faculty members without administrators present, and review of materials, including faculty curriculum vitae, faculty workload formulae, credentials verification processes, mentoring and development opportunities, faculty committee structure and meeting minutes, and evidence of instances of faculty input into programmatic changes (602.16(a)(1)(iii): Exhibit 6 ACOE Policy and Procedure Manual, pg. 38).

Evaluation reports and decision letters for sample programs are provided (602.16(a): Exhibit 33 SUNY OD Eval Report FINAL, all; Exhibit 34 Accreditation Notification Letter SUNY OD, all; Exhibit 35 SUNY VR BIR Evaluation Report FINAL, all; Exhibit 36 Accreditation Notification Letter SUNY VR BIR, all).
The agency has several standards related to the faculty at its accredited programs. The agency’s Optometric Degree (OD) standards address faculty in standard 5. The agency requires a faculty with an appropriate size and set of qualifications to fulfill the program’s goals (5.1). The agency requires that accredited programs have an appropriate mechanism for faculty participation in decision-making related to the program (5.2). Faculty must be allocated time and resources for appropriate professional development through education, service, research and scholarly activity,
and patient care (5.3). The agency addresses faculty evaluation, retention, promotion, tenure, and responsibilities (5.4 and 5.5). Finally, the agency requires programs to demonstrate efforts to recruit a diverse faculty (5.6). The agency’s residency program standards (Exhibit 12) address faculty under standard 4. The agency requires that faculty have appropriate qualifications for their subject area (4.1). The agency requires that faculty have professional autonomy and authority to provide clinical care to train the residents, and that they have sufficient time to educate and train the resident (4.2 and 4.3). The agency’s standards list appropriate documentation for review in each area.

The agency provided a set of documents for a full-cycle review of one OD program and one residency program (Exhibits 29, 33, 34, and Exhibits 30, 35, and 36). The schools’ self-studies and the agency’s site-visitor reports reflect documentation provided by the school related to faculty and evaluation and analysis by the agency in this area. Exhibits 34 and 36 reflect the agency’s decision-making body’s decision for each program. Additionally, Department staff observed the site team’s evaluation of agency standards through an observation of a site visit to an OD program, which included review of program documents, interviews with faculty, staff, and students, and observation of the program’s facilities.

Documentation provided for the File Review offers additional evidence that ACOE Standards address faculty and that programs are evaluated to these Standards.

The agency was not required to respond to this section since it was found compliant in the draft. Department staff reviewed the agency's records as part of a file review, which supported the staff analysis. Department staff continues to find the agency compliant in this section.
Criteria: 602.16(a)(1)(iv)

Description of Criteria

(iv) Facilities, equipment, and supplies.

Narrative:

ACOE Policy specifies its objective of ensuring its Standards are rigorous and ensure that the ACOE is a reliable authority regarding the quality of the education provided by programs it accredits. The ACOE Standards address facilities, equipment, and supplies (602.16(a)(1)(iv): Exhibit 6 ACOE Policy and Procedure Manual, pg. 22).

The self-study is an important tool in the accreditation process. ACOE Policy, Self-Studies, states “The primary purpose of the self-study is for the program to assess the quality of its education and its success in meeting its mission and objectives, highlight opportunities for improvement, and delineate a plan for making those improvements.” Programs construct the self-study as “a report presented on a Standard-by-Standard basis that demonstrates compliance with Standards through narrative description and submission of exhibits/examples of evidence.” The ‘examples of evidence’ clarify the ACOE’s expectations by providing programs insight into the types of evidence evaluation reviewers may expect to see (602.16(a)(1)(iv): Exhibit 6 ACOE Policy and Procedure Manual, pp. 24, 67; Exhibit 29 SUNY Self-Study, all; Exhibit 30 SUNY VR BI Residency Self-Study, all).

With respect to optometric degree programs, Standard VII of the ACOE Standards addresses facilities, equipment, and resources. The Standards include the following areas: facilities and equipment appropriate to fulfill the mission, goals, and objectives of the program (Standard 7.1); sufficient library and information technology resources, along with service levels that meets the needs of the program (Standards 7.2 and 7.3); and an emergency preparedness plan for the program (Standard 7.4) (602.16(a)(1)(iv): Exhibit 10 OD Program Standards, pp. 12-14; Exhibit 29 SUNY Self-Study, pp. 84-95).

Similar to existing optometric degree programs, a new optometric degree program seeking preliminary approval, and thus has not yet enrolled students, must show in its planning that compliance to the ACOE’s Facilities, Equipment, and Resources Standards is addressed. The content of the Standards mirrors those for existing optometric degree programs but focuses on the sufficiency of planning (602.16(a)(1)(iv): Exhibit 11 Standards for OD Preliminary Approval, pp. 13-14). The ACOE has not evaluated any programs against the Standards for professional optometric degree programs seeking preliminary approval pre-accreditation status during the recognition period.
With respect to optometric residency programs, Standard VI of the ACOE Standards addresses resources and facilities. An optometric residency is a post-doctoral educational program centered on clinical training that results in the resident’s attainment of advanced competencies in eye, vision, and health care. Resources and Facilities Standards include: that the physical facilities, equipment, and support provided enable the program’s mission, goals, and objectives to be met (Standard 6.1); and that the resident has access to current educational and scientific information resources (Standard 6.2) (602.16(a)(1)(iv): Exhibit 12 Residency Program Standards, pg. 12; Exhibit 30 SUNY VR BI Residency Self-Study, pp. 47-50).

During an accreditation review, the evaluation team is tasked with validating information provided in the program’s self-study and assessing compliance with the ACOE Standards, including Standards related to facilities, equipment, and supplies. The team utilizes several information sources to validate information – including tours of the facilities, interviews, including with students and of faculty members without administrators present, and review of materials, including repair, maintenance, and replacement schedules, descriptions of available classroom technology, description of personnel responsible for maintenance of facilities and equipment, library resources and qualifications of library and information technology staff, satisfaction surveys regarding facilities, equipment, and resources, and documentation showing emergency preparedness plans (602.16(a)(1)(iv): Exhibit 6 ACOE Policy and Procedure Manual, pg. 38).

Evaluation reports and decision letters for sample programs are provided (602.16(a): Exhibit 33 SUNY OD Eval Report FINAL, all; Exhibit 34 Accreditation Notification Letter SUNY OD, all; Exhibit 35 SUNY VR BIR Evaluation Report FINAL, all; Exhibit 36 Accreditation Notification Letter SUNY VR BIR, all).

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The agency has several standards related to facilities, equipment, and supplies at its accredited programs. The agency’s Optometric Degree (OD) standards (Exhibit 10) address this area under standard 7. The agency’s standards require that the program have appropriate facilities and equipment to meet the program’s mission and objectives (7.1). The agency addresses library and information staff, including requirements related to the size, breadth of holdings, information technology, and other areas related to library under standards 7.2 and 7.3. The agency’s residency program standards (Exhibit 12) address this area under standard 6, which requires that the physical facilities and equipment be sufficient to meet the mission and objectives of the program (6.1). The agency requires that residents have access to current educational and scientific information sources (6.2). The agency’s standards list appropriate documentation for review in each area.

The agency provided a set of documents for a full-cycle review of one OD program and one residency program (Exhibits 29, 33, 34, and Exhibits 30, 35, and 36). The schools’ self-studies and the agency’s site-visitor reports reflect documentation provided by the school related to facilities, equipment, and supplies and analysis by the agency in this area. Exhibits 34 and 36 reflect the agency’s decision-making
body’s decision for each program. Additionally, Department staff observed the site team’s evaluation of agency standards through an observation of a site visit to an OD program, which included review of program documents, interviews with faculty, staff, and students, and observation of the program’s facilities.

Documentation provided for the File Review offers additional evidence that ACOE Standards address facilities, equipment, and supplies and that programs are evaluated to these Standards.

The agency was not required to respond to this section since it was found compliant in the draft. Department staff reviewed the agency's records as part of a file review, which supported the staff analysis. Department staff continues to find the agency compliant in this section.

Criteria: 602.16(a)(1)(v)

Description of Criteria

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

Narrative:

ACOE Policy specifies its objective of ensuring its Standards are rigorous and ensure that the ACOE is a reliable authority regarding the quality of the education provided by programs it accredits. The ACOE Standards address fiscal and administrative

The self-study is an important tool in the accreditation process. ACOE Policy, Self-Studies, states “The primary purpose of the self-study is for the program to assess the quality of its education and its success in meeting its mission and objectives, highlight opportunities for improvement, and delineate a plan for making those improvements.” Programs construct the self-study as “a report presented on a Standard-by-Standard basis that demonstrates compliance with Standards through narrative description and submission of exhibits/examples of evidence.” The ‘examples of evidence’ clarify the ACOE’s expectations by providing programs insight into the types of evidence evaluation reviewers may expect to see (602.16(a)(1)(v): Exhibit 6 ACOE Policy and Procedure Manual, pp. 24, 67; Exhibit 29 SUNY Self-Study, all; Exhibit 30 SUNY VR BI Residency Self-Study, all).

With respect to optometric degree programs, Standard IV of the ACOE Standards addresses fiscal and administrative capacity. The ACOE requires professional optometric degree programs possess sufficient financial resources to meet their mission and to develop and sustain the programs on a continuing basis (Standard 4.6). The governance structure of the school or college of optometry must assign authority and responsibility for the formulation and implementation of policies that enable the program to fulfill its mission (Standards 4.1, 4.3, 4.4. and 4.5) (602.16(a)(1)(v): Exhibit 10 OD Program Standards, pp. 6-8; Exhibit 29 SUNY Self-Study, pp. 47-56).

Similar to existing optometric degree programs, a new optometric degree program seeking preliminary approval, and thus has not yet enrolled students, must show in its planning that compliance to the ACOE’s Governance, Regional Accreditation, Administration, and Finances Standards is addressed. The content of the standards mirrors those for existing optometric degree programs but focuses on the sufficiency of planning (602.16(a)(1)(v): Exhibit 11 Standards for OD Preliminary Approval, pp. 6-9). The ACOE has not evaluated any programs against the Standards for professional optometric degree programs seeking preliminary approval pre-accreditation status during the recognition period.

With respect to optometric residency programs, Standard III of the ACOE Standards addresses fiscal and administrative capacity. An optometric residency is a post-doctoral educational program centered on clinical training that results in the resident’s attainment of advanced competencies in eye, vision, and health care. The Standards of accreditation for optometric residency programs require that a residency must be sponsored by a school or college, which is accredited by the ACOE, or if located at/sponsored by a hospital, health center, clinic or other health care delivery entity, the program must have an affiliation agreement with an accredited school or college of optometry (Standard 3.1). With respect to administrative support, the school or college of optometry must have a director of residency programs who provides effective educational and administrative guidance to the program, who is qualified to
provide this guidance, and who is allocated adequate time to perform this duty (Standard 3.3). The residency must also have a coordinator/supervisor who is responsible for program administration and whose dedicated time is adequate to perform this duty (Standard 3.4) (602.16(a)(1)(v): Exhibit 12 Residency Program Standards, pp. 8-10; Exhibit 30 SUNY VR BI Residency Self-Study, pp. 31-37).

During an accreditation review, the evaluation team is tasked with validating information provided in the program’s self-study and assessing compliance with the ACOE Standards, including those related to fiscal and administrative capacity. The team utilizes several information sources to validate information – including interviews with institutional leadership, Board members, financial officers, and review of materials, including organizational charts, position descriptions for key administrators, governance policies, meeting minutes, financial statements, and budget projections (602.16(a)(1)(v): Exhibit 6 ACOE Policy and Procedure Manual, pg. 38).

Evaluation reports and decision letters for sample programs are provided (602.16(a): Exhibit 33 SUNY OD Eval Report FINAL, all; Exhibit 34 Accreditation Notification Letter SUNY OD, all; Exhibit 35 SUNY VR BIR Evaluation Report FINAL, all; Exhibit 36 Accreditation Notification Letter SUNY VR BIR, all).

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The agency has several standards related to fiscal and administrative capacity at its accredited programs. The agency’s Optometric Degree (OD) standards (Exhibit 10) address this area under standard 4. The agency’s standards require that the program be administered as an autonomous unit organized as a school or college of optometry, with the authority to manage the professional program according to all agency and legal requirements (4.1). 4.1.1 requires that the program adhere to written standards for fiscal accountability. 4.6 requires that the program must possess the financial resources to develop and sustain the program and to accomplish its missions, goals and objectives. 4.6.1 requires that the program use sound and generally accepted financial management procedures. 4.7.1 requires that the authority and responsibility for administration of the program must rest within the program. The agency’s standards for residency programs (Exhibit 12) addresses administration under standard 3. 3.3 requires that the school or college of optometry (which must be ACOE accredited) that sponsor residency must have a director of residency programs who provides effective educational and administrative guidance to the program. 3.4 requires that the residency have a coordinator or supervisor who is responsible for program administration. The agency’s standards for each of these positions specify minimum educational qualifications for the assigned individuals and requires that each has sufficient time in their work schedule to meet these requirements. The agency’s standards list appropriate documentation for review in each area.

The agency provided a set of documents for a full-cycle review of one OD program and one residency program (Exhibits 29, 33, 34, and Exhibits 30, 35, and 36). The schools’ self-studies and the agency’s site-visitor reports reflect documentation provided by the school related to fiscal and administrative capacity and analysis by the agency in this area. Exhibits 34 and 36 reflect the agency’s decision-making
body’s decision for each program. Additionally, Department staff observed the site team’s evaluation of agency standards through an observation of a site visit to an OD program, which included review of program documents, interviews with faculty, staff, and students, and observation of the program’s facilities.

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

No files uploaded

Response:

Documentation provided for the File Review offers additional evidence that ACOE Standards address fiscal and administrative capacity and that programs are evaluated to these Standards.

**Analyst Worksheet - Response**

Analyst Review Status:

Analyst Remarks to Response

The agency was not required to respond to this section since it was found compliant in the draft. Department staff reviewed the agency’s records as part of a file review, which supported the staff analysis. Department staff continues to find the agency compliant in this section.

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

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

**Description of Criteria**

(vi) Student support services.

**Narrative:**

ACOE Policy specifies its objective of ensuring its Standards are rigorous and ensure that the ACOE is a reliable authority regarding the quality of the education provided by programs it accredits. The ACOE Standards address student/resident support services (602.16(a)(1)(vi): Exhibit 6 ACOE Policy and Procedure Manual, pg. 22).
The self-study is an important tool in the accreditation process. ACOE Policy, Self-Studies, states “The primary purpose of the self-study is for the program to assess the quality of its education and its success in meeting its mission and objectives, highlight opportunities for improvement, and delineate a plan for making those improvements.” Programs construct the self-study as “a report presented on a Standard-by-Standard basis that demonstrates compliance with Standards through narrative description and submission of exhibits/examples of evidence.” The ‘examples of evidence’ clarify the ACOE’s expectations by providing programs insight into the types of evidence evaluation reviewers may expect to see (602.16(a)(1)(vi): Exhibit 6 ACOE Policy and Procedure Manual, pp. 24, 67; Exhibit 29 SUNY Self-Study, all; Exhibit 30 SUNY VR BI Residency Self-Study, all).

With respect to optometric degree programs, Standard 6.4 requires “There must be an institutional commitment to serving students, including an organizational element devoted to student affairs.” Standard 6.4.1 requires the program to provide student support services including at a minimum “financial aid and debt counseling, academic counseling, learning support services, career placement assistance, and access to information technology support” (602.16(a)(1)(vi): Exhibit 10 OD Program Standards, pg. 11; Exhibit 29 SUNY Self-Study, pp. 73-77).

Similar to existing optometric degree programs, a new optometric degree program seeking preliminary approval, and thus has not yet enrolled students, must show in its planning that compliance to the ACOE’s Standards regarding student support services are addressed (Standards 6.4 and 6.4.1). The content of the Standards mirrors those for existing optometric degree programs but focuses on the sufficiency of planning (602.16(a)(1)(vi): Exhibit 11 Standards for OD Preliminary Approval, pg. 12). The ACOE has not evaluated any programs against the Standards for professional optometric degree programs seeking preliminary approval pre-accreditation status during the recognition period.

An optometric residency is a post-doctoral educational program centered on clinical training that results in the resident’s attainment of advanced competencies in eye, vision, and health care. Residency programs are relatively small in comparison to other educational programs; the number of residents enrolled in a program is typically one (1) to three (3). With respect to optometric residency programs, Standard V calls for the need for clearly stated policies to provide the resident with information concerning the duties and obligations of the resident (Standard 5.1, in particular Standard 5.1.3). In addition, information on schedule, compensation, benefits, and liability protection, among others, must be provided (Standards 5.2 and 5.3). Moreover, all programs are affiliated with a school or college of optometry, which has a director of residency programs. The functions of a "resident affairs" officer are performed by the supervisor/coordinator or faculty members who also serve as mentors to the residents. The director of residency programs is also responsible for
providing information to the residents (Standard 3.3) (602.16(a)(1)(vi): Exhibit 12 Residency Program Standards, pp. 8, 10-12; Exhibit 30 SUNY VR BI Residency Self-Study, pp. 33-34, pp. 39-46).

During an accreditation review, the evaluation team is tasked with validating information provided in the program’s self-study and assessing compliance with the ACOE Standards, including those related to student/resident support services. The team utilizes several information sources to validate information – including interviews with students without administrators present, and review of materials, including published policies, descriptions of personnel and duties associated with student affairs, program websites, student/resident handbook, and brochures (602.16(a)(1)(vi): Exhibit 6 ACOE Policy and Procedure Manual, pg. 38).

Evaluation reports and decision letters for sample programs are provided (602.16(a): Exhibit 33 SUNY OD Eval Report FINAL, all; Exhibit 34 Accreditation Notification Letter SUNY OD, all; Exhibit 35 SUNY VR BIR Evaluation Report FINAL, all; Exhibit 36 Accreditation Notification Letter SUNY VR BIR, all).

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The agency has several standards related to student support services at its accredited programs. The agency’s Optometric Degree (OD) standards (Exhibit 10) address this area under standard 6. 6.3 requires that the program provide information on personal counseling and access to health care to incoming students. 6.4 requires that there be an institutional commitment to serving students, including an organizational element devoted to student affairs. The agency’s standards list appropriate documentation for review in each area. These services must include at a minimum financial aid and debt counseling, learning support services, career placement assistance, and access to information technology support. 6.9 requires that the program make available to its students information about residences, graduate degrees, and fellowship training opportunities. The agency’s standards for residency programs (exhibit 12) requires that the program provide information about counseling, remediation, and dismissal of the resident (5.3.5).

The agency provided a set of documents for a full-cycle review of one OD program and one residency program (Exhibits 29, 33, 34, and Exhibits 30, 35, and 36). The schools’ self-studies and the agency’s site-visitor reports reflect documentation provided by the school related to student support services and analysis by the agency in this area. Exhibits 34 and 36 reflect the agency’s decision-making body’s decision for each program. Additionally, Department staff observed the site team’s evaluation of agency standards through an observation of a site visit to an OD program, which included review of program documents, interviews with faculty, staff, and students, and observation of the program’s facilities.
Documentation provided for the File Review offers additional evidence that ACOE Standards address student support services and that programs are evaluated to these Standards.

