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 institutions and programs of nurse anesthesia at the post master’s certificate, master’s, or doctoral degree levels in the United States, and its territories, including programs offering distance education.

Narrative:

The accreditation of institutions and programs of nurse anesthesia at the post-master’s certificate, post-doctoral certificate, master’s, or doctoral degree levels in the United States, and its territories, including programs offering distance education.

Document(s) for this Section

No files uploaded

Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

Prior to and during the review process, the agency developed and finalized changes to the types of curricular programs under review by the agency. As of January 1, 2025, all U.S. nurse anesthesia institutions/programs must award a doctoral degree for entry into nurse anesthesia practice. The agency took action to ensure accredited institutions and programs offer corresponding curricular offerings and is requiring the transition of all institution's/programs currently offering master’s degrees to award doctoral degrees by January 1, 2022, with no new enrollees in master’s level degrees after that date. The agency should inform the Department when the agency’s scope should be contracted to no longer include institutions and programs of nurse anesthesia at the
masters and post-master’s certificate levels.

**Criteria: 602.10(a-b)**

Description of Criteria

The agency must demonstrate that—

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

(b) If the agency accredits institutions of higher education or higher education programs, or both, its accreditation is a required element in enabling at least one of those entities to establish eligibility to participate in non-HEA Federal programs.

**Narrative:**

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) accredits both institutions of higher education and higher education programs. As of July 2021, the COA accredits one (1) free standing single purpose higher education institution (i.e., Middle Tennessee School of Anesthesia, Madison, TN) and 127 higher education programs (see Exhibit 006 - List of Accredited Programs, June 2021).

The COA’s accreditation enables the institutions and programs to establish eligibility for participation in Title IV HEA programs and non-HEA federal programs. Accreditation by the COA is required to establish eligibility to participate in HEA programs by one (1) program, North Shore University Health System School of Anesthesia/DePaul University, Evanston, Illinois (see Exhibit 007 - COA Based
Eligibility for HEA Title IV and Non-HEA Title VIII).

The COA’s accreditation is also used to establish eligibility for nurse anesthesia institutions and programs participation in non-HEA federal programs. The following is an example of non-HEA programs requiring COA accreditation. The U.S. Department of Health and Human Services (HHS) - Centers for Medicare and Medicaid Services (CMS) HHS – Health Resources and Services Administration (HRSA)- Division of Nursing Advanced Education Nursing Grants for Nurse Anesthesia Programs Nurse anesthesia educational programs are authorized to be considered for grants under provisions in The Affordable Care Act (ACA) of 2012 that reauthorized the Title 8 nurse workforce development programs operated by Health Resources and Services Administration. Authorized nurse anesthesia programs are defined in Title V of the Act as referenced in the Public Health Service Act as "Nurse anesthesia programs eligible for support under this section are education programs that (1) provide registered nurses with full-time anesthetist education; and (2) are accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs.” Specific federal grants for accredited nurse anesthesia programs include advanced nursing education (AEN) grants and nurse anesthesia traineeships (NAT). While HRSA funds the NAT grants the Division of Nursing administers the grants (Exhibit 007 - COA Based Eligibility for HEA Title IV and Non-HEA Title VIII; Exhibit 008 – HEA Eligibility Approval Letter; and Exhibit 009 – ACA US Code 42 Authorization of AEN Grants).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section
Analyst Remarks to Narrative:

The information provided by the agency demonstrates that the agency accredits institutions of higher education and that its accreditation is a required element in enabling at least one of those institutions to establish eligibility to participate in HEA programs under 602.10(a). Though the vast majority of the agency’s accredited entities consist of programs (127), the agency does accredit one freestanding single purpose higher education institution in nurse anesthesia, Middle Tennessee School of Anesthesia (Exhibit 006). The agency has also provided information that confirms that it accredits one program that participates in Title IV HEA funding, NorthShore University HealthSystem School of Nurse Anesthesia, and that the program, as a hospital-based program, is made eligible to participate in such funding as a result of accreditation by the agency (Exhibit 007). The agency also provided documentation from Federal Student Aid that confirms that the agency’s accreditation enables the program to establish eligibility to participate in HEA programs as a hospital-based program (Exhibit 008).

In addition to the link to Federal programs established by the agency’s compliance with 602.10(a), the agency also accredits higher education programs with the agency’s accreditation being a required element in enabling such programs to establish eligibility to participate in non-HEA Federal programs. In particular, the agency’s accreditation enables eligible programs to seek and receive Advanced Education Nursing Grants in accordance with 42 U.S. Code § 296j, with 42 U.S. Code § 296j(e)(2) specifically noting that “Nurse anesthesia programs eligible for support under this section are education programs that — are accredited by the Council on Accreditation of Nurse Anesthesia Education Programs” (Exhibit 009). As an example, and in accordance with this statute, the Department of Health and Human Services, Health Resources and Services Administration distributes formula grants to applicant programs annually for Nurse Anesthetist Traineeship, with FY 2022 seeing the distribution of approximately $2.25 million in funding (Analyst Exhibit 1 – HHS Funding Information).

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**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed
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:

(a) - not applicable
(b) - not applicable
(c) - The Council’s Bylaws (i.e., Article II, Section 2) state the Council's scope of accreditation encompasses the United States and its territories, including programs offering distance education. As of July 30, 2021, the Council accredits 128 programs located in 39 states (see list of states below), the District of Columbia and Puerto Rico. This is an increase of eight programs in an additional two states (Indiana and Oklahoma) since the Council's last petition for continued recognition. There is one single-purpose, free-standing institution, located in Madison, Tennessee (see Exhibit 005 - Council’s Bylaws: Article II, Section 2, p. 1 and Exhibit 006 - List of Accredited Programs, June 2021).

The following is a list of states with nurse anesthesia programs accredited by the COA: Alabama, Arizona, Arkansas, California, Connecticut, Florida, Georgia, Illinois, Iowa, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin (see Exhibit 006 - List of Accredited Programs, June 2021 and Exhibit 106 - Screenshot Accredited Programs Webpage). As stated previously, the Council also accredits one program in the District of Columbia and three in Puerto Rico.
Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency demonstrates that it conducts accrediting activities in the United States. The Bylaws of Council on Accreditation of Nurse Anesthesia Educational Programs, Article II, Section 2, Scope of Activity notes that the agency accredits “institutions and programs of nurse anesthesia at the post-masters’ certificate, master’s or doctoral degree levels in the United States, and its territories including programs offering distance education” (Exhibit 005). The agency currently accredits 127 programs and 1 institution in the United States and provided a list of the accredited institution/programs which demonstrates that the agency’s geographic area of accrediting activities takes place throughout the United States (Exhibit 006 and Exhibit 106).

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**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed
(b)

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

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

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

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

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

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

Narrative:

The Council is a nationally recognized accrediting agency for the “accreditation of institutions and programs of nurse anesthesia at the post-master’s certificate, master’s, or doctoral degree levels in the United States, and its territories, including programs offering distance education.” The COA is requesting a change in scope to include the accreditation of post-doctoral certificates. The reason for the proposed change is to reflect the COA’s revision to its “Waiver of Graduate Degree Requirement” policy to approve post-doctoral certificates. As stated in the policy, a waiver of the COA’s requirement for a program to award a doctoral degree may be requested when the program is unable to award a doctoral degree to individuals who already possess a doctoral degree on entry to a nurse anesthesia program (refer Exhibit 003 - Accreditation Policies and Procedures: “Waiver of Graduate Degree Requirement”
The COA has approved a program to award a post-doctoral certificate and anticipates additional programs will be requesting waivers associated with the required transition of all programs to award doctoral degrees by January 1, 2022 (refer Exhibit 010 - Waiver of Grad Degree Approved Post-Doctoral Certificate Letter and Exhibit 117 – Requests to Award a Post-Doctoral Certificate). The following is the requested scope: “accreditation of institutions and programs of nurse anesthesia at the post-master’s certificate, post-doctoral certificate, master’s, or doctoral degree levels in the United States, and its territories, including programs offering distance education.”

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

In accordance with 602.32(j)(1-3), the agency must clarify the reason for the expansion of scope request, include letters from at least three institutions or programs that would seek accreditation under one or more of the elements of the expansion of scope, explain how the agency must expand capacity to support the expansion of scope, if applicable, and if necessary, how its budget will support that expansion of capacity. Additionally, the agency must provide in its petition documentation of the application of the relevant standards, policies, and procedures in accordance with 602.31(b)(2) as evidenced by the complete record of the application of the approved program noted in the agency’s narrative.

**Analyst Remarks to Narrative:**
The agency is requesting an expansion of scope to include the accreditation of post-doctoral certificates. The rationale offered by the agency details issues arising with the award of doctoral degrees to those students who are entering a nurse anesthesia doctoral program while already holding another doctoral degree in the same field at an equivalent level to the degree offered by the doctoral institution. The agency included examples in which students already holding the Doctor of Nursing Practice degree would be unable to be awarded a second Doctor of Nursing Practice degree in the field of anesthesia by the granting institution (Exhibit 117). The agency took action to require accredited institutions and programs to transition all programs currently offering master’s degrees to award doctoral degrees by January 1, 2022, with no new enrollees in master’s level programs after that date. However, situations arise wherein higher education institutions are unable to award a doctoral degree to an individual who already possesses such a degree. In this situation, the agency enables institutions to petition the agency under its policies for a Waiver of Graduate Degree Requirement (Exhibit 003, p. W-1). This waiver may also apply to institutions that offer an approved post-doctoral certificate. The waiver requires the institution to confirm that 1) applicants are notified of the change in awarded degree, and 2) students enrolled in the program will complete all requirements, including specific courses and clinical experiences, to satisfy the agency’s standards for practice doctorates in order to ensure that such programs are substantially equivalent.