**Analyst Worksheet - Response**

**Analyst Review Status:**

**Analyst Remarks to Response**

The agency was not required to respond to this section since it was found compliant in the draft. Department staff reviewed the agency's records as part of a file review, which supported the staff analysis. Department staff continues to find the agency compliant in this section.

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

No file uploaded

**Criteria: 602.16(a)(1)(vii)**

**Description of Criteria**

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

**Narrative:**

ACOE Policy specifies its objective of ensuring its Standards are rigorous and ensure that the ACOE is a reliable authority regarding the quality of the education provided by programs it accredits. The ACOE Standards address recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising (602.16(a)(1)(vii): Exhibit 6 ACOE Policy and Procedure Manual, pg. 22).

The self-study is an important tool in the accreditation process. ACOE Policy, Self-Studies, states “The primary purpose of the self-study is for the program to assess the quality of its education and its success in meeting its mission and objectives, highlight opportunities for improvement, and delineate a plan for making those improvements.” Programs construct the self-study as “a report presented on a Standard-by-Standard basis that demonstrates compliance with Standards through narrative description and submission of exhibits/examples of evidence.” The ‘examples of evidence’ clarify the
ACOE’s expectations by providing programs insight into the types of evidence evaluation reviewers may expect to see (602.16(a)(1)(vii): Exhibit 6 ACOE Policy and Procedure Manual, pp. 24, 67; Exhibit 29 SUNY Self-Study, all; Exhibit 30 SUNY VR BI Residency Self-Study, all).

With respect to optometric degree programs, Standards address these areas in Standard VI. Programs must specify and adhere to recruitment practices and procedures and be accurate in their publications, advertising, and student recruitment materials. Specific Standards include requirements that the program has, publishes, and adheres to a fair and impartial process that results in the admission of students who possess the intelligence, integrity, and maturity necessary for them to become competent doctors of optometry (Standards 6.1, 6.2, and 6.2.1). Moreover, the program must require accepted applicants have completed all prerequisites (Standard 6.2.2). The program’s policies, publications, and advertising must provide an accurate representation of the program and address grading, attendance, and academic calendar, among others (Standards 6.6, 6.6.1) (602.16(a)(1)(vii): Exhibit 10 OD Program Standards, pp. 10-11, 11-12; Exhibit 29 SUNY Self-Study, pp. 66-72).

Similar to existing optometric degree programs, a new optometric degree program seeking preliminary approval, and thus has not yet enrolled students, must show in its planning that compliance to the ACOE’s Standards regarding recruitment and admissions practices are addressed (Standards 6.1, 6.2, 6.2.1, 6.6, and 6.6.1). The content of the Standards mirrors those for existing optometric degree programs but focuses on the sufficiency of planning (602.16(a)(1)(vii): Exhibit 11 Standards for OD Preliminary Approval, pp. 11, 12). The ACOE has not evaluated any programs against the Standards for professional optometric degree programs seeking preliminary approval pre-accreditation status during the recognition period.

An optometric residency is a post-doctoral educational program centered on clinical training that results in the resident’s attainment of advanced competencies in eye, vision, and health care. Residency programs are relatively small in comparison to other educational programs; the number of residents enrolled in a program is typically one (1) to three (3). With respect to optometric residency programs, Standard V calls for the residency to publish its admission eligibility and selection procedure, along with policies that address duration of the training program and requirements for completion, among others (Standards 5.1, 5.1.1-5.1.3, 5.2, and 5.2.1-5.2.6). Residencies are required to provide residents with an orientation that encompasses several aspects about the program including the academic calendar and grading information (Standards 5.3, 5.3.1-5.3.10) (602.16(a)(1)(vii): Exhibit 12 Residency Program Standards, pp. 10-11, 11-12; Exhibit 30 SUNY VR BI Residency Self-Study, pp. 39-42, 42-46).

During an accreditation review, the evaluation team is tasked with validating information provided in the program’s self-study and assessing compliance with the
ACOE Standards, including Standards related to recruiting and admissions. The team utilizes several information sources to validate information – including interviews with students without administrators present, and review of materials, including catalogs, brochures, and websites, admissions policies and criteria, student success measures, admissions statistics, and orientation plans (602.16(a)(1)(vii): Exhibit 6 ACOE Policy and Procedure Manual, pg. 38).

Evaluation reports and decision letters for sample programs are provided (602.16(a): Exhibit 33 SUNY OD Eval Report FINAL, all; Exhibit 34 Accreditation Notification Letter SUNY OD, all; Exhibit 35 SUNY VR BIR Evaluation Report FINAL, all; Exhibit 36 Accreditation Notification Letter SUNY VR BIR, all).

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Analyst Worksheet- Narrative
The agency has several standards related to recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising at its accredited programs. The agency’s Optometric Degree (OD) standards (Exhibit 10) address this area under standard 6. Standard 6.6 states that the program’s publications, written policies, advertising, and student recruitment must present an accurate representation of the program. Standard 6.6.1 states that the program must publish and adhere to policies and procedures on academic and professional standards, grading, the academic calendar, and in other areas. Standard 6.6.1 requires that the program must have a fair and impartial process that results in the admission of students who possess the intelligence, integrity, and maturity necessary for them to become competent Doctor of Optometry. Standard 6.2 requires that the program establish and publish the criteria considered in selecting students who have the potential for success in the program and the profession. The agency’s standards for its residency program (Exhibit 12) address this area under standard 5. Standard 5 requires that the residency must publish its selection procedures including admission eligibility criteria. Standard 5.1.3 requires that the residency’s publications, advertising and resident recruitment materials and activities must present an accurate representation of the residency. Standard 5.2 requires the residency to publish its policies regarding the length of the program, the expected time commitment of the residents, and other information about the program. The agency’s standards list appropriate documentation for review in each area.

The agency provided a set of documents for a full-cycle review of one OD program and one residency program (Exhibits 29, 33, 34, and Exhibits 30, 35, and 36). The schools’ self-studies and the agency’s site-visitor reports reflect documentation provided by the school in this area and analysis by the agency in this area. Exhibits 34 and 36 reflect the agency’s decision-making body’s decision for each program. Additionally, Department staff observed the site team’s evaluation of agency standards through an observation of a site visit to an OD program, which included review of program documents, interviews with faculty, staff, and students, and observation of the program’s facilities.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

Documentation provided for the File Review offers additional evidence that ACOE
Standards address recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising and that programs are evaluated to these Standards.

**Analyst Worksheet - Response**

**Analyst Review Status:**

**Analyst Remarks to Response**

The agency was not required to respond to this section since it was found compliant in the draft. Department staff reviewed the agency's records as part of a file review, which supported the staff analysis. Department staff continues to find the agency compliant in this section.

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

No file uploaded

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

**Description of Criteria**

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

**Narrative:**

ACOE Policy specifies its objective of ensuring its Standards are rigorous and ensure that the ACOE is a reliable authority regarding the quality of the education provided by programs it accredits. The ACOE Standards address consideration of student complaints received by, or made available to, the ACOE (602.16(a)(1)(ix): Exhibit 6 ACOE Policy and Procedure Manual, pg. 22).

The self-study is an important tool in the accreditation process. ACOE Policy, Self-Studies, states “The primary purpose of the self-study is for the program to assess the quality of its education and its success in meeting its mission and objectives, highlight opportunities for improvement, and delineate a plan for making those improvements.” Programs construct the self-study as “a report presented on a Standard-by-Standard basis that demonstrates compliance with Standards through narrative description and submission of exhibits/examples of evidence.” The ‘examples of evidence’ clarify the ACOE’s expectations by providing programs insight into the types of evidence
evaluation reviewers may expect to see (602.16(a)(1)(ix): Exhibit 6 ACOE Policy and Procedure Manual, pp. 24, 67; Exhibit 29 SUNY Self-Study, all; Exhibit 30 SUNY VR BI Residency Self-Study, all).

The ACOE requires accredited programs to inform students or residents as to how to contact the ACOE should they choose to submit a complaint against the program related to ACOE Standards or procedures. Evaluation teams are provided records of complaints received regarding a program being reviewed (602.16(a)(1)(ix): Exhibit 6 ACOE Policy and Procedure Manual, pg. 33).

With respect to optometric degree programs, Standard 6.6.2 states: “The program must publish and adhere to policies and procedures regarding student grievances and must maintain records of receipt, investigation, adjudication and resolution of such complaints” (602.16(a)(1)(ix): Exhibit 10 OD Program Standards, pg. 12; Exhibit 29 SUNY Self-Study, pp. 80-81).

Similar to existing optometric degree programs, a new optometric degree program seeking preliminary approval, and thus has not yet enrolled students, must show in its planning that compliance to the ACOE’s Standards regarding acceptance and adjudication of student grievances (Standard 6.6.2). The content of the Standard mirrors that of existing optometric degree programs but focuses on the sufficiency of planning (602.16(a)(1)(ix): Exhibit 11 Standards for OD Preliminary Approval, pp. 12-13). The ACOE has not evaluated any programs against the Standards for professional optometric degree programs seeking preliminary approval pre-accreditation status during the recognition period.

With respect to optometric residency programs, the Standards call for the residency to have a process to accept and resolve resident complaints, as well as to include this within its resident orientation (Standards 5.4 and 5.3.7) (602.16(a)(1)(ix): Exhibit 12 Residency Program Standards, pp. 11, 12; Exhibit 30 SUNY VR BI Residency Self-Study, pg. 45, 46-47).

During an accreditation review, the evaluation team is tasked with validating information provided in the program’s self-study and assessing compliance with the ACOE Standards, including Standards related to student or resident grievances. The team utilizes several information sources to validate information – including interviews with students without administrators present, and review of materials, including catalogs, student handbook, and websites, grievance policies and procedures, and records of complaints received along with evidence of resolution (602.16(a)(1)(ix): Exhibit 6 ACOE Policy and Procedure Manual, pg. 38).

Evaluation reports and decision letters for sample programs are provided (602.16(a): Exhibit 33 SUNY OD Eval Report FINAL, all; Exhibit 34 Accreditation Notification Letter SUNY OD, all; Exhibit 35 SUNY VR BIR Evaluation Report FINAL, all;
## Analyst Worksheet- Narrative

### Analyst Review Status:

Meets the requirements of this section

### Analyst Remarks to Narrative:

The agency has standards related to student complaint at its accredited programs. The agency’s Optometric Degree (OD) standards (Exhibit 10) address this area under standard 6. Standard 6.6.2 requires that the program must have fully developed policies and procedures regarding student grievances that must include maintaining records of receipt, investigation, adjudication, and resolution of such complaints, and
the program must have a plan to publish these policies and procedures.

The agency’s standards list appropriate documentation for review in each area. The agency’s residency standards (Exhibit 12) require that the resident’s orientation information include information about receiving, adjudicating, and resolving resident complaints or grievances (5.3.7). Standard 5.4 requires that the residency maintain records of receiving, adjudicating and resolving student complaints.

The agency provided a set of documents for a full-cycle review of one OD program and one residency program (Exhibits 29, 33, 34, and Exhibits 30, 35, and 36). Suny’s OD self-study (Exhibit 29) describes the school’s complaint policies and procedures. The site visitor report (Exhibit 34) describes review by the site visitors of sample student complaint while on site, and discusses a prior complaint received by the agency about the school. Exhibits 34 and 36 reflect the agency’s decision-making body’s decision for each program. Additionally, Department staff observed the site team’s evaluation of agency standards through an observation of a site visit to an OD program, which included review of program documents, interviews with faculty, staff, and students.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

Documentation provided for the File Review offers additional evidence that ACOE Standards address student complaints and that programs are evaluated to these Standards.

Analyst Worksheet - Response

Analyst Review Status:

Analyst Remarks to Response

The agency was not required to respond to this section since it was found compliant in the draft. Department staff reviewed the agency's records as part of a file review, which supported the staff analysis. Department staff continues to find the agency compliant in this section.
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:

The ACOE publishes preaccreditation Standards for developing professional optometric degree programs — “Standards for professional programs seeking preliminary approval preaccreditation status” that are appropriately related to its accreditation standards (602.16(a)(2)(i): Exhibit 6 ACOE Policy and Procedure Manual, pg. 22).

The ACOE does not offer preaccreditation status to optometric residency programs.

The content of the Standards mirrors that of existing optometric degree programs but focuses on the sufficiency of planning. The Standards for developing programs follow the same framework as for existing programs and include the following sets of requirements: Standard I – Mission, Goals, and Objectives; Standard II – Curriculum; Standard III – Research and Scholarly Activity; Standard IV – Governance, Regional Accreditation, Administration, and Finances; Standard V – Faculty; Standard VI – Students; Standard VII – Facilities, Equipment, and Resources; and Standard VIII – Clinic Management and Patient Care Policies. The Standards also include examples of evidence – providing programs insight into the types of evidence evaluation reviewers may expect to see in assessing compliance (602.16(a)(2)(i): Exhibit 11 Standards for OD Preliminary Approval, all).

ACOE policy mandates that programs may remain in preliminary approval status for no more than five years (602.16(a)(2)(ii): Exhibit 6 ACOE Policy and Procedure Manual, pg. 27).

The ACOE has not evaluated any programs during the recognition period seeking the preaccreditation status of Preliminary Approval. The ACOE has evaluated two (2) programs during the recognition period that were in preaccreditation status and
seeking an accreditation status. The self-study, evaluation report, and notification letter associated with a program in preaccreditation status during the recognition period are provided as exhibits (602.16(a)(2): Exhibit 37a MU CCO Self-Study std 1-5; Exhibit 37b MU CCO Self-Study std 6-8, all; Exhibit 38 MU CCO Evaluation Report FINAL 2021-02-26, all; Exhibit 39 2021 03 Accreditation Notification Letter MU CCO, all).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency is currently recognized for its preaccreditation of Optometry Degree programs. The process for a program to become accredited, including the preaccreditation stage, which is called "Preliminary Approval" by the agency, is described in its policies and procedures manual beginning on page 26. The agency’s preaccreditation standards (Exhibit 11) mimic the accreditation standards for the OD degree (Exhibit 10), with the focus being on the sufficiency of the planning process to meet the fully accredited standards. The agency does not offer a preaccreditation status for residency programs. The agency’s policies and procedures limit the time a program may be in a seeking accreditation to five years, meeting the requirements of
The agency attests that it did not have new programs seeking preliminary approval during the review period. However, the agency provided documentation from one of two schools that were in a preaccredited status during the review period and seeking a full accreditation status (Exhibits 37a, 37b, 38, and 39). These programs were evaluated against the regular accreditation standards in Exhibit 11.

Since submission of the petition, one program applied for and was granted the ACOE’s preaccreditation classification, Preliminary Approval. Documentation associated with that program is included in File Review and includes the self-study, the draft evaluation report provided to the program for its factual accuracy review, the program’s factual accuracy response, the draft evaluation report for Council review, the Council-approved evaluation report, and the notification letter of the Council’s decision.

In addition, over the recognition period, three other programs have sought the ACOE’s Stage Two designation, which is evaluated based on the ACOE’s preaccreditation Standards and is a status that must be granted before a program can be considered for Preliminary Approval; documentation for those programs was also provided for the File Review.

The agency was not required to respond to this section since it was found compliant in the draft. Department staff reviewed the agency's records as part of a file review, which supported the staff analysis. Department staff continues to find the agency compliant in this section.
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:

Regarding 602.16(e), as described in 602.10, the ACOE only accredits programs within or affiliated with institutions that are accredited by a nationally recognized institutional accrediting agency and thus, is not required to have the accreditation
Standards described in paragraphs (a)(1)(viii) and (a)(1)(ix) of this section.

Regarding 602.16(f), the ACOE maintains a policy and procedure addressing the revision of accreditation and preaccreditation standards. Within that policy, the ACOE communicates that it may review, revise, delete, or add individual standards at any time it deems appropriate, subject to the provisions within its policy and procedure (602.16(f): Exhibit 6 ACOE Policy and Procedure Manual, pg. 43).

Regarding 602.16(g), the ACOE’s process for developing and applying its accreditation and preaccreditation standards are described in its Policy and Procedure Manual. The ACOE does not offer separate Standards associated with curriculum approval. Instructors teaching courses within a dual or concurrent enrollment program, as defined in 20 U.S.C. 7801, or career and technical education courses, are not applicable to the types of programs the ACOE accredits within its scope of recognition.

### Document(s) for this Section

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### Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

As a programmatic agency, the agency was not required to address paragraphs (a)(1)(viii) and (a)(1)(x) of this section. In response to paragraph (f), the agency notes that it has a process in place for establishing additional accreditation standards, and that the agency’s policies and procedures (Exhibit 6) allow it to review, revise, delete, or add individual standards when it deems it appropriate to do so. In response to paragraph (g), the agency noted that it does not offer separate standards associated with curriculum approval, and that the other parts of this section relating to faculty or instructors teaching in dual or concurrent enrollment programs are not relevant to this agency, given the types of programs within its scope of recognition.

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

No files uploaded

Response:
The ACOE attests that the initial narrative continues to be applicable with one clarification - the ACOE only accredits programs within or affiliated with institutions that are accredited by UDSE-recognized institutional accrediting agencies that are members of the Council of Regional Accrediting Commissions.

### Analyst Worksheet - Response

#### Analyst Review Status:

#### Analyst Remarks to Response

The agency was not required to respond to this section since it was found compliant in the draft. Department staff continues to find the agency compliant in this section.

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

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### 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 ACOE has published policy assuring its review of programs as it considers whether to grant an accreditation or preaccreditation status evaluates whether the program maintains clearly specified educational objectives consistent with its mission...
and appropriate in light of the degrees or certificates awarded; whether the program is successful in achieving its stated objectives; and whether the program maintains requirements that at least conform to commonly accepted academic standards, or the equivalent (602.17(a)(1-3): Exhibit 6 ACOE Policy and Procedure Manual, pg. 39).

With respect to professional optometric degree programs, Standard 1.2 specifies the mission, goals, and objectives must result in a professional optometric degree program whose graduates possess the attributes, knowledge, skills, and ethical values required for independently practicing contemporary optometry. Standard 1.3 requires programs to identify and use outcomes measures to evaluate effectiveness by documenting the extent to which goals and objectives have been met and use such assessment to improve performance. In addition, ACOE Standard 2.1 specifies “The optometric curriculum must fulfill the intent of the mission statement of the program to prepare graduates to independently practice contemporary optometry” and Standard 2.3 states, “Each student’s achievement of curricular outcomes must be assessed.” Each program submits a self-study and supporting documents to show how it complies with each Standard; the on-site evaluation team reviews the self-study and seeks to validate the information provided in the self-study during the on-site review and the resulting evaluation report provides a Standard-by-Standard assessment of the program’s compliance to the ACOE’s Standards that is used by the Council in evaluating the program (602.17(a)(1-2): Exhibit 10 OD Program Standards, pg. 1, 2, 3; Exhibit 29 SUNY Self-Study, pp. 8-16).

A developing professional optometric degree program seeking preliminary approval must show in its planning its ability to comply with the ACOE’s Standards. Standards 1.2 and 1.3 address development of its mission, goals, and objectives and identification of the measures it will use to assess effectiveness. Standards 2.1 and 2.4 address that curricular learning objectives must fulfill the intent of the mission and that the program must specify how the effectiveness of the curriculum will be assessed, including outcomes measures. As with existing professional optometric degree programs, an evaluation team seeks to validate the information provided in the program’s self-study and its compliance to the ACOE Standards and produces an evaluation report that serves as the basis for Council decision-making (602.17(a)(1-2): Exhibit 11 Standards for OD Preliminary Approval, pp. 1, 2, 3). The ACOE has not evaluated any programs against the Standards for professional optometric degree programs seeking preliminary approval pre-accreditation status during the recognition period.

With respect to optometric residency programs, Standards 1.1, 1.2, and 1.3 specify that the program’s mission, goals, and objectives must fulfill the intent of the residency’s mission and be assessable. Specifically, Standard 1.1.1 states, “The residency must be centered on clinical training that results in the resident’s attainment of advanced competencies in eye, vision, and health care.” ACOE Standard 2.1 specifies “The residency must have a written curriculum that includes structured...
clinical experiences, didactic components and scholarly activities, designed to achieve the mission, goals, and objectives including training in advanced competencies” and Standard 1.4 states, “The residency must annually review the fulfillment of its objectives to determine the degree to which it has attained its mission and goals.” As with professional optometric degree programs, an evaluation team seeks to validate the information provided in the program’s self-study and its compliance to the ACOE Standards and produces an evaluation report that serves as the basis for Council decision-making (602.17(a)(1-2): Exhibit 12 Residency Program Standards, pp. 3, 5; Exhibit 30 SUNY VR BI Residency Self-Study, pp. 4-12, 18-21).

The ACOE ensures programs maintain requirements that at least conform to commonly accepted academic standards. The ACOE requires that professional optometric degree programs include a minimum of seven (7) years of post-secondary education—a minimum of three (3) years of pre-optometric education at the undergraduate level and four (4) academic years of doctoral level education (ACOE professional optometric degree Standard 6.2.2; for programs seeking preliminary approval, Standard 6.2.1) (602.17(a)(3): Exhibit 10 OD Program Standards, pp. 3, 11; Exhibit 11 Standards for OD Preliminary Approval, pp. 3, 11).

Optometric residency programs must be a minimum of twelve (12) months of education following receipt of the Doctor of Optometry degree. The ACOE requires that the programs it accredits must be either located in a degree granting institution or, in the case of optometric residency programs, affiliated with a degree granting institution that is regionally accredited, which provides assurances that the certificates awarded conform to commonly accepted practices (602.17(a)(3): Exhibit 12 Residency Program Standards, pp. 5, 10).

The ACOE Standards do not preclude consideration of pilot programs. To date, no program has proposed and the ACOE has not needed to consider a pilot program.

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The agency has standards related to mission and objectives at its accredited programs. The agency’s Optometric Degree (OD) standards (Exhibit 10) address this area under standard 1. Standard 1.1 requires that the program have a statement of its mission, and the goals and objectives by which it intends to fulfill its mission. 1.1.1 requires this information be published on its publicly available website, and 1.1.2 requires that the goals and objectives include teaching and learning, research or scholarly activity, patient care, and service. Standard 2.2 requires that the program be at least four academic years, and details requirements for a professional optometric curriculum. The agency has several standards related to determining how successful a program is at achieving its stated objectives, including related to program objectives (1.2) and through the use of specific metrics to determine program outcomes and review the program’s mission, goals and objectives to revise them as necessary (1.3 and 1.5).

The agency provided a set of documents for a full-cycle review of one OD program and one residency program (Exhibits 29, 33, 34, and Exhibits 30, 35, and 36). The schools’ self-studies and the agency’s site-visitor reports reflect documentation provided by the school related to mission and objectives and analysis by the agency in this area. Exhibits 34 and 36 reflect the agency’s decision-making body’s decision for each program. Additionally, Department staff observed the site team’s evaluation of agency standards through an observation of a site visit to an OD program, which included review of program documents, interviews with faculty, staff, and students.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:
Documentation provided for the File Review offers additional evidence that ACOE Standards address programs’ missions and objectives and that programs are evaluated to these Standards.

**Analyst Worksheet - Response**

**Analyst Review Status:**

**Analyst Remarks to Response**

The agency was not required to respond to this section since it was found compliant in the draft. Department staff reviewed the agency's records as part of a file review, which supported the staff analysis. Department staff continues to find the agency compliant in this section.

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

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**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 ACOE requires programs to engage in a self-study process that assesses the program's education quality and success in meeting its mission and objectives, highlights opportunities for improvement, and includes a plan for making those improvements. The ACOE publishes a policy and procedure addressing self-studies. Self-studies are required of all program types the ACOE accredits, including existing optometric degree programs, developing optometric degree programs, and optometric residency programs. A required component of the accreditation process, “the primary purpose of the self-study is for the program to assess the quality of its education and its success in meeting its mission and objectives, highlight opportunities for improvement, and delineate a plan for making those improvements” (602.17(b): Exhibit 6 ACOE Policy and Procedure Manual, pg. 23).
The ACOE requires programs to address the Standards point by point in the self-study. As discussed in 602.16(a), the ACOE accreditation and preaccreditation Standards encompass each of the criteria listed in 602.16(a) and thus, self-studies developed by programs address these criteria. Each Standard is accompanied by ‘examples of evidence,’ providing programs guidance as to the types of artifacts programs should seek to submit in conjunction with their self-studies to demonstrate compliance to the standards (602.17(b): Exhibit 6 ACOE Policy and Procedure Manual, pg. 24; Exhibit 29 SUNY Self-Study, all; Exhibit 30 SUNY VR BI Residency Self-Study, all). The ACOE has not evaluated any programs against the Standards for professional optometric degree programs seeking preliminary approval pre-accreditation status during the recognition period.

Within the Standards for professional optometric degree programs, Standard 1.3 illustrates the expectation of Council for programs to use the results of self-assessment to improve performance and for optometric residency programs, Standard 1.6 addresses program modification resulting from analyses of evaluations. Examples of the focus on improvement resulting from programmatic self-assessment are included within the sample self-studies provided as exhibits (602.17(b): Exhibit 29 SUNY Self-Study, pp. 12-16; Exhibit 30 SUNY VR BI Residency Self-Study, pp. 16-17).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must address how it meets the requirement that it requires the program to engage in a self-study process that highlights opportunities for improvement and includes a plan for making those improvements.
The agency requires a self-study prior to each accreditation review and details its policies and procedures for doing so in its manual (Exhibit 6, p. 23-24). The agency’s manual states that the self-study requires that each program assess the quality of its education and its success in meeting its mission and objectives, highlight opportunities for improvement, and delineate a plan for making those improvements. The agency’s manual suggests beginning the self-study process 12 months prior to the accreditation on-site review, with the self-study typically being due 2 months prior to the on-site review.

The agency provided two sample self-studies from accredited programs (Exhibits 29 and 30), and a sample self-study from a program that was in a preaccreditation status and seeking accreditation (Exhibit 37a). The agency’s self-study process requires each program to address each agency standard, including each sub-standard, and the agency provides for each standard a description of the type of evidence that should be included with the self-study to document compliance with that standard. It isn’t clear that the self-study form or sample self-studies provided demonstrate the program’s highlighting of opportunities for improvement or plan for making improvements. However, several of the agency’s standards require programs to engage in regular evaluative processes, which partially meet these requirements. For instance, Standard 1.5 requires that the program engage in an ongoing, systematic process of planning and self-study and must review on a regular basis its program mission, goals, and objectives and revise them as necessary. Standard 2.4 requires that the program employ a curriculum management plan that includes ongoing curriculum review and evaluation processes. The self-studies documented some discussion of problems identified in the program in the review period and how they were addressed. However, there does not appear to be a section of the self-study devoted to highlighting opportunities for improvement nor a plan for making improvements.

The agency documented a set of documents for a full-cycle review of one OD program and one residency program (Exhibits 29, 33, 34, and Exhibits 30, 35, and 36). The schools’ self-studies and the agency’s site-visitor reports reflect documentation provided by the school related to this area and analysis by the agency in this area. Exhibits 34 and 36 reflect the agency’s decision-making body’s decision for each program. Additionally, Department staff observed the site team’s evaluation of agency standards through an observation of a site visit to an OD program, which included review of program documents, interviews with faculty, staff, and students.

The self-study samples provided demonstrate schools describing their process for regular evaluation and revision to the program as needed during the review period, but do not highlight opportunities for improvement nor a plan for making improvements.
improvements.

The agency must address how it meets the requirement that it requires the program to engage in a self-study process that highlights opportunities for improvement and includes a plan for making those improvements.

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

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Response:

Within their self-studies, programs are directed to provide narrative and evidence to show compliance with the ACOE’s Standards. ACOE Standard 1.3, applicable to professional optometric degree programs, specifies the expectation of Council for programs to use the results of self-assessment to improve performance, and Standard 1.5 requires each program to engage in an ongoing, systematic process of planning and self-study and to review on a regular basis the program’s mission, goals, and objectives and revise them as necessary. Similarly, for optometric residency program, Standard 1.6 requires residency programs to modify the program if indicated by the annual review or its analysis of the evaluations. The ACOE’s assessment of whether programs comply with its requirements begins with its review of programs’ self-studies. During on-site evaluation visits, the evaluation team reviews additional evidence and performs interviews of administration, faculty, and students to verify whether programs comply with the ACOE’s Standards. The final evaluation report approved by Council incorporates this additional information and addresses whether the program highlights opportunities for improvement and implements plans to achieve its mission, goals, and objectives. Exhibits provided include the evaluation reports for the three programs previously supplied as examples (602.17(b): Exhibit 92 MU CCO Evaluation Report FINAL 2021-02-26, pp. 11-12; Exhibit 93 SUNY OD Eval Report FINAL, pp. 10, 11; Exhibit 94 SUNY VR BIR Evaluation Report FINAL, pg. 8).

In the years between on-site evaluation visits, programs are assessed for adherence to requirements to highlight opportunities for improvement and define and implement improvement plans through their annual report submissions. Exhibits provided include the 2022 annual reports for the three programs previously supplied as examples (602.17(b): Exhibit 95 OD Pgm A 2022 annual report, pp. 3-4, 6-9, 15-16; Exhibit 96 OD Pgm B 2022 annual report, pp. 5-6, 12-13; Exhibit 97 Res Pgm A 2022 annual report, pp. 11-21 (of PDF)).

A recent update to the annual report template for professional optometric degree programs for 2023 was implemented to better demonstrate this expectation of
programs and to improve the ACOE’s compliance with 602.17(b). The revised annual report template specifically cites ACOE Standard 1.5 and reinforces that responses must include opportunities for improvement and include a plan for making those improvements. The Overview Question where programs are asked to more generally describe significant concerns or problems and strategies to overcome those obstacles remains in the template (602.17(b): Exhibit 98 2023 full OD annual report template, pg. 3).

Analyst Worksheet - Response

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Response

In response to the draft staff analysis, the agency discussed where individual standards require each school to regularly assess and improve its program. The agency provided documentation of site visit reports that discuss a program's improvement efforts in the context of the standards that require this (Exhibit 23/92, Exhibit 24/93, Exhibit 25/94). The agency provided annual reports that reflected the school’s review and improvement of its program (Exhibit 26/95, 27/96, 28/97). Department staff reviewed multiple additional self-studies as part of a file review, which also demonstrated programs discussing how they regularly set goals or areas for improvement in response to the agency’s standards.

List of Document(s) Uploaded by Analyst - Response

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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 ACOE publishes a policy and procedure addressing on-site reviews. The ACOE requires at least one on-site evaluation visit to be performed prior to the granting of preaccreditation, accreditation, or continued accreditation status. In addition to the
self-study and supporting materials, evaluation team members are provided additional information to aid them in preparing for a productive on-site visit; such documents may include previous evaluation visit reports, Annual Reports, and Progress Reports. The procedure addresses the typical agenda and additional resources made available to the team to evaluate compliance (602.17(c): Exhibit 6 ACOE Policy and Procedure Manual, pp. 35, 36-38).

A copy of a recent evaluation report associated with a professional optometric degree program is provided as evidence and documents that the evaluation team performed an on-site review (602.17(c): Exhibit 33 SUNY OD Eval Report FINAL, pg. 2).

The ACOE has not evaluated any programs against the Standards for professional optometric degree programs seeking preliminary approval pre-accreditation status during the recognition period.

A copy of a recent evaluation report associated with an optometric residency program is provided as evidence. In this case, the ACOE performed its visit virtually under the flexibilities allowed by the Department resulting from the COVID-19 pandemic. The verbiage in the report reflects that the visit was performed virtually and that a follow-up on-site review will be conducted (602.17(c): Exhibit 35 SUNY VR BIR Evaluation Report FINAL, pp. 2, 3).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency documented its policy requiring it to conduct an on-site review prior to granting accreditation, preaccreditation, or continued accreditation status to a program
(Exhibit 6). The agency provided a sample on-site evaluation report of a professional optometric program and an optometric residency program (Exhibits 33 and 35) as well as a first full accreditation visit to a preaccredited program (Exhibit 37a) to demonstrate its process of conducting an on-site evaluation that evaluates a program against the agency’s accreditation standards.

The agency’s policies and procedures manual (Exhibit 6, pp. 21; 35-36) describes its process for selecting and training a site visit chair and other members of the site team to ensure that they understand the standards to be assessed and the information to be reviewed to verify compliance. Prior to the site visit, the site visit team reviews the self-study, complaints and third-party comments, the prior evaluation report, and the most recent annual report and decision letter to provide them with context for their site visit. The site visits may be conducted jointly with the school’s institutional accreditation review, or the ACOE may send a consultant to observe the school’s institutional accreditation review. The site visit is between 1 day and 3 days, depending on the type of program. The site visit includes review of the program’s facilities, interviews with the program’s leadership and university representatives, faculty, and students, as well as conferences with relevant administrative and faculty staff. The site visit team is expected to review all documentation provided by the school, including the program’s published materials, and request any additional information needed to evaluate the program’s compliance with ACOE standards. The agency requires comments from the evaluation team on each of the standards addressing areas of strength, areas of weakness or concern, and noncompliant findings. Each report documented an evaluation of the program against each of the agency’s standards during the site visit. Additionally, department staff observed an on-site evaluation of a professional optometric program in April of 2022.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

Documentation provided for the File Review offers additional evidence associated with the ACOE’s site evaluation visit process.

Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed
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 ACOE allows each program the opportunity to respond in writing to the report of the on-site review. Following the evaluation visit, a draft of the evaluation report is provided to the program. The program is invited to submit written comments concerning the factual accuracy of the report. The ACOE describes this in its Factual Accuracy Review policy and procedure and examples for a professional optometric degree program and for an optometric residency programs have been provided as exhibits (602.17(d): Exhibit 6 ACOE Policy and Procedure Manual, pp. 38-39; Exhibit 40 Draft OD Evaluation Report for Review of Factual Accuracy, all; Exhibit 41 Draft Residency Evaluation Report for Review of Factual Accuracy, all). The ACOE has not evaluated any programs against the Standards for professional optometric degree programs seeking preliminary approval pre-accreditation status during the recognition period.

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency provides for a “factual accuracy review” in its policies and procedures
manual (Exhibit 6, p. 38-39) to allow the program to respond in writing to the site visit report. The ACOE allows the program to challenge the factual accuracy of any aspect of the site visit report.

The agency provided two sample program responses to the site visit report in exhibits 40 and 41.

Documentation provided for the File Review offers additional evidence that the ACOE allows the 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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Response:

ACOE policy addressing Site Evaluation Visits specifies “the evaluation visit team conducts its own analysis of the self-study and supporting documentation furnished by the program, and any other information substantiated by the team from other sources to determine whether the program complies with the ACOE’s standards.” Information contained within the self-study is validated through review of supplemental documents, public resources, and interviews with students, faculty, and administration (602.17(e): Exhibit 6 ACOE Policy and Procedure Manual, pp. 35,
The evaluation report is the output of the evaluation visit, includes commentary addressing each of the Standards, and serves as the basis for full Council review and decision-making (602.17(e): Exhibit 6 ACOE Policy and Procedure Manual, pp. 35, 38; Exhibit 33 SUNY OD Eval Report FINAL, pp. all, 28-29; Exhibit 35 SUNY VR BIR Evaluation Report FINAL, all, 16). The ACOE has not evaluated any programs against the Standards for professional optometric degree programs seeking preliminary approval pre-accreditation status during the recognition period.

Throughout the process, members of the ACOE are directly involved in all aspects of review of each program. All site visit teams include either one or more members of the ACOE or a liaison member of the ACOE who is assigned to review the self-study and advise the team before, during, and after the evaluation visit as needed. The evaluation team members who are members of the ACOE or the ACOE liaison receive and review the self-study, third party comments and the program’s response to factual accuracy concerning the site visit report (602.17(e): Exhibit 6 ACOE Policy and Procedure Manual, pp. 24, 26).

The Council generally conducts three (3) business meetings per year where programs applying for or seeking continuation of an accreditation or preaccreditation status are reviewed and determinations made. An exhibit that includes two years of agendas from the ACOE’s decision-making body meetings is provided (602.17(e): Exhibit 42 Two Years ACOE Agendas, all).

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section
The agency’s policy requires the site visit team to conduct its own analysis of the self-study and other documentation to make recommendations about whether a program complies with agency standards (Exhibit 6). The agency provided two sample evaluation reports (Exhibits 33 and 35) to document the analyses of site visit teams to two programs to assess how well each program meets agency standards. Department staff viewed additional site visit reports and observed an agency site visit to a professional optometric program in April of 2022.

Final compliance determinations are made by the ACOE’s decision-making body, the Council. The Council conducts its own analysis of the site visit report, the program’s response to the report, and any other information available to the agency about the program’s compliance with its standards.

The agency provided sample agendas from decision-making meetings that occur during the review period (Exhibit 42), which reflect the agency’s analysis of the documentation provided to it. The agency provided two sample sets of review documents which included the site visit reports and council decision letters for each school (Exhibits 33 and 34 and Exhibits 35 and 36).

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Response:

Documentation provided for the File Review offers additional evidence of the ACOE’s review of information as part of its decision-making process.

Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

Criteria: 602.17(f)

(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:

ACOE procedures associated with Council Review of Evaluation Reports and Subsequent Decisions address the inclusions and distribution of the final evaluation report. The procedure lists the following steps: “At the Council meeting, the evaluation visit team chair or liaison Council member presents the report to the Council for its action. The Council ensures the report includes commentary regarding the program's compliance with each of the Standards as well as discussion of the program's strengths and weaknesses. The Council further assures the evaluation reports address the program's performance with respect to student achievement. The Council considers the report of the team, and takes action on the acceptance of the report, and on adoption of recommendations that relate to the Standards and suggestions for program enhancement for the program. Following adoption of the recommendations and suggestions, the Council determines the level of compliance for each of the Standards—met, met in part, or not met. For Standards, which are not met or met in part, the Council specifies the reason the Standard is not considered fully met. For all areas where a Standard is not fully met, there is a corresponding recommendation that must be met to address the concern and to come into compliance with the Standard. The Council then takes action on granting, continuing, modifying or revoking preaccreditation or accreditation status. Following action on accreditation, the report is forwarded to the sponsoring institution with a notification letter detailing the Council's actions” (602.17(f): Exhibit 6 ACOE Policy and Procedure Manual, pg. 40; Exhibit 34 Accreditation Notification Letter SUNY OD, all; Exhibit 33 SUNY OD Eval Report FINAL, pp. all, 28, 29; Exhibit 36 Accreditation Notification Letter SUNY VR BIR, all; Exhibit 35 SUNY VR BIR Evaluation Report FINAL, all, 16).