The agency’s policies appear to require that the Post-Doctoral Certificate satisfies all requirements for a doctoral degree in nurse anesthesia. It is clear that institutions may be prohibited by local requirements from offering a doctoral degree to students already holding a doctoral degree in the same field. However, it is not clear as to why the agency a) requires programs to use the designation of certificate for work that is substantially equivalent to a doctoral degree, and b) refers to applicants to such programs as non-degree-seeking students when students are taking and receiving in function a doctoral degree in nurse anesthesia. The agency is asked to provide clarification on how the title and terminologies used align with practices in support of its reason for the expansion of scope.

The agency provided the letter for one program that confirmed the approval of a Post-Doctoral Certificate (Exhibit 010). The agency also provided two letters from institutions or programs that are seeking accreditation or approval under elements of the expansion of scope. Given that 602.32(j)(2) requires letters from at least three institutions or programs, the agency is asked to provide an additional letter from an institution or program that would seek accreditation under the elements of the expansion of scope.

The agency did not provide information requested in 602.32(j)(3) that explains how the agency must expand capacity to support the expansion of scope, if applicable, and, if necessary, how it will do so and how its budget will support that expansion of
capacity. The agency must explain how the agency will expand capacity to support the expansion of scope, if applicable, and if necessary, how its budget will support that expansion of capacity. Included in this analysis should be information regarding how many programs or institutions the agency expects to accredit under the expanded scope in the next five years.

Though the agency provided information regarding its relevant standards, policies, and procedures developed in relation to the expansion of scope in addition to its approval letter, the agency did not include the dossier of the application. The agency must provide in its petition documentation of the application of the relevant standards, policies, and procedures in accordance with 602.31(b)(2) as evidenced by the complete record of the application of the approved program noted in the agency’s narrative.

Should the program of study noted in this section substantially function as a doctoral degree in nurse anesthesia, it is not clear that an expansion of scope is required given that the agency is already recognized for doctoral degrees. Upon further review of the agency’s current scope, it would also appear that the currently recognized certificate functions in a similar manner. However, this issue is moot as the agency is requiring programs to no longer enroll students in master’s level programs. Nevertheless, the agency must respond to the information requested to provide a complete record for analysis. Department staff will work with the agency to craft language intended for the agency’s published scope once the Department receives the agency’s response to this section.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

To clarify, the COA requires all students matriculating into an accredited program on or after January 1, 2022, be awarded doctoral degrees for entry into practice. However, in some cases institutions are prohibited from awarding a second doctoral degree to students that already hold doctoral degrees. In this case the program is not able to meet the COA’s requirement that all students be awarded doctoral degrees for entry into practice even though students will complete all the requirements for a doctoral degree upon program completion. In this case because students are not able to receive second doctoral degrees as required by the COA programs must request the COA waive the doctoral degree requirement and approve programs to award students with certificates in recognition of the students’ completing programs’ requirements for entry into practiced. Certificates are awarded to provide students with a form of recognition for their work in completing programs’ requirements. In this case students
are referred to as non-degree-seeking students because they are not seeking a doctoral degree. They will receive certificates in recognition of program completion instead of second doctoral degrees. Programs have indicated that students greatly appreciate receiving certificates in recognition of program completion. Also, in 2021 the COA completed its review by CHEA for continued recognition. At that time CHEA approved a change in the COA’s scope to include post-doctoral certificate (see Exhibit 50 - CHEA Recognition with Change in COA). The COA would prefer to have consistent CHEA and USDE scopes.

The COA does not anticipate a significant increase in workload to support expanding its scope to include the review and approval of post-doctoral certificates. The review and approval processes are identified in the “Waiver of Graduate Degree Requirement” policy and consist of a program submitting a written request and supporting documentation (see Exhibit 1 - Accreditation Policies and Procedures Manual, revised April 2023, PDF pgs. 198-199). Only programs that cannot award a second doctoral degree for enrolled students that already have a doctoral degree would need to apply for approval. As part of the initial Petition submission, the COA provided a decision letter to a program approved for a waiver to the graduate degree requirement (ref. Exhibit 010 – Waiver of Grad Degree Approved Post-Doctoral Certificate Letter). In response to feedback offered in the Staff Report, the COA has appended the approved program’s application materials (see Exhibit 10 – Program Waiver Application Documentation).

Based on the current number of COA approved post-master’s (i.e., 14 programs) and post-doctoral (i.e., 2 programs) certificates, the COA anticipates no more than 10 programs submitting requests over the next five years (see Exhibit 2 - Programs Approved to Award Post-Graduate Certificates [April 2023]). The COA’s current resources and budget will support this limited amount of additional work. An additional letter from a program interested in obtaining a post-doctoral certificate has been appended to the agency’s response (see Exhibit 3 - Program Letter of Interest in Post-Doctoral Certificate).

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**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the Draft Analysis, the agency provided additional materials to ensure that its petition contains letters from at least three institutions or programs that would seek accreditation under one or more of the elements of the change of scope and the necessary documents needed to offer a complete record of the approved program
noted in the agency’s initial narrative (Exhibits 54 and 55). The agency also confirmed in its petition that the change of scope does not require additional capacity as the number of institutions that would fall under these policies are limited to those programs unable to award a second doctoral degree and align with the number of institutions currently approved for post-masters/doctoral certificates (ca. 16). Though this may be treated as a change in scope rather than expansion of scope, the agency provided all documentation required for an expansion of scope.

To clarify, the agency’s current scope of recognition is: “The accreditation of institutions and programs of nurse anesthesia at the post master’s certificate, master’s, or doctoral degree levels in the United States, and its territories, including programs offering distance education.” The agency’s requested scope of recognition is: “The accreditation of institutions and programs of nurse anesthesia at the post master’s certificate, master’s, doctoral degree, or post-doctoral certificate levels in the United States, and its territories, including programs offering distance education.”

The agency is requesting the addition of the accreditation of post-doctoral certificates in its scope of recognition. The rationale offered by the agency details issues arising with the award of doctoral degrees to those students who are entering a nurse anesthesia practice based doctoral program while already having received another doctoral degree in the same field at an equivalent level to the degree offered by the doctoral institution. The situation specifically arises with the Doctor of Nursing Practice (DNP) degree.

The agency accredits both research-based and practice-based doctorates. The agency allows for two practice-based doctorate titles: Doctor of Nursing Practice (DNP) with a specialization in anesthesia and Doctor of Nurse Anesthesia Practice (DNAP). Both degrees require similar coursework and result in the qualification of students for entry into nurse anesthesia practice. Typically, the Doctor of Nursing Practice is offered by institutions with a School/College of Nursing (accredited by CCNE) while the Doctor of Nurse Anesthesia Practice title is typically used by freestanding or specific nurse anesthesia schools.

The agency requires all students matriculating into an accredited program on or after January 1, 2022, be awarded doctoral degrees for entry into practice. Though typically students enter into practice based doctorates following a Bachelor of Science in Nursing program, there are situations where a student has already received a Doctor of Nursing Practice degree and then wishes to enter the field of nurse anesthesia. In some cases, institutions are prohibited from awarding a second Doctor of Nursing Practice degree due to either institutional degree duplication policies or state-based requirements related to duplicative degrees. In response to a staff request, the agency sent forward information regarding restrictions including a possible relevant restriction from New York State. The agency is continuing its research in this
regard (Exhibit 71).

When an institution identifies a qualified student that is unable to enter the DNP with a specialization in anesthesia due to that student already having received a DNP degree, the agency allows for the institution to apply for a waiver. This waiver process requests information from the institution regarding the restrictions in place as well as information regarding the curriculum offered. The waiver also requires the institution to confirm that 1) applicants are notified of the change in awarded degree, and 2) students enrolled in the program will complete all requirements, including specific courses and clinical experiences, to satisfy the agency’s standards for practice doctorates in order to ensure that such programs are substantially equivalent. When this waiver is approved the agency is allowed to offer a post-doctoral certificate program that satisfies all of the requirements of the DNP with a specialization in nurse anesthesia. This waiver may only be sought by institutions that also offer a DNP with a specialization in nursing and is only applicable to those students entering the program already having received a DNP.

Department staff notes that the post-master’s certificate currently in the agency’s scope functions in the same way as the post-doctoral certificate though at the master’s level. In terms of number of institutions, the agency currently approves fourteen post-masters certificates and two post-doctoral certificates. The agency anticipates no more than 10 programs submitting requests over the next five years to transition from post-masters to post-doctoral certificates. Additionally, based on the materials provided by the agency, there are very low numbers of students in such programs with one institution only having had one student for which the waiver was received. The agency also notes that all applicable institutions also hold accreditation by CCNE.

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Description of Criteria

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

(1) A State agency that—

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

(2) An accrediting agency that—

(i) Has a voluntary membership of institutions of higher education;

(ii) Has as a principal purpose the accrediting of institutions of higher education and that accreditation is used to provide a link to Federal HEA programs in accordance with §602.10; and

(iii) Satisfies the “separate and independent” requirements in paragraph (b) of this section.