The ACOE has not received any reconsideration petitions or appeal requests.

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The agency’s detailed written reports to programs applying for accreditation consist of two parts, the first being the final version of the site visit report and the second being the council’s decision letters, which specify each program’s level of compliance with agency standards.

The agency provided two sample sets of review documents which included the site visit reports and council decision letters for each school (Exhibits 33 and 34 and Exhibits 35 and 36).

Documentation provided for the File Review offers additional examples of evaluation visit reports and decision letters that include the program’s level of compliance with the Standards.

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:

The ACOE’s standards are written in such a way as to respect the stated mission of the program and that of its sponsoring institution, including religious mission, and to ensure the quality of the education provided is sustained. The Standards against which programs are assessed are not prescriptive as to how a program should comply. The quality of the education is assessed regardless of mode of delivery (note – the ACOE does not include distance education within the scope of its recognition). The ACOE has codified this in its policy, Accreditation and Preaccreditation Standards (602.18(a): Exhibit 6 ACOE Policy and Procedure Manual, pg. 22).

The ACOE provides programs information on the specifications for programs to pursue accreditation or preaccreditation via its policies, procedures, and Standards.

For professional optometric degree programs, the policy and procedure, Professional Optometric Degree Programs Seeking Accreditation, explains that the ACOE provides a pathway for developing programs to achieve accreditation and outlines the requirements, guidelines, and process steps associated with achieving preaccredited status, and then achieving an accredited status. The policy and procedure references the relevant sets of accreditation Standards and states they are available on the ACOE’s website (602.18(b)(1): Exhibit 6 ACOE Policy and Procedure Manual, pp. 26-30; Exhibit 10 OD Program Standards, all; Exhibit 11 Standards for OD Preliminary Approval, all).

For optometric residency programs, the policy and procedure, Optometric Residency Programs Seeking Accreditation, explains that the ACOE provides a pathway for programs to achieve accreditation and outlines the requirements, guidelines, and process steps associated with achieving an accredited status. The policy and procedure references the relevant set of accreditation Standards and states they are
available on the ACOE’s website (602.18(b)(1): Exhibit 6 ACOE Policy and Procedure Manual, pp. 30-31; Exhibit 12 Residency Program Standards, all).

The ACOE also provides guidance to programs associated with renewal of accreditation and reevaluation of preaccreditation (602.18(b)(1): Exhibit 6 ACOE Policy and Procedure Manual, pp. 41-42).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency provided clear and comprehensive standards for each type and level of accreditation it offers – Optometric Degree (Exhibit 10), preaccreditation for Optometric Degree (Exhibit 11), and Residency (Exhibit 12). The agency’s standards address the mission of the institution in several places. The agency’s policies and procedures (Exhibit 6) include the agency’s policy that the ACOE’s standards respect the stated mission of the program and its sponsoring institution, including religious mission (p. 22). The agency ensures quality in many ways throughout its standards, such as through its requirements for faculty and administrative personnel to have appropriate qualifications and authority to fulfill their function, through specific curricular requirements and objectives that ensure a comprehensive optometric education is provided to students, and through its set of high benchmarks for student outcomes.

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

No files uploaded
Response:

The ACOE attests that the initial narrative continues to be applicable.

**Criteria: 602.18(b)(2)**

Description of Criteria

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

Narrative:

The ACOE employs controls to protect against the inconsistent application of its Standards. These controls include ongoing review for consistency by the ACOE’s Quality Improvement (QI) Committee, the engagement of Council members on on-site evaluation teams or as liaisons, and the ACOE’s training program.

The QI Committee is charged with implementing ACOE’s plan for the “Assessment and Enhancement of the Relevancy, Validity and Reliability of ACOE Functions.” The Committee conducts the procedures specified in the plan on a systematic basis and uses the results of the assessments to develop recommendations to the Council and its other committees to improve the ACOE’s consistency and its assessment process. Specifically, assessment tests #6, 7, and 8 address application of Standards (602.18(b)(2): Exhibit 6 ACOE Policy and Procedure Manual, pg. 6; Exhibit 43 QI Assessment Plan, pp. 5-6).

Each site visit to a professional optometric degree program includes at least one ACOE member as a member of the evaluation team, typically serving as the team chair. A Council member liaison is assigned to each optometric residency program visit; the liaison Council member actively engages with the evaluation team, reviews the self-study and all associated attachments, consults with the team before, during, and after the evaluation visit, and presents the team’s evaluation to Council. The active involvement of Council members on site evaluation visits supports consistency in the evaluation process, including application of the ACOE Standards (602.18(b)(2): Exhibit 6 ACOE Policy and Procedure Manual, pp. 24, 26).
The ACOE provides training for its consultants. Training must be completed prior to assignment of consultants on an evaluation team. The requirement of training completion is another control protecting against inconsistent application of Standards (602.18(b)(2): Exhibit 6 ACOE Policy and Procedure Manual, pp. 24).

The ACOE has not received any complaints from the Department regarding inequitable application of Standards.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency uses multiple means to ensure consistent application of standards, including thorough and regular training of those who work for or represent the agency. The agency’s distribution of responsibility for training across a subcommittee, staff, and site chairs (Exhibit 6) ensures consistent training. The agency conducts regular internal assessments and review, where it reviews its standards and assesses program performance according to them (Exhibit 42). In addition, the agency relies on qualified and experienced representatives across its staff, consultants, council and committee members. The agency uses other means to ensure consistency, such as requiring programs to publish relevant metrics about their program, increasing transparency in the field about the standards being met across accredited programs. The agency has documented review by its council of a school’s total sum of documentation and the agency’s compliance decision letters reflect consistent consideration of the agency’s standards when making decisions. Finally, the agency’s compliance decisions are subject to an appeals process, which has not been used during this review period, but which provides programs with a means for challenging council decisions. In all, the agency has a robust system for ensuring consistency in application of its standards.
Documentation provided for the File Review offers additional evidence associated with the ACOE’s controls against the inconsistent application of its Standards. The ACOE affirms its attestation that has not received any complaints from the Department regarding inequitable application of Standards.

### Analyst Worksheet - Response

**Analyst Review Status:**

Not Reviewed

### 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 ACOE bases its decisions on its assessment of programmatic compliance to its Standards. Its Standards are written to be non-prescriptive, allowing programs latitude to determine the optimal method to comply for its given circumstances, and are written in such a way as to respect the stated mission of the program and that of its sponsoring institution, including religious mission. The procedures used by the Council in making accreditation decisions support objective assessment of programmatic compliance (602.18(b)(3): Exhibit 6 ACOE Policy and Procedure Manual, pp. 22, 40).

Within each set of accreditation Standards, Standard I addresses the mission, goals, and objectives of programs; specifically, Standard 1.1 (and Standards 1.2 and 1.3 for optometric residency programs) assures each program has a defined mission, goals, and objectives; programs have the latitude to define their mission, goals, and objectives in alignment with their institutional values (602.18(b)(3): Exhibit 10 OD Program Standards, pg. 1; Exhibit 11 Standards for OD Preliminary Approval, pg. 1;
The ACOE Standards addressing curriculum (602.16(a)(1)(ii)) ensure the program’s curriculum supports fulfillment of the program-defined mission; programs have the latitude to define their mission, goals, and objectives in alignment with their institutional values (602.18(b)(3): Exhibit 10 OD Program Standards, pg. 2; Exhibit 11 Standards for OD Preliminary Approval, pg. 2; Exhibit 12 Residency Program Standards, pg. 5).

The ACOE Standards addressing faculty (602.16(a)(1)(iii)) ensure the program’s faculty supports fulfillment of the program-defined mission; programs have the latitude to define their mission, goals, and objectives in alignment with their institutional values (602.18(b)(3): Exhibit 10 OD Program Standards, pg. 8; Exhibit 11 Standards for OD Preliminary Approval, pg. 9; Exhibit 12 Residency Program Standards, pg. 10).

The ACOE Standards addressing facilities, equipment, and supplies (602.16(a)(1)(iv)) ensure the program’s facilities, equipment and supplies support fulfillment of the program-defined mission; programs have the latitude to define their mission, goals, and objectives in alignment with their institutional values (602.18(b)(3): Exhibit 10 OD Program Standards, pg. 13; Exhibit 11 Standards for OD Preliminary Approval, pg. 13; Exhibit 12 Residency Program Standards, pg. 12).

The ACOE Standards addressing student support services for optometric degree programs (602.16(a)(1)(vi)) specify the program’s student support services minimally include financial aid and debt counseling, learning support services, career placement assistance, and access to information technology support. The ACOE does not preclude programs from offering other student support services (602.18(b)(3): Exhibit 10 OD Program Standards, pg. 11; Exhibit 11 Standards for OD Preliminary Approval, pg. 12).

The ACOE Standards addressing student support services for optometric residency programs (602.16(a)(1)(vi)) specify the required policies that programs must publish regarding obligations of the resident and information on counseling and other benefits. The ACOE does not preclude programs from offering other support services (602.18(b)(3): Exhibit 12 Residency Program Standards, pg. 11).

The ACOE Standards addressing recruiting and admission practices for optometric degree programs (602.16(a)(1)(vii)) specify that criteria must be fair and impartial and calls out qualities including intelligence, integrity, and maturity. The Standards provide latitude for the program to define the criteria (602.18(b)(3): Exhibit 10 OD Program Standards, pg. 10; Exhibit 11 Standards for OD Preliminary Approval, pg. 11).
The ACOE Standards addressing recruiting and admission practices for optometric residency programs (602.16(a)(1)(vii)) specify that criteria must include attainment of a doctor of optometry degree, allowing the program to define other admission eligibility criteria. The ACOE Standards require programs follow non-discrimination policies when selecting residents (602.18(b)(3): Exhibit 12 Residency Program Standards, pp. 10-11).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency uses multiple means to ensure that it bases its decisions on published standards. The Department’s review of the agency has not uncovered any evidence of the agency’s using an institution’s religious mission as a negative factor in its decision making. The documentation provided by the agency demonstrates that the agency uses multiple mechanisms to ensure decisions are made based upon the agency’s published standards, such as through its process for creation and regular review of its standards, its recruitment and training of qualified representatives, and its consistent application of its policies and procedures, as evidenced through several sample sets of documents provided by the agency for review (Exhibits 29-35).

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

No files uploaded

Response:
Documentation provided for the File Review offers additional evidence that ACOE bases its decisions on the published Standards.

### Analyst Worksheet - Response

**Analyst Review Status:**

Not Reviewed

### Criteria: 602.18(b)(4)

**Description of Criteria**

(4) Has a reasonable basis for determining that the information the agency relies on for making accrediting decisions is accurate;

**Narrative:**

Prior to naming the members of the evaluation team, the ACOE validates with both each prospective team member as well as the program that no potential conflicts of interest are present (602.18(b)(4): Exhibit 6 ACOE Policy and Procedure Manual, pp. 12-13).

During the evaluation visit, the team will validate the program’s self-study and prepare a report on its findings. Before ACOE considers a report, a draft is sent to the program CEO/program director for review of factual accuracy to assure the information upon which the ACOE bases its decision is accurate (602.18(b)(4): Exhibit 6 ACOE Policy and Procedure Manual, pp. 38-39).

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### Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**
The agency’s system for avoiding conflicts of interest contributes to its ability to be sure of accurate information. Additionally, during the site visit, the team interviews multiple individuals separately about the information in the site visit report (faculty, staff, students, administrative personnel, etc.) to uncover any inaccuracies in the self-study. Some of the information provided by the self-study comes from third-party sources, such as the licensing boards in this field. The agency also consults with the program’s institutional accreditor (Exhibit 6), providing additional perspective on the accuracy of the information provided about the program.

Documentation provided for the File Review offers additional evidence the ACOE has reasonable assurances that the information on which its decisions are based are accurate, including evidence of signed conflict of interest attestations and evaluation visit reports that specify the sources of information used to assess the accuracy of the self-study narrative.

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:

The ACOE evaluation reports include the evaluation team’s narrative regarding each of the Standards of accreditation, and a Council summary, which highlights strengths and concerns regarding the program. The report also includes the ACOE’s recommendations for areas of non-compliance (if any) as well as suggestions for program improvement (if any). This is followed by a summary of compliance, which
indicates whether the ACOE found the Standards to be met, met in part, or not met (602.18(b)(5): Exhibit 6 ACOE Policy and Procedure Manual, pg. 40).

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**Analyst Worksheet - Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency provides to the program a final site visit report, which includes a summary by the council highlighting the program’s strengths and weaknesses and stating its level of compliance for each of the agency’s standards (Exhibit 33 p. 28-29). Additionally, the agency provides a council decision letter which states the council’s decision on the program’s accreditation status, and states which agency standards to program is in compliance with (Exhibit 34).

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

No files uploaded

**Response:**

Documentation provided for the File Review offers additional evidence of compliance with this criterion, including additional evaluation visit reports and decision letters.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

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**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:

The ACOE establishes a program’s effective date based on the date of the most recent evaluation visit resulting in a favorable accreditation decision. The decision date is typically made at the ACOE’s next scheduled meeting following the evaluation visit. In no case will an effective date predate an earlier denial, or the dates of decisions associated with approval of stages prior to the granting of preaccreditation status (602.18(b)(6)(i-ii): Exhibit 6 ACOE Policy and Procedure Manual, pg. 41).

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Analyst Worksheet - Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency provided its policy regarding retroactive accreditation (Exhibit 6), which conforms to the requirements of this section of the Criteria. The effective accreditation date is based on the most recent site visit which resulted in a favorable accreditation decision, and the agency’s policy prohibits it from granting an effective date that predates an earlier denial, or prior to the program’s grant of preaccreditation status.

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

No files uploaded

Response:
As described in information provided for the File Review, the ACOE applied its Policy related to Retroactive Accreditation as a result of the COVID-19 pandemic. Guidance reminding programs of the ACOE’s Policy and Procedure addressing retroactive accreditation was communicated to programs following the ACOE’s March 27, 2020 Teleconference and is posted to the ACOE website. The guidance states, “ACOE has a retroactive accreditation policy that establishes the effective date as the date of a site visit to the program. If such site visit has now been cancelled or delayed as a result of the COVID-19 interruption, the effective date of the final decision could still be assigned based on the date of the scheduled site visit or an earlier date, but no earlier than the date on which the program was accepted as an applicant on the pathway toward accreditation.” This policy was applied to the 10 residency programs scheduled for on-site evaluations for initial accreditation that were not completed in 2020 due to COVID-19.

Analyst Worksheet - Response

Analyst Review Status:
Not Reviewed

Criteria: 602.18(c)

Description of Criteria

(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 ACOE does not publish and has not had reason to apply alternative Standards, policies, or procedures.

Document(s) for this Section

No files uploaded

Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency attests that it has not published any alternative standards, policies, or procedures.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The ACOE affirms the initial narrative remains accurate.

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.
The ACOE publishes a policy and procedure addressing unforeseen programmatic interruptions, which was recently updated to accommodate USDE criteria that went into effect July 1, 2020. The ACOE has not had a need to implement any good cause extensions in alignment with this policy (602.18(d): Exhibit 6 ACOE Policy and Procedure Manual, pp. 59-60).

The type of instance where the ACOE may need to consider granting a waiver of compliance to one or more Standards due to an event beyond the program’s control impacting its ability to operate is a natural disaster, such as a hurricane. The ACOE accredits a program based in Puerto Rico and in the fall of 2017, the island was devastated by Hurricane Maria. The ACOE followed its policy and procedure in place at the time and determined through its interactions with the program there was no need to consider making an exception for the program/granting a good cause extension. If a case occurs that falls within the scope of the ACOE’s Policy, Program Interruption, as part of fulfilling the Policy Statement “The written notification of the disruption must demonstrate that the period of noncompliance will not: Create any unreasonable hardships on, or harm to, students/residents,” the ACOE will require programs to communicate the waiver to current and prospective students and the ACOE will publish the existence of the waiver on its web site.

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### Analyst Worksheet - Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has a policy related to program interruption (Exhibit 6, p. 59-60); however, the agency attests that it has not had cause to grant a good cause extension related to a program interruption.

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

No files uploaded

Response:
The ACOE affirms its attestation that it has not had cause to grant a good cause extension related to program interruption.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

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**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:**

The ACOE has established regular intervals for the full reevaluation of preaccredited and accredited programs. At the time an accreditation or preaccreditation status is granted, normally the program is informed of the month and year of the next evaluation review. Programs hold accreditation status for no longer than eight (8) years. Programs can stay in preaccredited status no longer than five (5) years and once the preaccreditation status of Preliminary Approval is granted, the ACOE reevaluates the program annually during its first three (3) years of operation (602.19(a): Exhibit 6 ACOE Policy and Procedure Manual, pg. 41, 27).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**
The agency permits a program to stay in a preaccredited status for up to five years. The agency allows periods of up to 8 years between accreditation reviews, based on the council’s decisions (Exhibit 6). The agency’s decision-making body may require a new review earlier than 8 years based on the outcomes of annual reports or progress reports (Exhibit 6, p. 41). However, the agency has not provided sample cases where it required a new review earlier than 8 years based on the council’s decision-making at the time of the prior review or based on information revealed during the regular monitoring process. The agency must provide samples of these types or attest that these situations have not occurred during the review period.

Two professional optometric degree programs held the ACOE’s preaccreditation status of Preliminary Approval during the recognition period; in both cases, the status was granted prior to the current recognition period. Both were granted an accreditation status in 2020 and both stayed in preaccredited status no longer than five (5) years. Midwestern University Chicago College of Optometry was granted Preliminary Approval on December 4, 2015 and Accreditation on December 2, 2020. University of Pikeville Kentucky College of Optometry was granted Preliminary Approval on September 1, 2015 and Accreditation on April 22, 2020. Since both programs underwent virtual evaluation visits, both subsequently underwent in-person follow-up visits (602.19(a): Exhibit 122 5 year preaccreditation, all; Exhibit 123 follow-up notifications, all).

No programs have undergone a full evaluation review earlier than the eight-year timeline. Three programs are currently scheduled to undergo full evaluation visits prior to the eight-year timeframe. Two of the three are programs have had their status from the ACOE lowered from Accredited to Accredited with Conditions. The files associated with those two programs are included in the documentation provided for the File Review. Documents for the third are provided as exhibits and include (1) the final evaluation report and (2) the notification letter (602.19(a): Exhibit 124 evaluation report accelerated site visit, all; Exhibit 125 notification letter accelerated site visit, all).

Analyst Worksheet - Response

Analyst Review Status:
Not Reviewed
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:

Through its Annual Report process, the ACOE monitors programs to ensure their continued compliance with the ACOE Standards. Annual Report submission requirements include the collection and analysis of key data and indicators including, but not limited to, fiscal information and measures of student achievement. In addition, some programs are required to submit Progress Reports indicating the degree to which recommendations contained in the most recent ACOE evaluation report have been implemented or other concerns have been addressed. The Council may require a representative of the program to appear before it if the Progress Report is unsatisfactory, or it may schedule a special re-evaluation visit to determine the basis for the lack of progress (602.19(b): Exhibit 6 ACOE Policy and Procedure Manual, pp. 45-47).

The report template provides programs with a series of prompts pertaining to the main Standard areas that the programs should address in the Annual Report. (602.19(b): Exhibit 44 2021 OD Annual Report Template, all; Exhibit 45 2021 Residency Annual Report Template, all).

An Annual Report Checklist helps guide Council members in their review of each professional optometric degree program by highlighting “Key Review Points” for each of the main standard areas (602.19(b): Exhibit 46 2021 Annual Report Checklist, all).

The Council reviews the Annual Reports of professional optometric degree programs at its Annual Meeting in June of each year. Annual Reports for optometric residency programs are reviewed in detail by members of Optometric Residency Committee. The Committee shares its findings with the full Council and makes recommendations as which programs’ findings should be approved via a consent calendar item or individually reviewed by the full Council. Council members may request programs be
removed from the consent calendar for discussion (602.19(b): Exhibit 6 ACOE Policy and Procedure Manual, pg. 5).

Another mechanism used to monitor programs is the Progress Report. Programs found to be out of compliance with ACOE Standards or where other concerns are identified are required to submit Progress Reports detailing efforts made to address the cited Standards. Progress Reports are reviewed by the ACOE at its meetings, and programs are informed of the Council’s findings (602.19(b): Exhibit 6 ACOE Policy and Procedure Manual, pp. 47-48).

Another mechanism used to monitor programs between full accreditation review is the interim visit. Interim visits may be initiated by the Council or at the request of the institution for a number of reasons: 1. As the result of concerns identified in an evaluation report or interim visit report; 2. Lack of progress on concerns identified in an evaluation visit, interim visit or Progress Report, or during the Annual Report review; 3. As the result of a substantive program change; 4. Change in leadership of the program; or 5. Other concerns which come to the attention of the Council. Following the interim visit, the team prepares a report which is sent to the program for review of factual accuracy. The interim visit report is then submitted to the Council for consideration. The Council may take action following the review of an interim visit report, up to and including withdrawal of accreditation (602.19(b): Exhibit 6 ACOE Policy and Procedure Manual, pp. 50-51).

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**Analyst Worksheet - Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**
The agency must submit the most recent annual reports and council decisions for the 3 sample schools its provided sets of documentation for with this petition.

**Analyst Remarks to Narrative:**

The agency conducts annual monitoring of accredited and preaccredited programs. The agency lists required elements in annual reports on pages 45-46 of its policies and procedures manual (Exhibit 6). The agency’s decision-making body reviews the reports and makes recommendations on them. Exhibits 44 and 45 provide templates for the agency’s required annual reports, and Exhibit 46 provides the agency’s internal checklist, which allows the agency to consolidate information about each program, such as whether the program has compliance issues under consideration. The agency collects information about substantive changes and considers key questions under each of the agency’s standards. The agency has the option of accepting the annual report or requesting a follow up progress report.

The agency also uses progress reports to monitor programs. A progress report requires a program to report to the council on specific recommendations or areas of noncompliance the program must address (Exhibit 6, p. 47).

However, while the agency has described its policies and procedures in this area, and provided template documents, the agency has not provided sample completed annual reports or progress reports to document the implementation of its policies and procedures.

The agency must submit the most recent annual reports and council decisions for the 3 sample schools its provided sets of documentation for with this petition.

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

No files uploaded

Response:

For the three sample programs previously included in the ACOE’s petition, exhibits have been provided to include (1) 2022 annual reports, (2) Council findings following annual report review, and (3) for one of the programs, a progress report was requested following review of its annual report. The program’s submitted progress report and the Council response following review of the progress report have been provided as exhibits (602.19(b): Exhibit 95 OD Pgm A 2022 annual report, all; Exhibit 99 OD Pgm A 2022 annual report findings, all; Exhibit 100 OD Pgm A Sept 2022 progress report, all; Exhibit 101 OD Pgm A progress report findings, all; Exhibit 96 OD Pgm B 2022 annual report, all; Exhibit 102 OD Pgm B 2022 annual report findings, all;
Exhibit 97 Res Pgm A 2022 annual report, all; Exhibit 103 Res Pgm A 2022 annual report findings, all).

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the draft staff analysis, the agency provided multiple annual reports and progress reports (Exhibits 26/95-Exhibits 34/103). Department staff also viewed multiple additional sample reports as part of a file review.

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

No file uploaded

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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:**

Through its Annual Report process, the ACOE collects information on enrollment data associated with the programs it accredits and analyzes this information for potential impact on program effectiveness (602.19(c): Exhibit 6 ACOE Policy and Procedure Manual, pp. 45-46; Exhibit 44 2021 OD Annual Report Template, pg. 6; Exhibit 45 2021 Residency Annual Report Template, pg. 2).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must submit the most recent annual reports and council decisions for the 3 sample schools its provided sets of documentation for with this petition.

**Analyst Remarks to Narrative:**

The agency’s policies and procedures documents describe the agency’s process for annually collecting headcount information through its annual report process (Exhibits 6, 44, and 45).

However, while the agency has described its policies and procedures in this area, and provided template documents, the agency has not provided sample completed annual reports to document the implementation of its policies and procedures related to this criterion.

The agency must submit the most recent annual reports and council decisions for the 3 sample schools its provided sets of documentation for with this petition.

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

No files uploaded

**Response:**

For the three sample programs previously included in the ACOE’s petition, exhibits have been provided to include (1) 2022 annual reports, and (2) Council findings following annual report review. These exhibits show the collection of enrollment information. (602.19(c): Exhibit 95 OD Pgm A 2022 OD annual report, pg. 13; Exhibit 99 OD Pgm A 2022 annual report findings; Exhibit 96 OD Pgm B 2022 OD annual report, pg. 10; Exhibit 102 OD Pgm B 2022 annual report findings, all; Exhibit
In response to the draft staff analysis, the agency provided multiple annual reports and progress reports (Exhibits 26/95-Exhibits 34/103) which demonstrate the regular collection of information relevant to this section of the Criteria. Department staff also viewed multiple additional sample reports as part of a file review.

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<th>Criteria: 602.20(a)</th>
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<td>Description of Criteria</td>
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<td>(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—</td>
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<td>(1) Follow its written policy for notifying the institution or program of the finding of noncompliance;</td>
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<td>(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—</td>
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<td>(i) Length of the program in the case of a programmatic accrediting agency; or</td>
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<td>(ii) Length of the longest program at the institution in the case of an institutional accrediting agency;</td>
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(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:

When the ACOE reviews an evaluation report to determine the accreditation status of a program, the Council considers and takes action on the following: (1) whether to accept the body of the report; (2) whether to adopt the Council Summary; (3) whether to adopt the recommendations, which are items recommended for corrective action since they have the potential to jeopardize the program’s accreditation status if no corrective action is taken, and suggestions, which are suggested as improvements that would substantially enhance the potential for excellence in the program; (4) to determine the level of compliance for each of the Standards—met, met in part or not met; and (5) whether and which accreditation status to grant. For Standards that are not met or met in part, the Council specifies the reason the Standard is not considered fully met. For all areas where a Standard is not fully met, the Council provides a corresponding recommendation that must be met to address the concern and to come into compliance with the Standard. The Council issues a notification letter that specifies the areas of noncompliance and the timeline for the program to come into compliance (602.20(a)(1): Exhibit 6 ACOE Policy and Procedure Manual, pg. 56).

Within the notification letter, the program is provided a timeframe for compliance that is reasonable based on the nature of the finding and in alignment with the mission, goals, and objectives of the program. The ACOE policy specifies this timeframe can be no longer than the lesser of four (4) years or 150% of the program length (602.20(a)(2): Exhibit 6 ACOE Policy and Procedure Manual, pg. 54).

If the specific noncompliance warrants more time for the program to come into compliance, the ACOE may grant a good cause extension. Good cause extensions are governed by policy and granted only in situations where the program has made substantial progress and a limited amount of additional time is deemed warranted for the program to come into full compliance (602.20(a)(3): Exhibit 6 ACOE Policy and Procedure Manual, pg. 54).

In cases of noncompliance, the ACOE employs its mechanisms for ongoing monitoring of programs, including Progress Reports, Annual Reports, and/or an interim evaluation visit. The ACOE reserves the right to accept responses from the program or to require submission of additional Progress Report(s) and/or host an interim evaluation visit (602.20(a)(4): Exhibit 6 ACOE Policy and Procedure Manual,
The ACOE has taken two (2) adverse actions (defined by the ACOE as an official Council action resulting in the denial or withdrawal of initial accreditation status, continuing accreditation status, or preaccreditation status) against programs during the recognition period. Neither of the two (2) actions were associated with a program’s failure to meet the timeframe for compliance; rather, the adverse actions were taken per ACOE Policy, Residency Program Inactivity or Deficiency. The ACOE has taken one (1) negative action (the ACOE is considering a negative action to be a determination of the probationary status, Accredited with Conditions); the action taken was just prior to the beginning of the current recognition period. The communications with the program related to the negative action are described in the paragraphs that follow (602.20(a): Exhibit 47 List of negative and adverse actions, all).

The ACOE took a negative action (granted a reduced accreditation status, akin to a probationary status) against one optometric residency program just prior to the start of the current recognition period. In this case, the program was granted the status of Accredited with Conditions, a probationary status, upon its initial accreditation. Following the on-site evaluation visit to the program in May 2018, the Council voted to award the program the classification of Accredited with Conditions during its June 2018 Annual Meeting. The program was notified of the Council’s determination along with the reason for the status, the areas of noncompliance, the timeframe for coming into compliance, an explanation of the opportunity for good cause extensions, the due date for a Progress Report to be submitted (September 1, 2018) detailing efforts to address the recommendations (areas of deficiency) cited in the evaluation report, and information regarding the program’s appeal rights (602.20(a): Exhibit 48 Sample of negative action during recognition period, pp. 1-3).

A follow-up communication was sent to the program on September 12, 2018, confirming that the period of time to appeal the Council’s decision had passed and that the status of Accredited with Conditions was final (602.20(a): Exhibit 48 Sample of negative action during recognition period, pg. 4 (of PDF)).

On November 1, 2018, the Council responded to the program regarding its review of the program’s September 2018 Progress Report submission. The Council advised the program that several of the recommendations (deficiencies) were being considered met, but that one recommendation remained unmet. A request for a Progress Report with a due date of January 3, 2019 was communicated to the program. The program was also reminded of its deadline to come into compliance and that the Council would be forced to take adverse action should the program not come into compliance. The policy on good cause extensions was also reiterated (602.20(a): Exhibit 48 Sample of negative action during recognition period, pp. 5-6).
On March 12, 2019, the Council responded to the program regarding its review of the program’s January 2019 Progress Report submission. The Council advised the program that the outstanding recommendation (deficiency) was considered met, and the program’s accreditation status was raised from Accredited with Conditions to Accredited (602.20(a): Exhibit 48 Sample of negative action during recognition period, pp. 7-8).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency’s written policies for situations of noncompliance are found in its policies and procedures manual (Exhibit 6, p. 54). The agency’s policy states that if a program is found out of compliance with an agency standard, the decision-making body will provide a written notice to the program which will include a timeline for the program to come into compliance with the noncompliant standard(s). The agency’s policy states that this timeline must not exceed the lesser of 4 years or 150% of the length of the program, which meets the requirements of this criterion.

The agency’s policy addresses good cause extensions and describes when it may consider granting a good cause extension. The agency’s policy states that typically the deadline for compliance will be extended no more than 6 months and specifies that the agency may only grant one good cause extension. The agency’s process for assessing progress and annual reports and to monitor areas of noncompliance is described in the agency’s policies and procedures manual (Exhibit 6), which includes descriptions of how the agency will assess findings of noncompliance as part of that process.
The agency provided a list of the negative and adverse actions taken during the review period (Exhibit 47). The list includes significant dates for each program, including initial notifications of noncompliance and the final dates of either withdrawal from accreditation or restoration to compliance status. The agency also provided documentation of a sample negative action (Exhibit 48), which included the date of the action, a timeline for coming into compliance that meets the requirements of this criterion, and a detailed report of the areas of non-compliance.

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

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Response:

The ACOE attests that no good cause extensions have been requested or granted. Documentation provided for the File Review includes additional evidence associated with the ACOE’s adherence with required timelines for adherence and cases of programs experiencing a negative or adverse action from the ACOE.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

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**Criteria: 602.20(b-d)**

**Description of Criteria**

(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:

ACOE policy addresses its obligation to take adverse action against a program that does not bring itself into compliance within the specified timeframe. The policy also addresses that if the situation warrants, the ACOE must take immediate adverse action and that the Council may maintain a program’s status until the program has time to complete the activities in its teach-out plan (602.20(b-c): Exhibit 6 ACOE Policy and Procedure Manual, pg. 55).

The ACOE has not taken adverse action (defined by the ACOE as an official Council action resulting in the denial or withdrawal of initial accreditation status, continuing accreditation status, or preaccreditation status) against any program associated with failure to meet the timeframe for compliance during the recognition period.

The ACOE took a negative action (granted a reduced accreditation status, akin to a probationary status) against one optometric residency program just prior to the start of the current recognition period. In this case, the program was granted the status of Accredited with Conditions, a probationary status, upon its initial accreditation. Communications with the program included that adverse action would be taken should the program be unable to come into compliance within the specified timeframe (602.20(c): Exhibit 48 Sample of negative action during recognition period, pp. 2, 6 (of PDF)).

Ultimately the program was able to come into full compliance and the program’s accreditation status was raised from Accredited with Conditions to Accredited.

602.20(d) is not applicable to the ACOE as the ACOE does not accredit institutions.

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**Analyst Worksheet- Narrative**

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

**Analyst Remarks to Narrative:**

The agency provided its policies that meet the requirements of this criterion (Exhibit 6, p. 55). The agency requires itself to take immediate adverse action when the agency has determined such action is warranted, and to take adverse action if a program does not meet the timeline requirements under 602.20(a), and its policies allow for the agency to provide time for a program to teach-out its students once a negative decision has been made. The agency stated in its narrative that it has not had cause to take an adverse action during this review period due to a program’s failing to meet the timeline listed in this section.

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The ACOE attests it has not had cause to take adverse action associated with a program unable to bring itself into compliance within the required timeframe. The ACOE has not had cause to take immediate adverse action. The ACOE does not accredit institutions.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

**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:**
ACOE policy addresses that final adverse actions taken are subject to the arbitration requirements in 20 U.S.C. 1099b(e) (620.20(e): Exhibit 6 ACOE Policy and Procedure Manual, pg. 56).

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Analyst Worksheet - Narrative

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

**Analyst Remarks to Narrative:**

The agency provided its policy that requires that adverse actions are subject to the arbitration requirements listed in 20 U.S.C. 1099b(e) (Exhibit 6, p. 56).

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Response:

The ACOE affirms this Policy remains in place.

**Analyst Worksheet - Response**

**Analyst Review Status:**
Not Reviewed

**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
(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:

The ACOE has adopted in policy that while the ACOE is not responsible for enforcing USDE regulations relating to federal student financial aid programs, it will notify the Department if it identifies any instances of noncompliance with relevant requirements (620.20 (f-g): Exhibit 6 ACOE Policy and Procedure Manual, pg. 58).

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Analyst Worksheet - Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency's policies require it to conform to the requirements of this criterion, should the situation occur.

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

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**Response:**

The ACOE affirms this Policy remains in place. The ACOE has not had occasion to apply this Policy.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed
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 ACOE maintains a policy and procedure addressing its program for comprehensive review and revision of its accreditation and preaccreditation Standards. The formal process occurs on a pre-defined time interval – five (5) years from the most recent effective date of the Standards and address each of the Standards as well as the Standards as a whole. The process involves all relevant constituencies to allow for broad-based input and consideration of feedback (602.21 (a-b): Exhibit 6 ACOE Policy and Procedure Manual, pg. 43).

The most recent comprehensive Standards review of the Professional Optometric Degree Program Standards occurred prior to the ACOE’s current USDE recognition period (which started in 2018) - between June 2014 and February 2016, with the updated Standards becoming effective July 1, 2017. The process initiated with an invitation posted on the ACOE’s website to an online survey to collect input on the criticality and clarity of the Standards in effect at that time (602.21(a-b): Exhibit 49 Webpage Invitation to provide input on OD Standards 6 12 2014, all). The ACOE convened an Invitational Conference over October 15-16, 2014 to bring together representatives of the schools and colleges of optometry and major optometric organizations to provide input to the Council on the current Standards. The Conference attendees reviewed standards of other health professions, feedback from the Council’s survey on criticality and clarity and other pertinent background information on accreditation. The Professional Optometric Degree (POD) Committee
met on January 16-17, 2015 to review the reports from the breakout groups. At this meeting, the Committee prepared a draft revision of the Standards for review by the ACOE at its February 2015 Winter meeting. The Council reviewed the draft and provided additional feedback to the POD Committee chair, who prepared the draft that was considered by the Council at its June 24-27, 2015 Annual meeting. The draft Standards were distributed to the communities of interest for comment on August 9, 2015 (620.21(a-b): Exhibit 50 OD standards call for comments 08-2015, pp. 1-2, 3-24 (of PDF), 25 (of PDF)).

The feedback from the first call for comments was considered in the preparation of the second draft of the Standards. In the ACOE Fall Meeting on October 30–November 1, 2015, the Council determined the second draft of the Standards should be distributed for comments. The second draft was distributed to the communities of interest in a call for comments on January 14, 2016. The ACOE reviewed the input received from this second call for comments and considered it at the ACOE Winter Meeting on February 19-21, 2016. The final version of the Standards was adopted with an effective date of July 1, 2017 (620.21(a-b): Exhibit 51 OD standards call for comments 01-2016, pp. 1-2, 3-24 (of PDF), 25-58 (of PDF)).

Upon approval of the updated Professional Optometric Degree Program Standards, the ACOE published a crosswalk to help users identify and consider differences in subsequent self-study preparation (620.21(a-b): Exhibit 52 Crosswalk Comparison of 2009 and 2017 OD Standards, all).

The ACOE also conducted a comprehensive program of review for its Optometric Residency Program Standards between January 2015 and February 2016, with the updated Standards becoming effective July 1, 2017 (620.21(a-b): Exhibit 53 Residency standards call for comments 01-2016, pp. 1-2, 3-15 (of PDF), 16-17 (of PDF)).

Upon approval of the updated Optometric Residency Program Standards, the ACOE published a crosswalk to help users identify and consider differences in subsequent self-study preparation (620.21(a-b): Exhibit 54 Crosswalk bt 2009 and 2017 Residency Standards, all).