(3) An accrediting agency that—

(i) Has a voluntary membership; and

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

(4) An accrediting agency that, for purposes of determining eligibility for title IV, HEA programs—

(i) (A) Has a voluntary membership of individuals participating in a profession; or

(B) Has as its principal purpose the accrediting of programs within institutions that are accredited by another nationally recognized accrediting agency; and

(ii) Satisfies the “separate and independent” requirements in paragraph (b) of this section or obtains a waiver of those requirements under paragraph (d) of this section.

Narrative:

The Council meets the conditions in 602.14(a)(4)(iA-B). The COA has a voluntary membership. A decision to seek accreditation from the Council is voluntarily made by a nurse anesthesia program. The purpose of the Council is to grant public accreditation recognition to nurse anesthesia programs and institutions that award post master’s certificates, master’s degrees, and doctoral degrees that meet nationally established standards of academic quality. (See Exhibit 001 – Practice Doctorate Standards, Mission, Purpose, and Objectives of the Council on Accreditation of Nurse
As of July 2021, the Council accredits 127 nurse anesthesia programs and 1 single purpose institution for a total of 128 (see Exhibit 006 - List of Accredited Programs, June 2021).

Furthermore, the Council meets the conditions for the Secretary’s recognition because the accredited nurse anesthesia programs are operated by or affiliated with degree granting institutions. This means that Title IV, HEA funds are made available to students enrolled in these programs through universities accredited by regional accrediting agencies. The Council’s eligibility policy requires programs demonstrate their degree-granting institution is accredited by a regional accrediting agency recognized by the U.S. Secretary of Education (see Exhibit 003 – Accreditation Policies and Procedures: “Eligibility for Accreditation” [E1], PDF pg. 86). Currently one single purpose institution is accredited by the Council. This institution is also accredited by the Southern Association of Colleges and Schools and does not rely on the Council’s accreditation to participate in Title IV, HEA programs. One program accredited by the Council manages its own financial aid apart from the affiliated university. This program also relies on the Council’s accreditation to participate in Title IV, HEA programs (see Exhibit 007 – COA Based Eligibility for HEA Title IV and Non-HEA Title VIII).

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The agency’s narrative and supporting documentation confirms that secretary recognition occurs under 602.14(a)(4)(i)(B) and (ii) in that the agency, for the purposes of determining eligibility for title IV, HEA programs, has as its principal purpose the accrediting of programs within institutions that are accredited by an agency-defined regional accrediting agency; and satisfies the “separate and independent” requirements in paragraph (b) of this section.

The agency accredits one freestanding single purpose higher education institution in nurse anesthesia, Middle Tennessee School of Anesthesia, and also accredits 127 programs within institutions that are accredited by another national, federally recognized accrediting agency (Exhibit 006).

The agency has also provided information that confirms that it accredits one program that participates in Title IV HEA funding made eligible to participate in such funding as a result of accreditation by the agency (Exhibit 007). The agency’s accreditation is also used to provide a link to non-HEA Federal programs in accordance with 602.10 as noted in the analysis applicable to that criterion.

An analysis of the agency’s compliance with the separate and independent aspect of this criterion is located in 602.14(b) for which the staff determination is that the agency is in compliance.
(b) For purposes of this section, “separate and independent” means that—

(1) The members of the agency's decision-making body, who decide the accreditation or preaccreditation status of institutions or programs, establish the agency's accreditation policies, or both, are not elected or selected by the board or chief executive officer of any related, associated, or affiliated trade association, professional organization, or membership organization and are not staff of the related, associated, or affiliated trade association, professional organization, or membership organization;

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

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

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

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

Narrative:

In 2009 the Bylaws of the AANA were revised and the Council was separately incorporated as a not-for-profit corporation. In 2008 the AANA and Council established a Recognition Agreement that clearly states the AANA recognizes the Council as incorporated in the state of Illinois and is autonomous and independent. The agreement also identifies the Council as the sole and exclusive body to accredit nurse anesthesia educational programs (See Exhibit 011, Recognition Agreement, pg.1). In addition, the AANA Bylaws support the recognition of autonomous, independent entities that will serve to fulfill the functions or accreditation and
certification/recertification (see Exhibit 108 - AANA Bylaws, 2020, PDF pg. 17). The Council’s Bylaws under Article IV – Board of Directors – Section 1, General Powers of the Council’s Bylaws (C) (1) states “Without limitation, the Board of Directors shall formulate and adopt standards, guidelines and criteria for the accreditation of nurse anesthesia educational programs.” Under the same article (C) (3) unlimited power is given to the Board of Directors to “Confer and publish accreditation decisions and the reasons for the decisions” (see Exhibit 005 - COA Corporate Bylaws, PDF pg. 3). In summary, AANA Bylaws and Council Bylaws emphasize that the Council manages its own affairs and is not subject to interference with its accreditation activities or internal operations by any special interest group.

When a vacancy occurs on the Council, the Nominations and Appointment Committee solicits a list of nominations from the community of interest including nurse anesthesia programs, the AANA Board of Directors, American Hospital Association, Nurse Anesthesia Programs, Council on Certification of Nurse Anesthetists, Council on Recertification of Nurse Anesthetists, the American Association of Retired Persons, or any organization and institution from whom the Council may solicit nominations (see Exhibit 003 – Accreditation Policies and Procedures: “Selection and Election of Council Members [S-4], PDF pg. 173 and Exhibit 005 – COA Corporate Bylaws: Election of Directors, PDF pg. 5). The Nominations and Appointment Committee confirms each individual meets the Council selection criteria for the position for which he or she was nominated. For example, nominees for the university administrator must meet the Council’s criteria for the university administrator, while the public member nominees must meet the Council’s criteria for the public member. Once the Nominations and Appointment Committee validates the qualification of candidates, it selects at least three but no more than five nominees for each position who are placed on a ballot. During the spring Council meeting, each voting Council member is given a ballot and an anonymous vote is taken. The individual receiving the majority vote is elected to the Council. The terms of office of directors shall be up to three-year staggered terms as determined by the Board. At the discretion of the Board, directors shall not serve for a period exceeding six consecutive years see Exhibit 005 – COA Corporate Bylaws, PDF pg. 6). It should be noted that the student representative is a non-voting member with a term of one (1) year and the position is elected annually. A newly elected member can only participate in Council activities after being trained on the Standards, policies, and procedures. Training includes the Council’s methods and mechanisms for the establishment of policies and making accreditation decisions based on established criteria through the evaluation of compliance with the published Council Standards. Evidence that the Council elects its own members is provided in a copy of the Council’s agenda where members were elected (Exhibit 109 – Agenda - COA June 2020 Virtual Meeting Excerpt, Election/Reelection of COA Directors, PDF pg. 2 and Exhibit 013 - June 2020 COA Meeting Minutes Excerpt, PDF pgs. 5-6).

The Council’s composition includes a total of 13 directors of which two are
representatives of the public at large accounting for 15% of the Council Board of Directors. There is one student representative who is a non-voting member. Voting members include 6 CRNA educators, 2 CRNA practitioners, 1 university representative, and 1 health care administrator representative and 2 public representatives. The COA Bylaws, Article IV – Board of Directors – Section 3, Number and Residency of Directors reads “The Board of Directors shall consist of twelve individuals from the communities of interest involved in its accreditation process as follows…Two (2) public directors” (see Exhibit 005 - COA Corporate Bylaws, PDF pgs. 4-5).

The Council acts in accordance with its policy and procedure “Public Director to the Council.” The policy states “The role of the public director is to act as an advocate for the public’s interest within the context of Council activities. The combined role of these two public directors is to participate fully in Council deliberations…” The qualifications of a public member are described as follows: “The public director must not be an employee, a member of the governing board, owner, shareholder, or consultant to an institution or program that either is accredited by the Council or has applied for accreditation. The public director should not be a member of any association or organization related to or associated with the Council. Neither will the public director be a spouse, parent, child or sibling of any of the individuals described above” (see Exhibit 003 – Accreditation Policies and Procedures: “Public Director to the Council” [P-26], PDF p. 155). Currently, one public member has a background in law and accreditation while the other public member has a background in health informatics and accreditation. Evidence that the Council complies with its requirements are depicted in Council meeting minutes showing presence of public members (i.e., Brian Andrew and Claire Dixon-Lee) and in the CVs of public members (see Exhibit 013 – June 2020 Council Meeting Excerpts, PDF pg.1 and Exhibit 014 – Council Director CVs, PDF pgs. 1-3, 129 - 137).

Council Bylaws, Article VI – Meetings of the Board of Directors – Section 3, Manner of Action - states that “No Director shall be allowed to participate in deliberation or decision pertaining to a program or school with which he/she is/or has been connected by enrollment, employment, retainer, or where conflict of interest can be demonstrated” (see Exhibit 005 – COA Corporate Bylaws, PDF pg. 9). The policy and procedure “Conflicts of Interest” delineates clear and effective controls against conflicts of interest or the appearance of conflicts of interest by Council directors, onsite reviewers, consultants, administrative staff, or other council representatives (see Exhibit 003 – Accreditation Policies and Procedures: “Conflicts of Interest” [C-23], PDF pgs. 57 – 58). The procedure stipulates that should a conflict of interest arise, the individual will be removed from the accreditation activity. This policy governs Council directors, onsite reviewers, consultants, administrative staff, or any other Council representative. Council directors sign the Agreement for Directors of the Council on Accreditation of Nurse Anesthesia Educational Programs which acknowledges directors’ fiduciary duty, conflict of interest and confidentiality obligations as directors. Furthermore, COA directors complete and sign a conflict of
interest disclosure statement and complete a conflict of interest identification form. Directors are recused from decision making if there is a potential for a conflict of interest (see Exhibit 039 – Conflict of Interest Identification FY21; Exhibit 016 – Conflict of Interest Disclosure Statement FY21; Exhibit 017 – Council Decision Sheet Identifying Recusal; and Exhibit 118 – COA Directors – COI Forms).

The COA requires programs pay annual dues and other fees as described in the policy and procedures “Fees.” As an example, programs are sent a memo and worksheet regarding the annual fees and are later invoiced based on calculations from a worksheet. Under the “Deadlines” section, “The Council will send an invoice to each participating program by November 15th of each year. Annual dues are payable by January 30 of each year.” Fees are also charged for initial accreditation applications, onsite visits, doctoral degree, distance education, and clinical site applications, late fee penalties, and expedited processing for out of cycle reviews (see Exhibit 003 - Accreditation Policies and Procedures: “Fees” [F-1], PDF pgs. 95 – 97 and “Fee Schedule” [AA-1], PDF pgs. 201 – 205). Evidence that the Council’s dues are paid directly to the Council is contained in a copy of an invoice to a program, memo, and annual fee worksheet (see Exhibit 003 – Accreditation Policies and Procedures: “Fees” [F-1], PDF pp. 95 – 97 and Exhibit 018 - Annual Accreditation Fee Surveys and Invoices).

The COA Bylaws, Article IV, Board of Directors, Section 1, General Powers, (C)(4) states “Without limitation, the Board of Directors shall prepare and adopt a budget for the Council activities for the ensuing year.” In the same section, (C)(9) states that “Without limitation, the Board of Directors shall be responsible for seeing that all checks, drafts and other payments of money, notes or other evidence of indebtedness shall be issued in the name of the council and shall be signed by such executive staff or officers and is such manner as shall from time to time be determined by the Board” (see Exhibit 005 – COA Corporate Bylaws, PDF pgs. 3-4). Attached are copies of the 2019 through 2022 budgets. In addition, Council meeting minutes are provided as evidence the Council independently develops and determines its own budget (see Exhibit 019; Exhibit 111; Exhibit 112; Exhibit 113; and Exhibit 114.

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The directors of the Council on Accreditation, the agency’s decision-making body who decide the accreditation status of institutions and programs and establish the agency’s accreditation policies, are not elected or selected by the board or chief executive officer of any related, associated, or affiliated trade association, professional organization, or membership organization and are not staff of the related, associated, or affiliated trade association, professional organization, or membership organization. The Council on Accreditation is comprised of twelve voting directors that include six CRNA educators who are actively engaged in the teaching or administration of a nurse anesthesia education program, two CRNA practitioners actively involved in clinical practice, one health care administrator who has a nurse anesthesia program within the institution of the administrator’s employment, one university administrator familiar with accreditation who has direct or indirect line
authority and/or active involvement in a nurse anesthesia program, and two public
directors. There is an additional non-voting student director who must be currently
enrolled and actively engaged in an accredited nurse anesthesia program (Exhibit
005). The agency’s bylaws and Accreditation Policies and Procedures include the
criteria for each position, nominations process, and elections procedures, noting that
“Persons shall not be considered eligible to be nominated for, or to serve on the Board
of Directors, who are serving as elected officials on the governing board, or as
employed staff of any professional organization having proposed directors serving on
the Council Board of Directors, or persons serving on the National Board of
Certification and Recertification for Nurse Anesthetists, the Board of Directors of the
AANA, AANA Committees, the AANA Foundation or the Accreditation Appeal
Panel” (Exhibit 005, pp. 5-6 and Exhibit 003, pp. S-1-5). While these affiliated
entities do have the ability to nominate individuals for positions on the Council on
Accreditation, the selection of individuals is entirely at the discretion of the agency
using the policies and procedures held by the agency. In its petition, the agency
provided detailed conflict of interest information for its board members that specifies
employment, affiliations, and any conflicts, a review of which shows that the agency
appropriately follows its policies related to this criterion (Exhibit 118). The agency
also provided minutes showing the election of officers, the recognition agreement the
agency holds with an affiliated professional entity, and a service agreement with that
same entity, all of which align with the agency’s policies and the applicable criterion.
Department staff observed the independence of the agency’s election processes at the
in-person Council on Accreditation meeting in May 2022.

In accordance with the agency’s bylaws and policies, the agency has thirteen directors
on the Council on Accreditation, two of whom are public directors (Exhibit 003, pp.
S-1-5 and Exhibit 005, pp. 4-5). The agency holds detailed policies on requirements
for public directors that ensure alignment with the regulatory definition regarding
public members (Exhibit 003, p. P-26). The agency’s minutes provide a historical
perspective on the participation of the public directors (Exhibits 111-114).
Additionally, Department staff observed the presence and participation of the public
directors at the in-person Council on Accreditation meeting in May 2022.

The agency has specific eligibility requirements for each director of the Council on
Accreditation that ensure that each person elected to the relevant position will hold
the requirements of the position as developed by the agency (Exhibit 003, pp. S-1-5). The
agency has requirements regarding conflict of interest in its bylaws together with
additional protocols, procedures, and requirements in the agency’s policies (Exhibit
005, p. 9 and Exhibit 003, pp. C-23-24). In its petition, the agency provided detailed
conflict of interest forms as well as evidence of recusals (Exhibits 017 and 118).
Additionally, Department staff observed the operationalization of the recusal process
at the Council on Accreditation meeting in May 2022.
The agency’s dues are paid separately from any dues paid to any related, associated, or affiliated trade association or membership organization. The agency holds policies related to accreditation dues and fees in the Accreditation Policies and Procedures (Exhibit 003, pp. F-1-3). The agency has an established timeline and calculations for fees with all monies payable to the Council on Accreditation (Exhibit 003, pp. F-1-3 and AA-1-5). In its petition, the agency provided a fee worksheet and invoice that demonstrates that the agency collects on all monies due to it directly (Exhibit 018).

The agency develops and determines its own budget, with no review by or consultation with any other entity or organization. The agency’s bylaws confirm that the budget is prepared and adopted by the Council on Accreditation (Exhibit 005, p. 3). The agency provided in its petition information regarding ongoing servicing agreements with the AANA regarding IT services, rent, financial services, and leased personnel, though the agency has full autonomy based on the contractual agreement to set its budget with no consideration by the AANA and pays fair market value for the services offered (Exhibit 011, 020, 110). In May 2022, the agency notified Department staff of new servicing agreements with the AANA consisting of the service functions being terminated completely in August 2022, both of which continue to confirm the agency’s policies regarding the independence of setting its budget (Analyst Exhibits 3 and 4). The agency does receive an unrestricted grant from the AANA, though the agency has the authority to distribute such funds as it deems appropriate. In addition, the May 2022 Transition Services Agreement and Business Agreement dictate a reduction in this grant over the next five years at which point the grant will be discontinued. Department staff has requested information in 602.15(a)(1) regarding how not receiving this financial support will affect the agency and its accreditation activities in the future. Department staff observed the Council acting independently during a closed budget session at the Council on Accreditation meeting in May 2022.

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**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed
Description of Criteria

(c) The Secretary considers that any joint use of personnel, services, equipment, or facilities by an agency and a related, associated, or affiliated trade association or membership organization does not violate the “separate and independent” requirements in paragraph (b) of this section if —

(1) The agency pays the fair market value for its proportionate share of the joint use; and

(2) The joint use does not compromise the independence and confidentiality of the accreditation process.

Narrative:

(c)(1) Article IV, Section 1 (A-B) of the Council bylaws (p. 3) and the AANA/COA Services and Business Agreement p. 1) require that the Council shall be solely and exclusively responsible for its financial affairs and maintain its autonomy to conform with the recognition requirements of the U.S. Department of Education. The service agreement between the Council and the AANA ensures the Council pays the fair market value for its share of any personnel or service that is jointly used by the two organizations (pp. 4-5). The Council leases space in the AANA building paying annual rent of $96,000 (p. 2 - 3). The Services Agreement states that the “COA shall reimburse AANA promptly upon demand for the provision of bookkeeping services, computer services, equipment, furniture, supplies and Other Overhead (Section 5(h)(i), pp. 9, 10). The Council shall reimburse the AANA for all out-of-pocket expenses incurred by the AANA and the Council Personnel in performance of Services under this agreement” (Section 5(h)(ii), p. 10) (see Exhibit 005 - COA Corporate Bylaws, PDF pgs. 3-4 and Exhibit 020 - AANA/COA Services and Business Agreement PDF pgs. 1, 2, 3, 4, 5, 9, 10).