The ACOE’s Standards for professional optometric degree programs seeking preliminary approval preaccreditation status also underwent a comprehensive program of review. The Standards for professional optometric degree programs seeking preliminary approval pre-accreditation status became effective January 1, 2014. With the adoption of new Standards for the professional optometric degree programs in 2016, which became effective July 1, 2017, the Council realized that the Standards for preliminary approval that were put into place in 2014 varied in some areas from the new Standards. The Council charged its POD Committee with reviewing the two sets of Standards and proposing changes to the preliminary
approval Standards to bring the two sets of Standards into alignment. The Committee met on February 8, 2018 to conduct a comprehensive review of the preliminary approval Standards and presented a draft of proposed changes to the Council for consideration at its February 9-11, 2018 meeting. The revised Standards were distributed to the communities of interest in a call for comments on May 3, 2018. The final version of the Standards was adopted by the ACOE in its Annual meeting on June 21-23, 2018 with an effective date of January 1, 2019 (620.21 (a-b): Exhibit 55 New OD program standards call for comments 05-2018, pp. 1-2, 3-18 (of PDF), 19-20 (of PDF)).

The ACOE also supports revisions to its Accreditation Standards outside of the formal comprehensive review process. The ACOE accepts input from stakeholders on an ongoing basis and takes action as warranted. In its October 2018 Fall Meeting, the ACOE discussed such input related to sponsorship and naming of schools and colleges of optometry. The Council proposed revisions to select Standards applicable to professional optometric degree programs and issued a call for comments solicitation to the communities of interest on November 2, 2018. Comments were compiled and considered by the Council in its February 2019 Winter Meeting, where revised Standards were adopted with an effective date of July 1, 2019 established (620.21(a-b): Exhibit 56 Revised OD standard call for comments 11-2018, pp. 1, 2-7; Exhibit 52 Crosswalk Comparison of 2009 and 2017 OD Standards, pp. 11-12).

The ACOE also recently revised its Standards applicable to optometric residency programs. (620.21(a-b): Exhibit 57 Proposed Modification of Examples of Evidence 2.1 2.4 Residency Standards, pp. 1-2, 2-4; Exhibit 58 Memo re Modification of Examples of Evidence of 2.1 2.4 Residency Standards, all; Exhibit 54 Crosswalk bt 2009 and 2017 Residency Standards, pp. 7, 8).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency’s policies and procedures (Exhibit 6) call for regular comprehensive review of its standards through an extensive process that involves relevant constituencies. The agency requires that it provide notice to its constituencies prior to changing its standards, that it allow the opportunity for a community response to its standards, and that it provide a reasonable timeline for programs to come into compliance with new standards. The agency documented its most recent comprehensive standards review, which occurred prior to the current review period. The agency’s policy calls for it to initiate a review of standards five years after the last set of standards became effective, which in this case would call for a new review to begin in 2023. The agency described and documented its process for conducting a survey of constituents (Exhibit 49) regarding the effectiveness of its standards, crafting new standards via committee, then providing those to the community for comment and review (Exhibit 52). The agency provided its sets of revised standards,
and documented calls for comments on each draft set of standards. The agency publishes draft standards on its website along with an invitation to provide input on the proposed standards (Exhibit 49). Additionally, the agency sent a memorandum to a wide array of stakeholders, which was also published in the Chronicle of Higher Education. The agency’s policies call for Council discussion of each revised set of standards and the comments upon it. The agency provided evidence of its use of input from relevant stakeholders to further revise the standards. Exhibits 57 and 58 document a sample of the ACOE’s response to stakeholder input about its residency standards. Specifically, the Association of Schools and Colleges of Optometry (ASCO) requested that the ACOE’s standards specifically require residency programs to provide a clear set of “Advanced Competencies” that a resident is expected to demonstrate prior to completion of the residency program. The agency’s documentation reflects internal review of this request, proposed revisions to the residency program standards, and a request for call to comment on the revised standards. The agencies policies and procedures meet the requirements of this criterion, and the agency has demonstrated a robust, engaged process for revising its standards that meet the requirements of this section of the criteria.

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The ACOE is currently undergoing comprehensive review of Standards for both Standards for professional optometric degree programs and for optometric residency programs. Records associated with this process have been provided within documentation supplied for the File Review.

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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:

During the most recent comprehensive standards review of the Professional Optometric Degree Program Standards, initial feedback was solicited in June of 2014. The ACOE formally kicked off the process by hosting an Invitational Conference over October 15-16, 2014 to bring together representatives of the schools and colleges of optometry and major optometric organizations to provide feedback to the Council on the current standards and subsequently the Professional Optometric Degree Committee of the ACOE prepared its initial draft. The process of revision was initiated within twelve (12) months of determination of need and proceeded without any undue delay (602.21(c): Exhibit 6 ACOE Policy and Procedure Manual, pg. 43; Exhibit 59 Prior timeline for comprehensive standards revisions, top of page).

During the most recent comprehensive standards review of the Optometric Residency Program Standards, initial feedback was solicited in January of 2015. The Residency Committee of the ACOE subsequently met in both May and September of 2015 to prepare a draft of the revised standards. The process of revision was initiated within twelve (12) months of determination of need and proceeded without any undue delay (602.21(c): Exhibit 59 Prior timeline for comprehensive standards revisions, middle of page).

Regarding the ACOE’s Standards for professional optometric degree programs seeking preliminary approval preaccreditation status, with the adoption of new Standards for the professional optometric degree programs which became effective July 1, 2017, the Council realized that the Standards for preliminary approval that were put into place in 2014 varied in some areas from the new standards. During its Fall Meeting on October 27-29, 2017, the Council charged its Professional Optometric Degree Committee with reviewing the two sets of Standards and proposing changes to the preliminary approval Standards to bring the two sets of Standards into agreement. The Committee met on February 8, 2018 to conduct a
comprehensive review of the preliminary approval Standards and presented a draft of proposed changes to the Council for consideration at its February 9-11, 2018 meeting. The process of revision was initiated within twelve (12) months of determination of need and proceeded without any undue delay (602.21(c): Exhibit 59 Prior timeline for comprehensive standards revisions, bottom of page).

The ACOE publishes its procedures associated with changes to its Standards. Changes may emanate from the comprehensive program of review or from other drivers in between comprehensive reviews. Regarding of the impetus for change, the ACOE’s process ensures notice to the communities of interest and the public is provided regarding the proposed changes, that an adequate timeframe is given for interested parties to comment, and that the Council takes comments received into account (602.21(d): Exhibit 6 ACOE Policy and Procedure Manual, pg. 44).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency’s policies and procedures (Exhibit 6) call for the agency to initiate changes to the standards in a timely fashion once it determines revision is needed, and to provide opportunity for its constituencies to comment on proposed changes to its standards. The agency documented its most recent revision to its standards, which took place prior to this review period. The agency provided notice to its constituencies prior to changing its standards and allowed the opportunity for the community to comment on its standards through calls for public comment. The agency documented providing memos to relevant stakeholders and publication of these memos to the Chronicle of Higher Education (Exhibits 47, 58 and 59). The agency documented implementation or a regular process for accepting comments, proposing revisions on those comments, and the providing the community an opportunity to comment on the proposed changes. Once adopted, the agency provided a reasonable timeline for programs to come into compliance with its standards. The
agencies policies and procedures meet the requirements of this criterion.

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

No files uploaded

**Response:**

Documentation supplied for the File Review includes records associated with revisions to the Standards of accreditation that have occurred outside the comprehensive reviews.

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**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

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**Criteria: 602.23(a)**

**Description of Criteria**

(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 ACOE maintains a policy and procedure, Public Disclosure of Accreditation Information. This policy specifies that the ACOE Policy and Procedure Manual is posted and available to all interested parties via its public website and provides the website URL link – www.theACOE.org. Each of the topics addressed in 602.23(a) are included within the publicly accessible ACOE Policy and Procedure Manual (602.23(a): Exhibit 6 ACOE Policy and Procedure Manual, pg. 17).

The ACOE offers two types of accreditation status – Accredited and Accredited with Conditions – and one type of preaccreditation status – Preliminary Approval. The status of Preliminary Approval is applicable only to professional optometric degree programs (602.23(a)(1): Exhibit 6 ACOE Policy and Procedure Manual, pg. 39, 66, 68).

For professional optometric degree programs, procedures are provided within the ACOE Policy and Procedure Manual for programs to follow in applying for preaccreditation status and ultimately seeking to achieve an accreditation status. The ACOE employs a rigorous process to assess whether a developing program is ready for preaccreditation; programs must successfully complete two stages of review as well as an on-site review prior to being considered for preaccreditation status. Once a program achieves preaccreditation status and is able to recruit and enroll students, the program undergoes another set of annual reviews by the ACOE as the inaugural class progresses through the program curriculum in order to monitor the program’s readiness for the granting of an accreditation status. The ACOE applies this level of rigor to support the quality of education provided to the students. Within the procedures for developing programs, the ACOE specifically calls out required steps associated with institutional accreditation as well as assuring the program’s legal authority to confer the doctor of optometry degree (602.23(a)(2): Exhibit 6 ACOE Policy and Procedure Manual, pp. 26-30, 28).

For optometric residency programs, procedures are provided with the ACOE Policy and Procedure Manual for programs to follow in applying for accreditation status. The ACOE does not confer a preaccreditation status to optometric residency programs; the process begins with an application for accreditation and the program must successfully complete an on-site evaluation visit prior to being granted an accreditation status (602.23(a)(2): Exhibit 6 ACOE Policy and Procedure Manual, pp. 30-31).
While the ACOE is not subject to the requirements under 602.22, it maintains policy and procedure addressing significant programmatic changes. The ACOE utilizes the terminology “substantive change” to describe changes of a material nature as applicable to each program type. The ACOE provides programs guidance as to what constitutes a substantive change along with the associated procedures. Within its procedures, the ACOE requires programs perform necessary due diligence associated with potential impact of a substantive change on accreditation or regulatory concerns (602.23(a)(2): Exhibit 6 ACOE Policy and Procedure Manual, pp. 48-50, 50).

The ACOE posts its Standards on its public website along with its procedures associated with taking accreditation-related actions. The primary procedure associated with Council action on accreditation status is “Council Review of Evaluation Reports and Subsequent Decisions.” Other procedures that may result in a change in accreditation or preaccreditation status include: “Consideration of Actions of States and Other Accrediting Groups” and “Timeframe for Compliance with Standards” (602.23(a)(3): Exhibit 6 ACOE Policy and Procedure Manual, pp. 39-41, 52-53, 54-55).

The ACOE posts on its website information on the programs it currently accredits and preaccredits. This information is provided in program directories and includes identifying information for each program along with its status and the year of its next scheduled evaluation visit (602.23(a)(4): Exhibit 6 ACOE Policy and Procedure Manual, pg. 17; Exhibit 62 Screenshot showing access to directories, pp. 1, 4).

The ACOE posts on its website information regarding its Council members, its policy and decision-making body. The information includes the roster of Council members, academic credentials, and membership status (e.g., term and member type). The ACOE also posts on its website the name and academic credentials of its principal administrative staff. The Council staff maintains a file of curriculum vitae of current ACOE members and principal administrative staff. Information on qualifications and experience of Council members is available to the public upon request (602.23(a)(5): Exhibit 6 ACOE Policy and Procedure Manual, pg. 18; Exhibit 63 Screenshot of Council and Principal Staff, all).

**Document(s) for this Section**

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The agency provided its policy regarding public disclosure of materials (Exhibit 6). The agency publishes on its website information regarding its standards and procedures for each type of accreditation it grants. The agency also lists its currently accredited or preaccredited programs, and the year each program is next under review. The agency includes relevant biographical information for the ACOE’s Council (its decision-making body) and its administrative staff. Department staff reviewed the agency’s published materials to verify its compliance with this section of the Criteria. Department staff confirmed the functionality of these sections of the website as of 09/14/2022.

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

No files uploaded

Response:

The ACOE attests it continues to maintain its website in compliance with 602.23(a).

**Analyst Worksheet - Response**

Analyst Review Status:

Not Reviewed

**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 ACOE publishes a policy and procedures addressing its acceptance and disposition of third-party comments. The ACOE provides public notice of its scheduled upcoming evaluation visits and provides individuals with an opportunity to comment concerning the program’s qualifications for accreditation. The ACOE website provides information as to how to submit a third-party comment and provides lists of upcoming site visits and specifies the procedures for public comment regarding upcoming site visits. To date the ACOE has not received third-party comments regarding any program’s qualifications for accreditation or preaccreditation (602.23(b): Exhibit 6 ACOE Policy and Procedure Manual, pp. 32-33; Exhibit 64 Screenshot of Third-party comments, all).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has a policy for publishing its upcoming accreditation reviews in order to provide an opportunity for third-party comments. Commentators can submit written comments through the agency’s website. The agency noted that it has not received any third-party comments during the review period. The agency provided its policies and procedures manual (Exhibit 6) which describes its comment policy and provided a screenshot (Exhibit 64) of its published information about how to submit third party comments. Department staff confirmed the functionality of these sections of the website as of 09/14/2022.
The ACOE attests it continues to maintain its website in compliance with 602.23(b). The ACOE attests it has not received any third-party comments.

---

**Criteria: 602.23(c)**

Description of Criteria

(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 ACOE Policy and Procedure Manual, which is posted on the ACOE website (www.theACOE.org), includes the Council’s policy and procedures associated with an individual or group filing a complaint against an accredited program relating to the ACOE’s Standards or procedures. The policy assures complaints will be reviewed in a timely, fair, and equitable manner and further describes criteria associated with the proper submission of a complaint along with the steps taken by the ACOE in addressing the complaint along with relevant timeframes. The procedure describes a
graduated step process that allows the program sufficient opportunity to provide a response and includes the possibility of the ACOE appointing an investigation committee. Actions that may be taken by the ACOE include, but are not limited to dismissing the complaint, requiring a focused visit to the program, or scheduling a full evaluation visit. The ACOE also posts information on filing a complaint on its website (602.23(c)(1) and (2): Exhibit 6 ACOE Policy and Procedure Manual, pp. 33-36, 34; Exhibit 65 Screenshot of complaint acceptance, all).

The ACOE posts its policy and procedures associated with complaints against itself. The policy stipulates that the ACOE will ensure an unbiased, timely, and equitable review of any complaint filed and take appropriate follow-up action. The procedure specifies the process for review and adjudication and includes timeframes as well as the opportunity for the complainant to appeal the decision of Council to an independent Appeals Panel (602.23(c)(3): Exhibit 6 ACOE Policy and Procedure Manual, pp. 18-20, 19, 20).

The ACOE has not received any complaints against itself or a program during the recognition period.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency described its policies and procedures for receiving and reviewing complaints about its accredited programs or itself (Exhibit 6). The procedures provide a timeline of 45 days for response to complaints, appropriate limitations related to conflict of interest, and the agency requires that a program has an opportunity to respond to a complaint. The agency attested that it has not received any complaints against a program or itself during the review period. While the discussion of student complaints under 602.16(a)(ix) discussed one complaint received by the agency about a program, which was reviewed by site visitors, that complaint was from a prior
Since submission of the petition, the ACOE has received complaints related to an accredited program and addressed in compliance with its Policy and Procedure. Records associated with the complaints have been provided in the documentation supplied for the File Review. The ACOE attests it continues to maintain on its website guidance to interested parties its acceptance of and process for complaints regarding accredited programs. The ACOE attests it has not received any complaints against itself.

**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:**

As part of its Annual Report Policy and Procedures, the ACOE specifies criteria for cases where a program may elect to publicly disclose its accreditation status; specifically, such disclosure must be accurate and provide the name and contact information for the ACOE. If the ACOE finds that a program has violated its Policy, it immediately contacts the program for correction (602.23(d): Exhibit 6 ACOE Policy and Procedure Manual, pg. 45).
Analyst Worksheet - Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide sample annual reports and associated documentation for at least the three sample program reviews provided with this petition.

**Analyst Remarks to Narrative:**

Agency policy (Exhibit 6) requires that if a program discloses its accredited status, that it must accurately describe its status and provide the name and contact information for ACOE. The agency reviews the schools published materials annually and checks for this information to be reported accurately as part of its annual monitoring reports.

However, the agency has not provided sample annual reports to verify this information. The agency must provide sample annual reports and associated documentation for at least the three sample program reviews provided with this petition.

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

No files uploaded

**Response:**

Within the annual reports for professional optometric degree programs, programs provide the URL to the program’s webpage or section where the bulletin or catalog is published; reviewers of the annual reports are expected to review content via the URL. For the two professional optometric programs previously included in the ACOE’s petition, exhibits have been provided to include (1) 2022 annual reports, and (2) Council findings following annual report review (602.23(d): Exhibit 95 OD Pgm A 2022 OD annual report, pg. 4; Exhibit 99 OD Pgm A 2022 annual report findings; Exhibit 96 OD Pgm B 2022 OD annual report, pg. 3; Exhibit 102 OD Pgm B 2022
annual report findings, all).

The ACOE recently updated its annual report template for professional optometric degree programs to improve its compliance with 602.23(d). In addition, the checklist provided as a tool for Council members as they review annual reports has been updated to prompt reviewers to evaluate compliance with the requirement published in ACOE Policy. The updated annual report template and checklist applies to the 2023 annual report process (602.23(d): Exhibit 98 2023 full OD annual report template, pg. 10; Exhibit 104 2023 OD annual report checklist template, pg. 6).

The ACOE acknowledges its annual report template for optometric residency programs does not prompt programs to disclose whether and where they publish accreditation status. The ACOE recently updated its annual report template for optometric residency programs to improve its compliance with 602.23(d). The updated annual report template applies to the 2023 annual report process (602.23(d): Exhibit 105 2023 Residency annual report template, pg. 2).

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the draft staff analysis, the agency provided multiple annual reports and progress reports (Exhibits 26/95-Exhibits 34/103). Department staff also viewed multiple additional sample reports as part of a file review.

The agency noted in its narrative that its annual report template document was updated to explicitly request the information required in this section of the criteria. The agency provided its revised sample template in Exhibit 36/105 and a revised checklist for agency staff to use which includes a section related to this section of the Criteria (Exhibit 35/104).

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

No file uploaded

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Criteria: 602.23(e)

Description of Criteria
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:

The ACOE publishes a policy and procedures addressing Confidentiality of Accreditation Reports. The policy specifies that should a program conduct its affairs such that it becomes a matter of public concern, the Council may make its actions public. When the Council is forced to make its actions public due to the program's incorrect or misleading disclosure about accreditation or preaccreditation status, reports, site visits, ACOE's actions regarding accrediting decisions, or other matters, the Council will explain publicly to whatever extent it deems necessary and appropriate the basis for its action. The ACOE has not had to invoke this policy since the last USDE review (602.23(e): Exhibit 6 ACOE Policy and Procedure Manual, pg. 15).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency’s policy and procedures (Exhibit 6, p. 15) address the correction of inaccurate information. The agency does not typically publish site visit reports or other confidential information about its review of a program, but has a policy to disclose information when required to do so to correct inaccurate or misleading information about the accreditation status of a program, the contents of a site visit report, or the agency’s actions regarding a program. The agency stated that it has not
had cause to invoke this policy during the review period.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The ACOE attests it has not had cause to invoke this Policy and Procedure.

Analyst Worksheet - Response

Analyst Review Status:

Analyst Remarks to Response

The agency was not required to respond to this section since it was found compliant in the draft. The agency reaffirmed that it has not invoked the policy/procedure relevant to this section of the Criteria. Department staff continues to find the agency compliant in this section.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.23(f)

Description of Criteria

(f)

(1) If preaccreditation is offered—

(i) The agency's preaccreditation policies must limit the status to institutions or programs that the agency has determined are likely to succeed in obtaining accreditation;

(ii) The agency must require all preaccredited institutions to have a teach-out plan, which must ensure students completing the teach-out would meet curricular requirements for professional licensure or certification, if any, and which must include a list of 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;

(iii) An agency that denies accreditation to an institution it has preaccredited may maintain the institution's preaccreditation for currently enrolled students until the institution has had a reasonable time to complete the activities in its teach-out plan to assist students in transferring or completing their programs, but for no more than 120 days unless approved by the agency for good cause; and

(iv) The agency may not move an accredited institution or program from accredited to preaccredited status unless, following the loss of accreditation, the institution or program applies for initial accreditation and is awarded preaccreditation status under the new application. Institutions that participated in the title IV, HEA programs before the loss of accreditation are subject to the requirements of 34 CFR 600.11(c).

(2) All credits and degrees earned and issued by an institution or program holding preaccreditation from a nationally recognized agency are considered by the Secretary to be from an accredited institution or program.

Narrative:

The ACOE policy and procedure, Professional Optometric Degree Programs Seeking Accreditation, addresses requirements associated with criteria for the attainment of preaccreditation status as well as requirements in cases where preaccredited programs are not successful in achieving an accredited status. The ACOE has designed a multi-stage pathway through which developing programs must progress in order to be considered for preaccreditation status. The rigor of this process is intended to ensure programs granted preaccreditation status are likely to succeed in obtaining accreditation (602.23(f)(1)(i): Exhibit 6 ACOE Policy and Procedure Manual, pg. 26). Moreover, it is the ACOE’s intent to retain its recognition from the USDE such that the Secretary’s expectation that all credits and degrees earned and issued by a program holding preaccreditation status from the ACOE are considered to be from a program holding an ACOE accreditation status, in alignment with 602.23(f)(2) (602.23(f)(2): Exhibit 6 ACOE Policy and Procedure Manual, pg. 7).

The ACOE policy requires that as precondition of being granted preaccreditation status, programs must demonstrate a sufficiently robust teach-out plan (602.23(f)(1)(ii): Exhibit 6 ACOE Policy and Procedure Manual, pp. 27, 70).

ACOE policy allows for the provision of maintenance of a program’s preaccreditation status while the program executes its teach-out plan. This provision is limited to 120 days, unless granted a good cause extension from Council (602.23(f)(1)(iii): Exhibit 6 ACOE Policy and Procedure Manual, pg. 27).
If a professional optometric degree program loses its accreditation status, ACOE policy stipulates its status will not be moved to a preaccreditation status. The program must submit a new application for preaccreditation status (602.23(f)(1)(iv): Exhibit 6 ACOE Policy and Procedure Manual, pg. 43).

The ACOE has not granted preaccreditation status to any programs during the recognition period. One developing program has achieved the ACOE’s Stage Two designation, which is the step prior to being considered for the preaccreditation status of Preliminary Approval. The ACOE’s process for developing programs involves multiple steps (which was addressed in conjunction with 602.23(a)(2)). The program submitted its letter of intent and feasibility study on August 21, 2020, was considered by the ACOE in its Fall Meeting in October 2020, and was granted Stage One designation. The program then submitted its self-study and associated support documents on April 22, 2021, was considered by the ACOE in its Annual Meeting in June 2021, and was granted Stage Two designation. The program is currently being scheduled for an on-site visit for consideration of the preaccreditation status of Preliminary Approval. The provided exhibit includes the notification letters from the ACOE informing the program of the granting of first Stage One designation, and next, Stage Two designation (602.23(f)(1): Exhibit 6 OD Pgm Seeking Preaccreditation, pp. 1-3, 4-6).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has a robust, multi-stage process for ensuring that preaccredited programs are likely to succeed in obtaining accreditation (Exhibit 6). The agency requires programs to proceed through two stages prior to submitting a self-study and undergoing a site visit. The agency requires preaccredited programs to have a teach-out plan, and has policies in place limiting the teach-out time to 120 days following a
The denial of accreditation to a preaccredited program, unless a good cause extension is granted. The agency noted that during the review period, it has not granted a preaccreditation status to any program. It had one program move from a preaccredited status to an accredited status, and another program that reached stage two in its seeking preaccreditation process. The agency provided documentation from the review process of seeking preaccreditation for that program (Exhibit 66). This documentation does not include the full cycle of review documents because a complete cycle was not completed during this review period.

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

No files uploaded

**Response:**

One program has applied for and been granted Stage One designation, Stage Two designation, and the ACOE’s preaccreditation status of Preliminary Approval since submission of the petition. Full cycle records associated with that program are included in documentation supplied for the File Review. Records associated with other proposed programs have been granted one or more of the ACOE’s “Stage” designations are included in the documentation supplied for the File Review.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

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**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:**

The ACOE’s primary operating procedures are contained within its published Policy and Procedure Manual. The ACOE does not maintain a process for unannounced inspections.

**Document(s) for this Section**

No files uploaded
Analyst Worksheet - Narrative

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:

The agency stated that it does not have any additional operating procedures beyond those found in its published policies and procedures manual (Exhibit 6). The agency has no process for unannounced inspections.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The ACOE affirms its response from the initial narrative.

Analyst Worksheet - Response

Analyst Review Status:
Not Reviewed

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
time frame 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:

The ACOE maintains within its Policy and Procedure Manual that its written requirements, including its Standards, policies, and procedures are posted and publicly accessible on its website. The publication of these materials provides all interested parties transparency to the requirements and processes programs must undergo to earn and retain an accreditation or preaccreditation status (602.25(a): Exhibit 6 ACOE Policy and Procedure Manual, pg. 17).

The ACOE’s procedures provide clear guidance and timeframes associated with its requests for information and documents. Moreover, the ACOE encourages programs to make optimal use of available timeframes in order to increase the likelihood of the program’s successful demonstration of compliance to the ACOE’s Standards. Within the ACOE’s policy and procedure, Self-Studies, The ACOE encourages programs to initiate the self-study process at least twelve (12) months in advance of the scheduled evaluation visit (602.25(b): Exhibit 6 ACOE Policy and Procedure Manual, pg. 24). Upon an accreditation decision, programs are notified of the next regularly scheduled evaluation visit date, the date when Annual Reports are due, and any other requirements of accreditation such whether submission of a Progress Report is required or the need for an interim visit (602.25(b): Exhibit 6 ACOE Policy and Procedure Manual, pg. 56; Exhibit 67 Sample Accreditation Notification Letter, pp. 1-2). The accreditation notification letter notifies the program of any areas of non-compliance (recommendations) which must be addressed to bring it into full compliance with the ACOE Standards, and the deadline for compliance that is in place for any program found to be out of compliance with a standard (602.25(c): Exhibit 6 ACOE Policy and Procedure Manual, pg. 56; Exhibit 67 Sample Accreditation Notification Letter, pg. 1).

The ACOE provides programs opportunity to provide a written response associated with identified deficiencies. The typical mechanisms for this are the Progress Report and the Annual Report. Written updates from programs are reviewed by the Council in an upcoming meeting and a determination is made as to whether the non-compliance has been satisfactorily addressed or whether additional follow-up is required. Notification to the program reiterates the required timeframe for compliance in advance of any adverse action being taken (602.25(d): Exhibit 6 ACOE Policy and Procedure Manual, pp. 45, 47; Exhibit 68 Sample Progress Report letter, pg. 1).

The ACOE notifies the program in writing of any accrediting decision, including
adverse actions. When the ACOE takes an adverse action, or grants the status of Accredited with Conditions, the Council’s notification letter details in writing the reason(s) or basis for a change in accreditation status or adverse action (602.25(e): Exhibit 6 ACOE Policy and Procedure Manual, pg. 40, 56; Exhibit 69 Sample Accredited with Conditions Notification Letter, all).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

However, the agency has not provided sample full-cycle documentation for a program that received an adverse accreditation decision. The agency must provide this documentation or attest that no adverse accreditation decisions have been made during the review period.

**Analyst Remarks to Narrative:**

The agency assures due process through detailed policies and procedures (Exhibit 6) that provide structured timelines for each phase of the accreditation process. The agency has demonstrated its use of clear standards with adequate description of its requirements for meeting each standard (Exhibits 10-12). The agency has provided reasonable timelines for the provision of information and documents by the program. For instance, the self-study is commenced 12 months prior to the site visit, with a due date 2 months prior to the site visit. The agency documented its regular provision of detailed written evaluation reports and council decision letters that identify
deficiencies in reviewed programs. The agency had demonstrated the program’s opportunity for factual corrections to the site visit reports prior to their review by the council and has policies in place for an appeals or petition for reconsideration within 30 days of an adverse accreditation decision. The agency’s policy for reconsiderations is found in Exhibit 6, p. 62-65, and allows for the program to provide a written response to the council’s adverse accreditation decision. The agency provided two sample decision letters for program(s) that were not in full compliance with its standards where the agency described the basis for the probation-equivalent status.

However, the agency has not provided sample full-cycle documentation for a program that received an adverse accreditation decision. The agency must provide this documentation or attest that no adverse accreditation decisions have been made during the review period.

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

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Response:

During the current recognition period, one program was subject to a final action to place the program on probation; the ACOE’s probationary status is “Accredited with Condition.” One other program was given the probationary status of “Accredited with Conditions”; this program has submitted a petition for reconsideration prior to the probationary decision being deemed final. The Council has not yet considered the program’s petition for reconsideration (planned for June 2023). No other adverse actions or actions to place a program on probation or show cause have been taken by Council as a result of non-compliance with the ACOE Standards (the ACOE has withdrawn accreditation from programs associated with ACOE Policy – those programs are addressed within this submission and in the documents supplied for the File Review).

Full cycle documentation associated with the program subject to the final action to place the program on the ACOE’s probationary status, “Accredited with Conditions,” is provided in the exhibits. The documentation includes: (1) the program’s self-study submission, (2) the draft version of the evaluation report sent to the program for its factual accuracy review, (3) the ACOE’s receipt of factual accuracy review responses from the program, (4) the Council approved evaluation report, (5) the notification letter apprising the program of the Council’s decision, and (6) the notification letter apprising the program of the decision becoming final. (602.25(a-e): Exhibit 106 Self-Study Probationary Action, all; Exhibit 107 Factual Accy Letter and Draft Report, all; Exhibit 108 Factual Accy Responses, all; Exhibit 109 Evaluation Report Probationary Action, all; Exhibit 110 Notification Letter Probationary Action, all; Exhibit 111
In response to the draft staff analysis, the agency attested that only one program has been subject to a final decision to be put on probation ("accredited with conditions") during the review period. Exhibits 37-42 document the agency's full review of that school. Department staff reviewed multiple additional sets of documents for reviews conducted by the agency as a part of a file review to support the agency's regular adherence to due process requirements.

List of Document(s) Uploaded by Analyst - Response
No file uploaded

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:

The ACOE provides programs the opportunity to appeal an adverse action, including the lowering of accreditation status, prior to the action becoming final. The ACOE publicizes its policies and procedures associated with Reconsiderations and Appeals of Accreditation Decisions within its Policy and Procedure Manual.

Upon an adverse action (defined as an official Council action resulting in the denial or withdrawal of initial accreditation status, continuing accreditation status, or preaccreditation status) or a determination of the status of Accredited with Conditions, programs are offered the opportunity to first, petition for reconsideration, and if desired, file a formal appeal request. The policies describe allegations that qualify for reconsideration and appeal (602.25(f): Exhibit 6 ACOE Policy and Procedure Manual, pp. 62-63 and pp. 63-65).

Members of the Appeals Panel are not current members of the Council, are subject to the ACOE’s Policy on Conflicts of Interest, have authority to sustain, modify, or reverse the decision of the Council, and may remand the matter to the Council for further consideration. The Appeals Panel shall forward its findings and conclusions to the Council for action. In such case, the Council must act in a manner consistent with the Appeals Panel’s decisions and/or instructions. In addition, the Council will not modify the program’s accreditation or preaccreditation status pending disposition of an appeal (602.25(f)(1)(i-iv): Exhibit 6 ACOE Policy and Procedure Manual, pp. 64 and 64).

The ACOE’s Policy affirms the right of programs to employ counsel in the course of their appeal proceedings (602.25(f)(2): Exhibit 6 ACOE Policy and Procedure Manual, pg. 64).

The ACOE has not had any reconsideration petitions or appeals filed.

Document(s) for this Section
Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must document how its policies meet this section of the criteria with relation to the appeals’ panels powers to sustain, modify, or remand a decision made by the council.

**Analyst Remarks to Narrative:**

The agency provides policies and procedures for an appeal of a council decision (Exhibit 6, p. 62-65). The agency’s policy manual includes policies for the training and composition of an appeals panel which includes a public member, an educator, and a practitioner, and which require its members to be subject to the agency’s conflict-of-interest policies. The agency’s policy allows the program to employ counsel to represent them during its appeal.

However, the agency’s policy currently allows the appeals panel to sustain, modify, or reverse the decision of the council, or to remand the matter to the council for further consideration (p. 64). However, this does not conform to the current requirements of this criterion, which specify that an appeals panel may affirm, amend, or remand an adverse action, but not reverse it. The agency’s policy is therefore out of compliance with this section of the Criteria.

The agency attests that it has not had cause to convene an appeals panel during the review period.

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

No files uploaded

Response:

The ACOE’s Policy and Procedure Manual has been updated to correct the language
related to the acceptable actions of an appeals panel. The ACOE attests it has not had cause to convene an appeals panel during the recognition period. (602.25(f): Exhibit 71 ACOE Policy and Procedure Manual, pg. 69).

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft staff analysis, the agency provided its updated Policy and Procedure Manual, which includes a revised description of appeals panel powers on page 69 (Exhibit 2/71). The agency's revised manual states that the appeals panel has the authority to affirm, amend, or remand decisions by the Council, matching the requirements of this section of the Criteria. The agency attested that they have not had cause to convene an appeals panel during the recognition period.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.25(g)

Description of Criteria

(g) The agency notifies the institution or program in writing of the result of its appeal and the basis for that result.

Narrative:

A program that files an appeal will receive written notification of the result of its appeal and the basis for that result (602.25(g): Exhibit 6 ACOE Policy and Procedure Manual, pg. 65).

Document(s) for this Section

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While the agency has never had cause to convene an appeals panel, and so cannot document its implementation of this policy, the agency has documented its policy for providing a program with a written notification of the results of an appeal and the basis for that result in its policies and procedures manual (Exhibit 6, p. 65).

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**Response:**

The ACOE attests it has not received an appeal request and has not needed to administer its Policy and Procedure for appeals.

**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:

Programs may seek a review of new financial information in a petition for reconsideration provided that: (i) the financial information was unavailable to the program until after the adverse decision was made; (ii) the financial information is significant and bears materially on any financial deficiencies identified by the ACOE; and (iii) the only remaining deficiency cited by the ACOE is the program’s failure to meet Council standard(s) pertaining to finances (602.25(h): Exhibit 6 ACOE Policy and Procedure Manual, pg. 62).

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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 any program has attempted to use the process described here.

**Analyst Remarks to Narrative:**

The agency has documented its policy that meets the requirements of this criterion (Exhibit 6, p. 62). However, the agency has not discussed whether any program has attempted to use the process described here. The agency has elsewhere attested that the agency has not had cause to convene an appeals panel during the review period.
(or ever). The agency must state whether any program has attempted to use the process described here.

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

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Response:

The ACOE attests that no program has sought to avail itself of this process during the recognition period.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the draft staff analysis, the agency attested that the process described during this section of the Criteria did not occur during the recognition period.

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

No file uploaded

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**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:

Within 30 days of an ACOE meeting, the actions taken by Council are published on its public website, www.theACOE.org. A notice of actions is sent to stakeholders including the US Department of Education, State Boards of Optometry, and appropriate accrediting agencies. These actions include decisions to grant or continue the accreditation or preaccreditation status of a program (602.26(a): Exhibit 6 ACOE Policy and Procedure Manual, pg. 57).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide documentation of notifications made by the agency of each type of action listed to each of the listed bodies within the specified timeline, or attest for each type of action listed that it did not occur during the review period. The agency must also demonstrate that it enters accreditation actions in the Database of Accredited Postsecondary Institutions and Programs (DAPIP) which is the Departments designated system for recording and tracking accreditation actions.

**Analyst Remarks to Narrative:**

The agency identified its policy for making notifications of these types, as found in its policy and procedures manual (Exhibit 6, p. 57). The agency’s public website documents its notice to the public of accrediting decisions made by the agency.

However, the agency has not provided documentation of its notifications regarding these types of accrediting decisions to the Secretary, state licensing or authorizing agencies, and other appropriate accrediting agencies. The agency must provide
documentation of notifications made by the agency of each type of action listed to each of the listed bodies within the specified timeline, or attest for each type of action listed that it did not occur during the review period. The agency must also demonstrate that it enters accreditation actions in the Database of Accredited Postsecondary Institutions and Programs (DAPIP) which is the Department's designated system for recording and tracking accreditation actions.

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

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Response:

The ACOE provides notification of decisions to grant or continue programs’ accreditation or preaccreditation statuses via its ‘notice of actions.’ Evidence of distribution of the ‘notice of actions’ within 30 days of the ACOE meeting is provided in the exhibit. A link to the ACOE’s public website is included in the emails. Additional records are provided in the documentation for the File Review (602.26(a): Exhibit 112 distribution of notice of actions, all).

In July 2021, the ACOE implemented a process of maintaining a documented record of its DAPIP system updates on an Excel spreadsheet. A copy of the ACOE’s DAPIP log is provided as evidence demonstrating updates are being made. Additional exhibit provided shows entries in the DAPIP system (602.26(a): Exhibit 113 DAPIP Update Log, all; Exhibit 121 DAPIP Screenshots, pp. 1-2 (of PDF)).

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the draft staff analysis, the agency provided sample notification emails both in the exhibits (Exhibit 43) and in the file review. In addition, the agency provided its internal documentation of its log of DAPIP records (Exhibit 44). The agency also provided DAPIP screenshots that show conformance to the agency’s log (Exhibit 45).

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

No file uploaded
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:

In the event of a final decision of a probation or equivalent status (for the ACOE, an Accredited with Conditions status) or an initiated adverse action (defined by the ACOE as an official Council action resulting in the denial or withdrawal of initial accreditation status, continuing accreditation status, or preaccreditation status), ACOE Policy specifies it will notify the Secretary of the US Department of Education, the appropriate state licensing agencies, and the appropriate accrediting agencies at this same time the program is notified. Moreover, notification to the program directs the program to disclose the action of the ACOE within seven (7) business days to all current and prospective students and residents (602.26(b): Exhibit 6 ACOE Policy and Procedure Manual, pg. 57).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide documentation of notifications made by the agency of each type of action listed to each of the listed bodies within the specified timeline, and must document its instruction to an affected program to notify current and prospective students within the specified timeline, or attest for each type of action listed that it did not occur during the review period. The agency must also demonstrate that it enters accreditation actions in the Database of Accredited Postsecondary Institutions and
Programs (DAPIP) which is the Department's designated system for recording and tracking accreditation actions.