In FY 2021, the Council paid the AANA $272,000 in administrative charges and $95,000 for rent and operating costs of the building. Financial support for Council employees is primarily the responsibility of the Council. It is responsible for 100% of its Chief Executive Officer’s salary and 100% of the salaries for the five Accreditation Specialists. There is also an Accreditation Operations Manager, Executive Assistant to the COA and an Accreditation Operations Specialist who work for the Council full-time. In summary the Council has 8.7 FTE employees. The FTE distribution is:

1.0 FTE Chief Executive Officer (Francis Gerbasi, PhD, CRNA)
2.7 FTE Accreditation Specialists (Susan Monsen, MATD; Molyka Leonard, MPA,
Kara Chlebek, MPA
2.0 FTE Senior Accreditation Specialists (Tom Anderson, MLIS; Barbara Farkas, MAdEd)
1.0 FTE Accreditation Operations Manager (Liza Curiel, MNA)
1.0 FTE Accreditation Operations Specialist (Susan Schneider)
1.0 FTE Executive Assistant to the COA (Maria Kozicz)
8.7 FTE Total

Additional support staff is utilized on an as needed basis. The number of staff is sufficient to distribute the work evenly and provide program support (see Exhibit 110 - Administrative Fee and Rent Details FY21; Exhibit 021 – COA Staff Job Descriptions; and Exhibit 022 – COA Organizational Chart).

(c)(2) Safeguards are in place to prevent any violation of the separate and independent requirements for accrediting agencies with the use of joint personnel, services, equipment, and facilities by the Council and the professional organization, AANA. Several documents assure the independence and confidentiality of the accreditation process including the Council Bylaws and COA Services Agreement with the AANA. The Council Bylaws states under Article IV, Section 1, General Powers: “(A) The affairs of the Council shall be managed by and under the direction of the Board of Directors. (B) The Council shall be solely and exclusively responsible for its affairs and will not be subject to interference in its accreditation activities or internal operations by any special interest group” (p.3). Article 3, Section 1 C11, General Powers, indicates that the council shall be responsible for the maintenance and security of its records (p. 4). Article 1 indicates that the Council is an Illinois not-for-profit corporation (p.1). The relationship of the Council to the AANA COA Services Agreement shall be solely that of an independent contractor entering into a services agreement (p.1). The AANA/COA Services and Business Agreement states that “WHEREAS, the Council has and must maintain the autonomy necessary for the Council to best serve its community of interest, including the public, in preforming its accreditation of nurse anesthesia educational program” (p.1). It is further stated that “it is important to both Parties that COA conform with the recognition requirements of the United States Department of Education while maintaining (2) COA’s autonomy in the performance of its accreditation duties” (p.1). Additionally, the Council adheres to a policy and procedure that addresses confidentiality. The policy and procedure stipulate the maintenance of confidentiality in the accreditation process. All individuals working on the accreditation process have the responsibility to maintain confidentiality regarding information of which they become aware as a result of accrediting activities. The policy is binding to members of the Council, staff, consultants, and onsite reviewers. In addition, Council Directors must complete a Conflict of Interest Disclosure Statement and maintaining confidentiality is identified as a required responsibility in the accreditation staff’s 2021 job descriptions (see Exhibit 003 – Accreditation Policies and Procedures: “Confidentiality and Disclosure of Information” [C-21], PDF pgs. 55 – 56; Exhibit 015 – COA Confidentiality
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**Analyst Worksheet - Narrative**

**Analyst Review Status:**

Substantially Compliant

**Staff Determination:**
Given the recent and ongoing change in the agency’s procurement of operational services, the agency must provide updated information on what services continue to be sourced externally and the rate that the agency pays for such services. The agency must also provide any additional contracts, service agreements, or memorandums of agreement related to any externally sourced operational services.

**Analyst Remarks to Narrative:**

The agency provided in its petition information regarding ongoing servicing agreements with AANA regarding IT services, rent, financial services, and leased personnel, though the agency has full autonomy based on the contractual agreement to set its budget with no consideration by the AANA and pays fair market value for the services offered (Exhibits 011, 020, 110). Department staff notes that the agency has moved to a different location wherein rent is not being paid to AANA. In May 2022, the agency notified Department staff of new servicing agreements with the AANA consisting of existing service functions being terminated completely in August 2022, both of which continue to confirm the agency’s policies regarding the independence of setting its budget (Analyst Exhibits 3 and 4). The agency does receive an unrestricted grant from the AANA, though the agency has the authority to distribute such funds as it deems appropriate. In addition, the May 2022 Transition Services Agreement and the May 2022 Business Agreement dictate a reduction in this grant over the next five years at which point the grant will be discontinued. The agreement noted appears to indicate that the agency will no longer obtain services from the AANA on a regular basis as of September 2022, though, given the date of discontinuation, this continues to be in process. Given the recent and ongoing change in the agency’s procurement of operational services, the agency must provide updated information on what services continued to be sourced externally and the rate that the agency pays for such services. The agency must also provide any additional contracts, service agreements or memorandums of agreement related to any operational services. Department staff observed the Council acting independently during a closed budget session at the Council on Accreditation meeting in May 2022.

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Response:

In 2022 the COA moved its location and transitioned external business services from being provided by the AANA (under a Business and Services Agreement) solely to
the COA. The move and transition of business services was supported by an outside business assessment recommendation and by the AANA to increase the COA’s financial and operational independence from the professional organization. The move of the COA office and transition of business services was completed on September 1, 2022. The transitioned business services include financial, information technology, and human resources services. The COA has established agreements to lease office space and with external agencies to support the operational services that had previously been purchased from the AANA (see Exhibit 4 - COA Lease - Fully Executed [122321]; Exhibit 5 - Amplify HR Services Agreement [071222]; Exhibit 6 - EAG Financial Services Agreement [042722]; Exhibit 7 - Financial Consultant Agreement [011023]; Exhibit 8 - TeamLogic IT Support Agreement [040522]; Exhibit 9 - CallTower Communications Support [030322]; and Exhibit 11 - ImageTec Copier Support [031622]).

In comparing the cost of the services, the COA has found it has been able to obtain comparable and, in some cases, improved services for lower costs. A comparison of costs for external operational services before and after the transition of services is provided in Exhibit 12. Annual costs for external services after the transition are projected to decrease by $45,297.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the Draft Analysis, the agency provided information regarding contractual changes for the agency’s operational services that demonstrates compliance with this criterion. Specifically, the agency provided new agreements with independent entities related to technology, accounting, bookkeeping, human resources, and most significantly, office space, which shows a significant reduction in joint use of services by the agency and the AANA (Exhibit 11, 58, 59, 60, 61, 62, and 63). The agency also provided a comparison of costs for services that shows that overall costs have decreased as a result of the limiting of joint use of services, equipment, and facilities (Exhibit 12). The information provided demonstrates the agency’s compliance with this criterion.

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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 responsibilities;

Narrative:

Since the submission of the Council’s 2018 petition for continued U.S. Department of Education recognition the number and skill level of the accreditation staff has increased. In FY21 (September 1, 2020 – August 31, 2021) the Council’s budgeted staff is 8.7 FTEs compared to 7.7 FTEs in FY2017 (September 1, 2016 – August 31, 2018). In 2021 staff provide support for a total of 128 programs compared to 120 programs in 2018. The FY2021 level of staffing has been enhanced and includes a 1.00 FTE doctoral prepared Chief Executive Officer, 4.7 FTEs master’s prepared accreditation specialists, 1.0 FTE master’s prepared accreditation operations manager, 1.0 FTE accreditation operations specialist and a 1.0 FTE executive assistant (see Exhibit 021 - Staff Job Descriptions and Exhibit 022 – COA Organizational Chart). The increase in 1.0 FTE accreditation specialist has increased the specialists to work with each program in addressing its accreditation related needs. In addition, outside consultants and temporary staff are hired to assist in the completion of various projects. The Council has established a group of highly skilled onsite reviewers (i.e., 17 Chair Onsite Reviewers and 52 Team Onsite Reviewers). The Chair Reviewers are compensated $300.00 for each day of an onsite visit and all members of the onsite review team are reimbursed for expenses.

The Council has sufficient resources to carry out its accrediting activities. The Council’s primary revenue sources are its accreditation fees and an unrestricted grant from the AANA. On an annual basis the financial position of the Council is audited by an independent auditor. The audits are conducted according to auditing standards generally accepted in the United States. The audits identify the Council was incorporated in the State of Illinois on February 2, 2009 (see Exhibit 023 - Audited Financial Statements, 2020 and 2019, PDF pg. 8). The audit confirms the Council reimburses the AANA for accreditation staff salaries and usage of space and services.
The statements of cash flow indicate in FY2020 the Council had a negative cash variance from operating activities of $208,230 and in FY2019 a positive variance of $155,957 (see Exhibit 023, PDF pg. 7). The negative variance in FY2020 was due to the development of new accreditation business process software. The purchase of software is shown under cash flows for purchase of property and equipment (see Exhibit 023, PDF pg. 7) and under Note 4 – Property and Equipment Software development ($652,675) (Exhibit 023, PDF pg. 14). The COA’s May 2021 income and revenue statement reflect a positive variance in revenue of $188,594 and a $336,904 decrease in expenses compared to budget. The year-to-date net income is $706,788 (see Exhibit 024 – Income and Expense Statement Ending 05-31-21). In addition, a long term 20-year AANA/COA Services and Business Agreement was established in 2013. The agreement ensures the Council has the resources it needs to carry out its accreditation activities well into the future. Section 4(a) of the agreement states the “AANA shall provide to COA an annual unrestricted grant of funds in the amount of $500,000.00 per fiscal year” (see Exhibit 020 – AANA/COA Services and Business Agreement, PDF pg. 6; and Exhibit 023 – Audited Financial Statements 2020 and 2019, PDF pg.15). During the past three (3) years the total revenue of the Council has increased 9.3% and the portion of AANA’s unrestricted grant has decreased from 24.4% of the Council’s total revenue in the year ending August 31, 2018, to 22.32% in the year ending August 31, 2020 (Exhibit 115 - History of AANA Grants and Charges). In addition, the Council’s most recent audited Financial Statements indicate financial reserves are in excess of 149% of its total annual operating expenses (i.e., FY2020 investments ($1,862,326) + cash ($970,509) = $2,832,835, operating expenses ($1,967,389) minus noncash depreciation ($71,853) = $1,895,536) (see Exhibit 018 - Audited Financial Statement, 2020, PDF pgs. 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 provide documentation of staff training policies and practices to meet the requirements of this section. The agency must also provide additional
information and documentation to demonstrate that the agency has adequate financial resources to carry out its accrediting activities. The agency is specifically asked to provide budgets and actuals for FY 2021 and 2022, projected budgets for FY 2023-2025 that show the decrease in AANA grant funding while maintaining the fiscal health of the agency, and audited fiscal reports for FY 2021 and FY 2022, if available at time of submission.