**Analyst Remarks to Narrative:**

The agency identified its policy for making notifications of these types, as found in its policy and procedures manual (Exhibit 6, p. 57).

However, the agency has not provided documentation of its notifications regarding these types of accrediting decisions to the Secretary, state licensing or authorizing agencies, and other appropriate accrediting agencies. The agency has not provided documentation of its direction to schools under these types of actions to notify its current and prospective students within seven business days of receipt of notification of the agency’s action.

The agency must provide documentation of notifications made by the agency of each type of action listed to each of the listed bodies within the specified timeline, and must document its instruction to an affected program to notify current and prospective students within the specified timeline, or attest for each type of action listed that it did not occur during the review period. The agency must also demonstrate that it enters accreditation actions in the Database of Accredited Postsecondary Institutions and Programs (DAPIP) which is the Department's designated system for recording and tracking accreditation actions.

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

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Response:

One instance within the recognition period exists where the ACOE issued a final decision of a probation or equivalent status. The ACOE probationary status is “Accredited with Conditions.” Included in the exhibits is a copy of the notification letter confirming the final decision and includes distribution to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agency as well as the directive to notify current and future students/residents (602.26(b): Exhibit 115 Final Probation, all).

Four instances within the recognition period exist where the ACOE initiated adverse action. A sample of the documentation of notification to the program has been provided in the exhibits. The exhibit includes notification to one of the four programs of the initiated adverse action and includes distribution to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agency.
agency as well as the directive to notify current and future students/residents. Records associated with all four programs are included in the File Review documents (602.26(b): Exhibit 114 Initial and Final Withdrawal, pp. 1-2).

In July 2021, the ACOE implemented a process of maintaining a documented record of its DAPIP system updates on an Excel spreadsheet. A copy of the ACOE’s DAPIP log is provided as evidence demonstrating updates are being made. Additional exhibit provided shows entries in the DAPIP system (602.26(b): Exhibit 113 DAPIP Update Log, pp. 1, 3; Exhibit 121 DAPIP Screenshots, pg. 4 (of PDF)).

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the draft staff analysis, the agency attested that there has been one instance of a program being put on probation during the recognition period. The agency provided documentation relevant to that action. Exhibit 46/115 shows the agency’s letter to the school, which includes the communication to the school about the timelines and notifications required in this section of the Criteria. The agency's letter also indicates that it was copied to Department staff and relevant licensing boards and other accrediting agencies. The agency provided full documentation of instances where the agency withdrew accreditation during the review period as part of the file review.

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

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**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:

In the event of a final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation status of a program (the ACOE uses terminology ‘denial’ or ‘withdrawal’ in its definition of an adverse action), ACOE policy specifies it will notify the Secretary of the US Department of Education, the appropriate state licensing agencies, and the appropriate accrediting agencies at the same time the program is notified, which will occur within 30 days of the Council decision (602.26(c): Exhibit 6 ACOE Policy and Procedure Manual, pg. 57).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide documentation of notifications made by the agency of each type of action listed to each of the listed bodies within the specified timeline, or attest that these types of actions did not occur during the review period. The agency must also demonstrate that it enters accreditation actions in the Database of Accredited Postsecondary Institutions and Programs (DAPIP) which is the Departments designated system for recording and tracking accreditation actions.

**Analyst Remarks to Narrative:**

The agency identified its policy for making notifications of these types, as found in its policy and procedures manual (Exhibit 6, p. 57). The agency’s public website documents its notice to the public of accrediting decisions made by the agency. The agency has not provided documentation of its notifications regarding these types of
accrediting decisions to the Secretary, state licensing or authorizing agencies, and other appropriate accrediting agencies. The agency must provide documentation of notifications made by the agency of each type of action listed to each of the listed bodies within the specified timeline, or attest that these types of actions did not occur during the review period. The agency must also demonstrate that it enters accreditation actions in the Database of Accredited Postsecondary Institutions and Programs (DAPIP) which is the Departments designated system for recording and tracking accreditation actions.

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

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Response:

Four instances within the recognition period exist where the ACOE initiated the adverse action of withdrawal of accreditation. Of the four, three resulted in a final decision of withdrawal; the fourth program submitted a petition for reconsideration and the Council overturned its initial decision. Records associated with all four programs are included in the file review documents. Sample documentation of notification to a program following a final action to withdraw accreditation has been provided in the exhibits. The exhibit includes notification to the program of the final adverse action and includes distribution to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agency (602.26(c): Exhibit 114 Initial and Final Withdrawal, pp. 7-8 (of PDF)).

In July 2021, the ACOE implemented a process of maintaining a documented record of its DAPIP system updates on an Excel spreadsheet. A copy of the log is provided as evidence demonstrating updates are being made (602.26(c): Exhibit 113 DAPIP Update Log, pg. 2).

The ACOE has not made a final decision to take any other adverse action, as defined by the agency, not listed in paragraph (c)(1) of section 602.26.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the draft staff analysis, the agency provided documentation of its notifications relevant to this section of the Criteria (Exhibit 44) and of its entries into
DAPIP (Exhibit 47). Department staff reviewed multiple other notifications and associated documentation as part of the file review.

List of Document(s) Uploaded by Analyst - Response

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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:

With respect to an ACOE final decision of a probationary status (for the ACOE, an Accredited with Conditions status) or an initiated adverse action (defined by the ACOE at an official Council action resulting in the denial or withdrawal of initial accreditation status, continuing accreditation status, or preaccreditation status) or a final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation status of a program, ACOE policy assures written notice to the public of such decisions within one (1) business day of notice to the program (602.26(d): Exhibit 6 ACOE Policy and Procedure Manual, pg. 57).

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Analyst Worksheet - Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must document its notification to the public of a sample of each of these types of decisions that have occurred during the review period, or attest for each type
of decision that they have not been made during the review period.

**Analyst Remarks to Narrative:**

The agency identified its policy for making notification to the public within one business day of its notification to the public, as found in its policy and procedures manual (Exhibit 6, p. 57). The agency has not provided documentation of its notification to the public of these types of decisions. The agency must document its notification to the public of a sample of each of these types of decisions that have occurred during the review period, or attest for each type of decision that they have not been made during the review period.

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

No files uploaded

**Response:**

A sample of documentation of notification to the public within one business day following program notification of an initiated adverse action has been provided in the exhibit. The exhibit includes (1) notification of the initiated adverse action, and (2) screenshot showing the initiated adverse action posting on the ACOE’s public website within one business day (602.26(d): Exhibit 114 Initial and Final Withdrawal, initiated action pg. 2, associated screenshot pg. 4 (of PDF)).

A sample of documentation of notification to the public within one business day following program notification of a final action to withdraw accreditations has been provided in the exhibit. The exhibit includes (1) notification of the final adverse action, and (2) screenshot showing the final adverse action posting on the ACOE’s website within one business day (note – the program was notified on a Friday and the website was updated the following Monday) (602.26(d): Exhibit 114 Initial and Final Withdrawal, final action pg. 7, associated screenshot pg. 10 (of PDF)).

### Analyst Worksheet - Response

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the draft staff analysis, the agency provided documentation of its timely notices relevant to this section of the Criteria (Exhibit 47/114).
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:

When a program is notified of the ACOE’s reasons for an adverse decision, the program is offered the opportunity to provide comments to be appended to the statement of the reason. The ACOE ensures the reasons for its decision along with any comments received from the program are made available to the Secretary of the US Department of Education, appropriate State optometry licensing agencies, and the public within 60 days of the decision (602.26(e): Exhibit 6 ACOE Policy and Procedure Manual, pp. 57-58).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide a sample case of notifying a program of its right to
comment on an adverse decision, as well as document its notifications to the listed entities of the action, the agency’s brief summary of its reasons for the action, and the program’s response The agency must also demonstrate that it enters accreditation actions in the Database of Accredited Postsecondary Institutions and Programs (DAPIP) which is the Departments designated system for recording and tracking accreditation actions.

**Analyst Remarks to Narrative:**

The agency provided its policies and procedures relevant to this criterion (Exhibit 6). However, the agency did not document the implementation of this policy during the review period. The agency must provide a sample case of notifying a program of its right to comment on an adverse decision, as well as document its notifications to the listed entities of the action, the agency’s brief summary of its reasons for the action, and the program’s response The agency must also demonstrate that it enters accreditation actions in the Database of Accredited Postsecondary Institutions and Programs (DAPIP) which is the Departments designated system for recording and tracking accreditation actions.

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

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Response:

A sample of documentation of notification to a program following a final action to withdraw accreditations has been provided in the exhibits. The exhibit includes a brief statement summarizing the reason for the ACOE’s decision, the requirement of the program to disclose the decision to current and prospective students/residents within seven business days of receipt, and offers the program the opportunity to provide official comment. The program opted not to submit official comments and this information was updated on the ACOE’s website (602.26(e): Exhibit 114 Initial and Final Withdrawal, pp. 7-8; Exhibit 116 UMSL Marion did not provide comment, pg. 2).

Another program was subject to a final decision of withdrawal and opted to submit official comment. The comments were made available to the Secretary, the appropriate State licensing or authorizing agency, and the public, no later than 60 days after the decision. Exhibits provided include the emailed notification to the to the Secretary, the appropriate State licensing or authorizing agency, and a screenshot of the website posting to the public. (602.26(e): Exhibit 117 Email Program Comments Shared, all; Exhibit 118 Website Posting - comments included, pg. 2).
In July 2021, the ACOE implemented a process of maintaining a documented record of its DAPIP system updates on an Excel spreadsheet. A copy of the log is provided as evidence demonstrating updates are being made. The ACOE provides its brief statement summarizing the reasons for the agency’s decision to the Secretary and the appropriate State licensing agency at the same time it notifies the program of the final decision, via copy of emailed notification letter; the ACOE also updates DAPIP (as described under 602.26(c)). In the instance a program chooses to provide official comment, the ACOE provides the comments to the Secretary and to the appropriate State licensing agency via emailed notification and to the public via its website; the ACOE is not aware of an option within DAPIP associated with the reporting of the scenario where a program chooses (or does not choose) to provide official comment. (602.26(e): Exhibit 113 DAPIP Update Log, all).

The ACOE has not made a final decision to take any other adverse action, as defined by the agency, not listed in paragraph (c)(1) of section 602.26.

**Analyst Worksheet - Response**

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

**Analyst Remarks to Response**

In response to the draft staff analysis, the agency provided a sample case where a withdrawn school opted to provide written comments and the agency sent notification of those comments to the relevant entities (Exhibit 49/117). The agency provided its notification to the school which shows adherence to the timeline of notifications required in this section of the Criteria.

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

No file uploaded

Criteria: 602.26(f)

**Description of Criteria**

(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; or

(2) Lets its accreditation or preaccreditation lapse, within 10 business days of the date on which accreditation or preaccreditation lapses.

Narrative:

In the event of a program withdrawal from accreditation or preaccreditation or when a program allows its accreditation or preaccreditation status to lapse, the ACOE policy specifies the ACOE will within ten (10) business days notify the Secretary of the US Department of Education, the appropriate State optometry licensing agencies, appropriate accrediting agencies, and upon request, the public (602.26(f): Exhibit 6 ACOE Policy and Procedure Manual, pg. 58).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide documentation of notifications made by the agency of each type event listed to each of the listed bodies within the specified timeline, or attest that the listed events did not occur during the review period. The agency must also demonstrate that it enters accreditation actions in the Database of Accredited Postsecondary Institutions and Programs (DAPIP) which is the Department's designated system for recording and tracking accreditation actions.

**Analyst Remarks to Narrative:**

The agency identified its policy for making notifications of these types, as found in its policy and procedures manual (Exhibit 6, p. 58). The agency has not provided documentation of its notifications regarding these types of events to the Secretary,
state licensing or authorizing agencies, and other appropriate accrediting agencies. The agency must provide documentation of notifications made by the agency of each type event listed to each of the listed bodies within the specified timeline, or attest that the listed events did not occur during the review period. The agency must also demonstrate that it enters accreditation actions in the Database of Accredited Postsecondary Institutions and Programs (DAPIP) which is the Department's designated system for recording and tracking accreditation actions.

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

No files uploaded

Response:

A sample of documentation of notification to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public has been provided in the exhibit. The exhibit demonstrates a program that decided to withdraw from accreditation. Documents associated with all programs that voluntarily withdrew from accreditation during the recognition period are included in the records provided for the USDE File Review (602.26(f): Exhibit 119 Example Voluntary Withdrawal, all).

In July 2021, the ACOE implemented a process of maintaining a documented record of its DAPIP system updates on an Excel spreadsheet. In drafting this response, the ACOE identified a gap in its process; updates to DAPIP associated with programmatic withdrawals from accreditation have not been made timely. The missed updates have been made and the process flowchart updated to include DAPIP updates to prevent recurrence. Additional exhibit provided shows entries in the DAPIP system (602.26(f): Exhibit 113 DAPIP Update Log, all; Exhibit 120 Voluntary Withdrawal of Accreditation, all; Exhibit 121 DAPIP Screenshots, pg. 5 (of PDF)).

The ACOE attests that no program has had its accreditation or preaccreditation lapse during the recognition period.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the draft staff analysis, the agency provided documentations of its notifications relevant to this section of the Criteria (Exhibits 50/119 and 51/120).
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:

ACOE policy governs the ACOE’s obligations to submit to the Department annually updated lists of accredited and preaccredited programs, a summary of major accrediting activities, and any proposed change in policies, procedures, or Standards that might affect the ACOE’s scope or recognition or compliance with recognition criteria (602.27(a)(1-3): Exhibit 6 ACOE Policy and Procedure Manual, pg. 58, 66).

Regarding 602.27(a)(4), the ACOE does not and does not intend to include in its scope of recognition distance education or correspondence courses as provided in section 496(a)(4)(B)(i)(I) of the HEA.
The agency documented its policy regarding submitting to the Department annually updated lists of accredited and preaccredited programs, a summary of major accrediting activities, and any proposed changes to the agency’s policies, procedures, or standards that might affect the agency’s compliance with recognition criteria (Exhibit 6, p.58 and 66). Department staff reviewed the Database of Postsecondary Institutions and Programs (DAPIP), which is the Department’s system for collection of information of this type, and found regular updates by the agency indicating its accreditation actions and identifying its accredited and preaccredited programs.

The ACOE attests it has not had any change in policies, procedures, or Standards that might affect the ACOE’s scope or recognition or compliance with recognition criteria and affirms the information provided in its initial narrative.
(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:

The ACOE has a published policy that addresses consideration of actions of States and other accrediting groups. Within this policy, the ACOE specifies it will not grant initial or renewed accreditation or preaccreditation to a program if its parent institution is the subject of a pending or final action brought by a State agency regarding adverse action related to the institution’s legal authority to provide postsecondary education or an adverse action taken by a recognized accrediting agency. The ACOE’s procedure includes due diligence checks including accreditation status of the parent institution of a program undergoing an accreditation or preaccreditation review as well as review of notifications of actions from other accreditors (602.28(b): Exhibit 6 ACOE Policy and Procedure Manual, pg. 52).

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Analyst Worksheet - Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**
The agency should document a sample occurrence of the actions of another accreditor or state agency being under consideration by ACOE, or attest that none of its programs were subject to the listed actions by a state agency or another accreditor during the review period.

**Analyst Remarks to Narrative:**

The agency provided policies and procedures related to this criterion (Exhibit 6). The agency did not document any actions it has taken relevant to this criterion. The agency should document a sample occurrence of the actions of another accreditor or state agency being under consideration by ACOE, or attest that none of its programs were subject to the listed actions by a state agency or another accreditor during the review period.

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

No files uploaded

Response:

The ACOE attests that none of its programs were subject to the listed actions by a state agency or another accreditor during the recognition period.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the draft staff analysis, the agency attested that the situation described in this section of the Criteria has not occurred.

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

No file uploaded

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**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:

If the ACOE decides to proceed with granting an accreditation or preaccreditation status to a program that is part of an institution that is the subject of pending or final action regarding its legal authority to provide post-secondary education or an adverse action taken by a recognized accrediting agency, it will provide the Secretary of the US Department of Education within 30 days a thorough explanation of its decision that is consistent with its Standards (602.28(c): Exhibit 6 ACOE Policy and Procedure Manual, pg. 52).

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Analyst Worksheet - Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency should document a sample occurrence of the agency considering overriding the decision of another accreditor or a state agency, or attest that this did not occur during the review period.

**Analyst Remarks to Narrative:**

The agency provided policies and procedures related to this criterion (Exhibit 6). The agency did not document any actions it has taken relevant to this criterion. The agency should document a sample occurrence of the agency considering overriding the decision of another accreditor or a state agency, or attest that this did not occur during the review period.

**List of Document(s) Uploaded by Analyst - Narrative**
The ACOE attests that none of its programs were subject to the listed actions by a state agency or another accreditor during the recognition period.

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the draft staff analysis, the agency attested that the situation described in this section of the Criteria has not occurred.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

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:

If the ACOE becomes aware that a program that holds an accreditation or preaccreditation status is part of an institution that is the subject of pending or final action regarding its legal authority to provide post-secondary education or an adverse action taken by a recognized accrediting agency, the Council will promptly review the program to determine whether action is warranted (602.28(d): Exhibit 6 ACOE Policy and Procedure Manual, pg. 52).
Exhibit Title | File Name | Analyst Comments | Agency's Exhibit Comments
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**Analyst Worksheet - Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency should document a sample occurrence of the agency reviewing its accreditation of a program in the situation described, or attest that this situation did not obtain during the review period.

**Analyst Remarks to Narrative:**

The agency provided policies and procedures related to this criterion (Exhibit 6). The agency did not document any actions it has taken relevant to this criterion. The agency should document a sample occurrence of the agency reviewing its accreditation of a program in the situation described, or attest that this situation did not obtain during the review period.

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

No files uploaded

**Response:**

The ACOE attests that none of its programs were subject to the listed actions by another recognized accrediting agency.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the draft staff analysis, the agency attested that the situation described in this section of the Criteria has not occurred.
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:

The ACOE has adopted policy to share with other appropriate recognized accrediting agencies and recognized State approval agencies information, upon request, about the accreditation or preaccreditation status of a program and any adverse actions it has taken against the accredited or preaccredited program (602.28(e): Exhibit 6 ACOE Policy and Procedure Manual, pg. 58).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency should document a sample occurrence of the sharing information in the situation described, or attest that this situation did not obtain during the review period.

**Analyst Remarks to Narrative:**

The agency provided policies and procedures related to this criterion (Exhibit 6). The
agency did not document any actions it has taken relevant to this criterion. The agency should document a sample occurrence of the sharing information in the situation described, or attest that this situation did not obtain during the review period.

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

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Response:

The ACOE attests that no other recognized accrediting agencies or recognized State approval agencies have requested information about the accreditation or preaccreditation status of a program or of any adverse actions the ACOE has taken against an accredited or preaccredited program.

### Analyst Worksheet - Response

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the draft staff analysis, the agency attested that the situation described in this section of the Criteria has not occurred.

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

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### 3rd Party Written Comments

There are no written comments uploaded for this Agency.

### 3rd Party Request for Oral Presentation

There are no oral comments uploaded for this Agency.