**Analyst Remarks to Narrative:**

The agency maintains 8.7 full-time equivalent staff members, an increase of 1 FTE staff member since the agency’s last recognition review while the agency’s roster of accredited programs has increased by 8 accredited programs and decreased by one freestanding institution in that same period. The agency provided information and documentation to demonstrate that the professional staff have the qualifications and experience to oversee and carry out the agency’s accrediting activities as aligned with the agency’s established job descriptions (Exhibits 021, 022, and 025). The agency has a clearly defined organizational structure and the documentation describes the relative duties of each staff member to include all functions and activities expected of a recognized accrediting agency. The Department has not received any complaints against the agency regarding staffing levels nor the ability of the agency to conduct its accrediting functions. The staffing level appears adequate to service the number of institutions/programs accredited by the agency. However, the agency did not provide information regarding training for agency staff. While the agency noted that “staff engages in continuous formal and informal education activities to better their knowledge of accreditation and specialty nurse anesthesia practice” in response to 602.15(a)(2), the agency did not provide any information regarding agency policies or protocols for staff training. The agency did provide curricula vitae and resumes for staff which show that some staff have attended professional development sessions, though it is not clear that all staff receive professional development or that access to training is systematically offered by the agency on the agency’s standards and policies. The agency is asked to provide any staff training requirements and training materials used over the prior two years to educate staff about the agency’s standards, policies, and procedures, as well as attendance records and any other documentation of training events.

During Department staff’s observations of a virtual site evaluation and Council meeting, staff in attendance was readily available to offer assistance and interpretation on the agency’s accreditation standards, policies, and processes.

The agency’s revenues are primarily sustained through the collection of annual fees from its accredited programs. The agency provided a financial audit with opinion for FY 2019 and 2020 which shows positive working capital for both audited years. In
addition, the audits provide detailed information regarding the operationalization of the agency’s service agreement with AANA (Exhibit 23). The agency provided historical information on the percentage of revenue and expenses of grants from and payments to AANA which note a decrease in percentage of revenue as well as decrease in percentage of expenses paid over the past two years (Exhibit 115). The agency also provided a cash flow statement for the first nine months of the agency’s fiscal year in 2020-2021 that showed a net cash increase through the reporting date (Exhibit 024). In addition, the agency provided budget information for FY 2019-2022. Of note is the agency’s budget for 2022 which shows an operating loss that may be significant (Exhibit 019). This operating loss may be resultant from the agency’s change in location and change in servicing agreements. As noted in the previous section, in May 2022, the agency notified Department staff of new servicing agreements with the AANA consisting of existing service functions being terminated completely in August 2022 (Analyst Exhibits 3 and 4). In addition, the May 2022 Transition Services Agreement and the May 2022 Business Agreement dictate a reduction in the unrestricted grant from AANA over the next five years at which point the grant will be discontinued. Given the operating loss shown in the FY 2022 budget and the anticipated reduction in grant funding received from AANA, additional information is necessary to determine that the agency holds adequate financial resources to carry out its accrediting responsibilities. The agency is specifically asked to provide budgets and actuals for FY 2021 and 2022, projected budgets for FY 2023-2025 that show the decrease in AANA grant funding while maintaining the fiscal health of the agency, and audited fiscal reports for FY 2021 and FY 2022, if available at time of submission.

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Response:

The COA’s financial resources are adequate to carry out its accreditation responsibilities. In 2022 the COA relocated its office and transitioned its business services from being purchased from the AANA to the COA. The COA secured external services that are comparable and, in some cases, improved at a lower cost than it was previously paying (see response to 602.14[c]). In FY21 the COA’s budget projected a potential negative variance in operating income of $59,268. However, the actual operating income in FY21 was a positive $623,968 (see Exhibit 13 - Income and Expenses Actual vs. Budget - FY21). The positive variance was due to increased revenues of $315,301 and decreased expenses of $367,935 compared to budget. The
COA also had positive investment gains that year of $286,320.

In FY22 the COA’s budget projected a potential negative variance in operating income of $229,986 primarily due to anticipated additional expenses associated with the relocation of the office and transition of business services (see Exhibit 14 - Income and Expenses Actual vs. Budget - FY22). However, the actual operating income in FY22 was a positive $229,986. The positive variance in operating income was due to increased revenues of $382,030 and decreased expenses of $85,376 compared to the budget. However, 2022 was a down year for investments and the COA’s investments were not an exception with a loss of $341,626. The COA’s audited end of year Financial Statements for FY21 and FY22 were provided by Marcum, LLP (see Exhibit 15 - COA Audited Financial Statements - FY21-FY22). The COA received a clean opinion indicating the financial statements present fairly the financial position of the COA. The financial statements are consistent with the changes noted in the income and expense statements.

In 2022 compared to 2021 the COA’s net assets decreased due to losses in investments and increased expenses for depreciation (i.e., due to implementation of new accreditation software) and professional fees (i.e., due to relocation of office and transition of business services). This resulted in a decrease in net assets in 2022 of $192,130 compared to an increase of $760,083 in 2021. Regarding cash flow in 2022, cash and cash equivalents decreased by $8,551 compared to an increase of $605,224 in 2021. This is due to additional costs associated with the relocation of the office and transition of business services. Most of the additional costs in 2022 were for one-time expenses for the establishment of new business relationships, contracts and relocation expenses.

In FY23 the COA’s finances are positive demonstrated by favorable balances in investments ($2,023,883), net operating income ($338,000) and cash on hand ($2,078,000) (see Exhibit 16 - COA Investments and Dashboard – February 2023). To increase financial and operational independence the COA is gradually decreasing its reliance on the AANA’s unrestricted grant over the next five years. The decreased revenue from the grant will be offset by a gradual increase in accreditation fees and decreasing expenses where possible. Projected annual increases in accreditation fees of 6% and the addition of new nurse anesthesia programs will help offset the decrease in the AANA grant. The COA plans to limit expenses by conducting more virtual meetings and by decreasing the cost for external services as shown in 602.14(c) (see Exhibit 17 - Six Year Budget Forecasting Plan for projected revenue and expenses FY23 – FY28). Due to the increased demand and limited supply of nurse anesthetists there is an increased interest in the establishment of new programs. There are currently 13 new programs in capability review for initial accreditation.
In response to the Draft Analysis, the agency provided additional information and documentation that demonstrates that the agency has adequate financial resources to carry out its accrediting activities. Specifically, the agency provided budgets and actuals for FY 2021 and FY 2022, a statement of current investments, financial audits with opinion for FY 2021 and FY 2022, and a six-year budget that shows how the agency will maintain fiscal adequacy given the reduction in grants which fully end in FY 2027.

The actuals from FY 2021 show higher than budgeted revenues as well as lower than budgeted expenses resulting in a positive operating income rather than the originally budgeted loss. Similarly, the actuals from FY 2022 show a positive reversal of the budgeted net loss anticipated as a result of the transitions in location and services. However, as noted in the agency’s response, the agency’s investments saw a loss for FY 2022 (Exhibit 13 and 14). The moderate investment loss, around 12% of the total value of investments, resulted in a negative net income for FY 2022 (Exhibit 14). The agency provided additional and more recent information regarding its investments that show a modest increase in investment value since the beginning of 2023 that would indicate a return to a positive net income (Exhibit 16). It is also anticipated that the agency’s expenses will decrease due to the completion of the move to new office space and services. The agency’s financial audits with opinion both show the fiscal health of the organization with FY 2022 showing a healthy ratio of total current assets to total current liabilities at 1.65:1 (Exhibit 66, p. 5). The agency also provided a six-year budget forecast that demonstrates a continued positive net income during the reduction of total grants and sponsorships through FY 2027 (Exhibit 67). The agency’s narrative notes that the amount of funding from those grants will be replaced by increases in accreditation fees, additional accredited programs, and reductions in expenses through use of technology for high-budget activities.

Additionally, in response to the Draft Analysis, the agency included additional information related to staff training policies and practices in the reply field for 602.15(a)(2). The agency also uploaded applicable exhibits in that field (Exhibits 18-27). The agency provided excerpts from the Employee Handbook and Policies Manual that detail staff training policies (Exhibit 18), a summary of recent staff training activities (Exhibit 19), new staff orientation documentation (Exhibit 20), staff meeting agendas that show additional training (Exhibits 21-23), attendance and participation of staff at training sessions for COA Council members and new program administrators (Exhibits 24-25), staff training related to new technology (Exhibit 26), and a list of professional development activities undertaken by staff from 2019-2023.
(Exhibit 27). The agency’s staff training policies and practices demonstrate that the agency holds adequate administrative staff to carry out its accrediting responsibilities.

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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 pre-accrediting decisions, including, if applicable to the agency's scope, their responsibilities regarding distance education and correspondence courses;

Narrative:

The Council has competent and knowledgeable individuals, qualified by their education and experience, and trained by the Council on its Standards, policies and procedures, to conduct onsite evaluations, establish policies and make accrediting and pre-accrediting decisions. The Council's polices for appointing and training individuals for its accrediting teams and for selecting and electing Council directors insure that only competent and knowledgeable individuals participate in establishing its policies and procedures and conducting its onsite evaluations. The Council elects thirteen individuals from several different professional and public groups that represent its communities of interest to serve as Council directors. Its policy on selection and election of Council directors contains selection criteria for each of these groups (see Exhibit 003 - Accreditation Policies and Procedures: “Selection and Election of Council Directors” [S-1], PDF pg. 170). These groups represent CRNA educators, CRNA practitioners, hospital administrators, nurse anesthesia students, university administrators and the public. This policy mandates that a candidate for membership meets written criteria for the specific group that he or she will represent. Once elected, a director must continue to meet these criteria. Failure to do so results in replacing the director. The Council’s policy and procedures on application and
appointment of onsite reviewers assures that only competent individuals serve as members of its onsite review teams. The policy identifies thirteen criteria the Council uses to appoint individuals to chair positions for onsite review teams as well as the specific criteria it uses to appoint individuals to serve as onsite review team members. This policy also identifies criteria that the Council uses to exclude individuals from serving on onsite review teams (see Exhibit 003 – Accreditation Policies and Procedures: “Onsite Reviewers: Application and Appointment” [O-8], PDF pgs. 124 – 129 and Exhibit 126 – OSR and AAP CVs).

In addition, since submission of the Council’s petition in 2018, the Council has increased the number and level of the staff by 1.0 FTE accreditation specialist. The specialists provide support for nurse anesthesia programs in their assigned geographic area. The specialists process program accreditation related requests, complete staff analyses, staff Council committees and task forces, and answer inquiries. The staff engages in continuous formal and informal education activities to better their knowledge of accreditation and specialty nurse anesthesia practice (see Exhibit 014 –COA Director Curricula Vitae and Exhibit 025 – COA Staff Curricula Vitae and Resumes).

The Council conducts a training program for newly elected Council directors that insures they understand the Standards for Accreditation, Accreditation Policies and Procedures, functions, and operation of the Council prior to their attendance at their first Council meeting (see Exhibit 003 – Accreditation Policies and Procedures: “Training Program for Directors of the Council on Accreditation of Nurse Anesthesia Educational Programs (Agenda)” [AA-41], PDF pgs. 241 – 244). New Council directors are also provided an orientation guide that outlines the policies and procedures of the Council, its primary purposes and how meetings are conducted. It also describes the Council’s expectations of its directors. The initial training includes reviewing the Council’s decision-making process regarding distance education offerings (see Exhibit 026 - Initial Training Directors and Appeal Panel and Exhibit 027 – Orientation Manual 2020, PDF pgs. 10 and 16). The Council also has refresher training at its regular Board meetings. The training includes current topics of interest (See Exhibit 116 – Excerpt Agenda COA October 2020 Meeting – Refresher Topic).

Training workshops for both new and current members of the Council’s onsite review teams are regularly scheduled. The workshops consist of an online and a face-to-face component. All new review team members must attend a workshop before they are assigned to a review team. The training includes assessment of distance education and review of the Guidelines for Reviewing Distance Education (see Exhibit 028 – OSRW Agenda and Exhibit 004 – Accreditation Reviewers Manual: “Background for Reviewers Visiting Programs that Offer Distance Education Courses and Programs” [D4] and “Guidelines for Reviewers Visiting Programs that Offer Distance Education Courses and Programs” [D7], PDF pgs. 25 and 28). New chairs of review teams are accompanied by an experienced chair on their first visit. In addition, the Council
supports training for the specialists and support staff. This includes the completion of an orientation program and ongoing continuing education activities and professional involvement and socialization within the education and accreditation communities.

### Document(s) for this Section

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Council Directors: The Council on Accreditation, the agency’s accreditation decision-making body, is comprised of twelve voting directors that include six CRNA educators who are actively engaged in the teaching or administration of a nurse anesthesia education program, two CRNA practitioners actively involved in clinical practice, one health care administrator who has a nurse anesthesia program within the institution of the administrator’s employment, one university administrator familiar with accreditation who has direct or indirect line authority and/or active involvement in a nurse anesthesia institution/program, and two public directors. There is an additional non-voting student director who must be currently enrolled and actively engaged in an accredited nurse anesthesia program (Exhibit 005). The agency’s criteria for each position, nominations process, elections procedures, and initial training requirements may be found in the agency’s Accreditation Policies and Procedures (Exhibit 003, p. S-1-5). An overview agenda of the agency’s training program for agency directors is also provided in the agency’s Accreditation Policies and Procedures (Exhibit 003, p. AA-41-44). The agency also included a sample agenda for an Orientation for New COA Directors and AAP Members from 2019 that aligns with the agency’s policies and also includes training related to distance education (Exhibit 026). A comprehensive orientation is also distributed to all new agency directors that provides background information, guidance, and policy information regarding the operations of the agency (Exhibit 027). The agency also included an agenda for a Council meeting that included refresher training related to distance education (Exhibit 116). Though Department staff observed distance education training during the director training sessions and viewed information related to distance education training for onsite reviewers, the agency may wish to
include distance education in the policy found in the Accreditation Policies and Procedures regarding the agenda for director training sessions.

With regard to the agency’s public directors, the agency adheres to the Department’s definition of representative of the public found in 602.3. The agency’s policies related to public directors may be found in the agency’s Accreditation Policies and Procedures (Exhibit 003, p. P-26).

The agency has provided documentation that lists the current directors and their qualifications for serving on the Council, including all director curricula vitae (Exhibits 014 and 029).

Onsite Reviewers: Standards and policies related to application and appointment of the agency’s onsite reviewers may be found in the agency’s Accreditation Policies and Procedures (Exhibit 003, pp. O-8-O-13). The policy identifies criteria the Council uses to appoint competent and knowledgeable individuals to chair positions for onsite review teams as well as onsite review team members, with onsite reviewers being identified as educator administrators and/or educator practitioners. In its petition, the agency provided curricula vitae for members of the pool of onsite team reviewers (Exhibit 126). Additional qualifications and current information regarding each onsite team member is collected and utilized by the agency to ensure appropriate team composition (Exhibit 037). The agency provides all onsite reviewers with the agency’s Accreditation Reviewers’ Manual which includes protocols and policies related to onsite visits, as well as information related to the review of distance education programs and courses (Exhibit 004). The agency’s policies note that an appointment of a reviewer is not finalized until after the individual has successfully completed training. The agency included in its petition a sample agenda for onsite reviewer training as well as slides regarding conflict of interest policies from that same meeting (Exhibits 028 and 041). In addition, the agency provided a list of programs under review for Fall 2020 and Spring 2021 that list the administrator or practitioner status of each onsite reviewer (Exhibit 038). The agency also holds detailed policies regarding the evaluation of onsite reviewers that completes the training and feedback cycle by ensuring that information provided can “reinforce positive performance and/or identify opportunities for improvement” (Exhibit 003, p. E-4).

Accreditation Appeal Panel Members: The Accreditation Appeal Panel (AAP) is the agency’s appellate body. The AAP consists of at least twelve members, inducing at least two CRNA educators, at least two CRNA practitioners, at least two public members, and at least two administrator members with the composition of the panel being specified in the agency’s Accreditation Policies and Procedures (Exhibit 003, p. A-17). According to the agency’s policies, the Council on Accreditation holds responsibility for training the AAP members on the agency’s standards, policies, and
procedures. The agency included a sample agenda for an Orientation for New COA Directors and AAP Members from 2019 that aligns with the agency’s policies and also includes training related to distance education, with a separate breakout session for the AAP members (Exhibit 026). Department staff observed a training session in October 2021 that also included training for both Council Directors and AAP members. The agency provided in its petition a list of current AAP members together with their position assignments which aligns with the agency’s policies (Exhibit 033). Additionally, the agency provided curricula vitae for members of the AAP (Exhibits 24 and 126).

Department staff conducted a virtual file review in March 2022. During the file review, Department staff reviewed additional documentation regarding the activities of onsite reviewers’ participation in past visits. Department staff also observed a virtual comprehensive orientation session for new Council Directors and Appeal Panel members, which included training regarding distance education, in October 2021, a site visit in November 2021, a pre-meeting Council workgroup training and benchmarking session in May 2022, and a Council meeting with additional training activities in May 2022. The information provided and sessions observed demonstrated that the agency holds training sessions sufficient to enable personnel to conduct all necessary activities.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

The COA has policies and provides training to ensure staff are competent and knowledgeable in their accreditation roles and responsibilities. Training requirements are identified in the COA’s Employee Handbook and Policy Manual (see Exhibit 18 - COA Employee Handbook and Policies Manual Excerpts). A summary of COA-provided training is identified in Exhibit 19 – Summary of Staff Training Activities.

Training starts with the onboarding of new staff. New staff are required to complete a comprehensive orientation focused on their accreditation role and responsibilities. The most recently hired accreditation specialist’s orientation included, but was not limited to, accreditation policies and procedures, developing decision letters, the Standards, the Self Study and Summary Report, Accreditation Reviewers’ Manual, distance education, specialist and Council review of applications and evaluations, use of technology (i.e., COAccess), and interpretations of the accreditation requirements (see Exhibit 20 - New Staff Orientation – Agenda and Sample Materials).

Staff meetings are held twice a month and include training activities. Staff meeting
agendas, attendance and sample training materials are provided in Exhibit 21 - Staff Meeting Agendas and Training Materials – 2020; Exhibit 22 - Staff Meeting Agendas and Training Materials – 2021; and Exhibit 23 - Staff Meeting Agendas and Training Materials – 2022.

Refresher training is provided for the COA Board and staff on an annual basis at select Board meetings (please see Exhibit 24 - Refresher Training Agendas, Attendance, and Sample Materials - 2021 – 2022). Staff are also required to attend the New Program Administrators’ Workshops, where accreditation is a key topic for discussion. The workshops are held annually and provide a training opportunity for new program administrators and COA staff (see Exhibit 25 – New Program Administrators’ Workshop – Agendas, Attendance, and Sample Materials – 2021-2022).

Special training sessions are also provided to cover specific topics, such as the implementation of improved technology to enhance accreditation processes and training on a new guide for programs’ initial accreditation reviews. Examples of the completion of special training are provided in Exhibit 26 - Special Training Sessions – Agendas and Sample Materials.

The COA also supports the staff’s professional development by providing tuition assistance and funding for continuing education. For a summary of the staff’s professional development activities please see Exhibit 27 - Staff Professional Development Activities 2019 – 2023.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The agency provided a response to this section though it was marked as complaint. The analysis of the agency’s response has been included in the appropriate section under 602.15(a)(1).

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

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Criteria: 602.15(a)(3)
Description of Criteria

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

Narrative:

The Council accredits programs and a single-purpose institution that prepare students to become Certified Registered Nurse Anesthetists (CRNAs). The Council’s scope of accreditation includes one single-purpose free standing degree granting institution and 127 graduate programs located within or affiliated with universities. To insure that these institutions are adequately represented in the Council’s decision-making activities, its membership includes a university administrator familiar with accreditation policies and procedures who holds a doctorate from a regionally accredited university and currently serves as a chief academic officer of a university. Council membership also includes a healthcare administrator currently involved in hospital administration in a setting with a nurse anesthesia program. Council membership includes six nurse anesthesia educators who possess current experience as an educator and/or administrator in a nurse anesthesia educational program, are involved in formulating and implementing their institutions’ administrative policies and procedures, and are actively involved in the profession. To insure that the nurse anesthesia profession is represented, Council membership includes two nurse anesthetists who have current experience as CRNA practitioners and are currently actively involved in the profession (see Exhibit 003 – Accreditation Policies and Procedures: “Selection and Election of Council Directors” [S-1], PDF pgs. 170-174; Exhibit 029 – List of Council Directors; and Exhibit 014 – Council Director CVs, PDF pgs. 113 [university administrator], 167 [healthcare administrator], 4, 26, 138, 157, 176, 256 [CRNA educators], 172 and 249 [CRNA practitioners]).

The Council also makes every effort to assign an evaluator with a regional accreditation background to an onsite team visiting the free standing single-purpose academic institution, along with an educator administrator and educator practitioner. The Council’s last review of this institution occurred prior to this Recognition period.

The COA’s Appellate Review policy details the appellate review process. If a program/institution appeals an adverse accreditation decision, a Hearing Panel (HP) of five Accreditation Appeal Panel (AAP) members is established to hear the appeal, including at least one CRNA educator, at least one CRNA practitioner, at least one public member, and at least one administrator (see Exhibit 003 – Accreditation Policies and Procedures: “Appellate Review” [A-14], PDF pg. 20 and “Rules for Appellate Review for Programs and Post-Graduate CRNA Fellowships Accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs” [A-16], PDF pgs. 22-23; Exhibit 033 – List AAP Members; and Exhibit 034 – AAP Member CVs).
As an institutional accrediting body, the agency must hold academic and administrative personnel on its evaluation, policy, and decision-making bodies. The agency has two applicable bodies, the Council on Accreditation and the Accreditation Appeal Panel (AAP). The Council on Accreditation is comprised of twelve voting directors that include six CRNA educators who are actively engaged in the teaching or administration of a nurse anesthesia education program, two CRNA practitioners actively involved in clinical practice, one health care administrator who has a nurse anesthesia program within the institution of the administrator’s employment, one university administrator familiar with accreditation who has direct or indirect line authority and/or active involvement in a nurse anesthesia program, and two public directors. There is an additional non-voting student director who must be currently enrolled and actively engaged in an accredited nurse anesthesia institution/program (Exhibit 005). The agency’s criteria for each position, nominations process, elections procedures, and initial training requirements may be found in the agency’s Accreditation Policies and Procedures (Exhibit 003, pp. S-1-5). The agency has provided documentation that lists the current directors and their respective categories.
which align with the agency’s provided curricula vitae (Exhibits 014 and 029).

The AAP consists of at least twelve members, inducing at least two CRNA educators, at least two CRNA practitioners, at least two public members, and at least two administrator members with the composition of the panel being specified in the agency’s Accreditation Policies and Procedures (Exhibit 003, p. A-17) When a hearing is required the AAP is reduced to a smaller Hearing Panel of a minimum of five individuals that retains the category requirements specific to this criterion. The agency provided in its petition a list of current AAP members together with their respective categories which align with the agency’s provided curricula vitae (Exhibits 033 and 34).

In its petition the agency provided curricula vitae for members of the pool of onsite team reviewers that align with the team category lists (Exhibits 037 and 126). The agency notes that it strives to assign a site visitor with an agency-defined regional accreditation background to its free-standing institution, in addition to the typical categories for the agency evaluators, though the most recent visits to the freestanding institution and program receiving Title IV funds through the agency's accreditation occurred prior to the current review cycle.

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

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### Analyst Worksheet - Response

**Analyst Review Status:**

Not Reviewed

### 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 Council has educators, practitioners and employers on its evaluation, policy, and decision–making bodies. CRNA educators, CRNA practitioners and a healthcare administrator are elected to the Council. The Council’s Bylaws state that six CRNA
educators actively engaged in the teaching or administration of a nurse anesthesia program, two CRNA practitioners actively involved in clinical practice, and one healthcare administrator with a nurse anesthesia program within the institution of his or her employment are elected (see Exhibit 005 – COA Corporate Bylaws: Article IV, Section 3, PDF pgs. 4-5). The current chair of the Council is a CRNA educator who devotes the majority of their professional time to nurse anesthesia education. The two CRNA practitioner directors on the Council devote the majority of their time to clinical practice. The remaining five CRNA Council directors are educators. The healthcare administrator is the vice president/chief nursing officer of a healthcare system (see Exhibit 029 – List of Council Directors; and Exhibit 014 – Council Director CVs, PDF pp. 4, 26, 138, 157, 176, 256 [CRNA educators], 172 and 249 [CRNA practitioners], and 167 [healthcare administrator]).

The criteria for CRNA educator directors include: a graduate degree from a regionally accredited university; certification/recertification as a nurse anesthetist; current experience as an educator and/or administrator in a nurse anesthesia education program and active involvement in the profession (see Exhibit 003 – Accreditation Policies and Procedures: “Selection and Election of Council Directors” [S-1], PDF pg. 170). Criteria for CRNA practitioner directors are similar to CRNA educator directors except they must have current experience as practitioners rather than as educators (see Exhibit 003 – Accreditation Policies and Procedures: “Selection and Election of Council Directors” [S-1], PDF pg. 171).

The Council also appoints CRNA educators and CRNA practitioners as onsite reviewers. The Council’s policy regarding onsite reviews assures that both educator administrators and educator practitioners are assigned to its onsite review teams. The Council defines an educator administrator as an onsite reviewer who spends 60% or greater of his or her time engaged in administration, classroom instruction or miscellaneous activities other than the practice of anesthesia. It defines an educator practitioner as an onsite reviewer who spends 40% or greater of his or her time in the practice of anesthesia, defined as the actual administration of anesthesia and performance of related clinical activities; supervision and instruction of students in the administration of anesthesia; and performance of related clinical activities (see Exhibit 003 – Accreditation Policies and Procedures: “Onsite Review” [O-2], PDF pg. 118 and “Onsite Reviewers: Application and Appointment” [O-11], PDF pg. 127 and Glossary [GG-3], PDF pg. 247). The amount of time reviewers devote to education and practice is determined by having the onsite reviewers complete a survey at the time of application for appointment and thereafter when scheduling onsite reviews to verify their classification (see Exhibit 035 – Applicant for Onsite Reviewer Survey; and Exhibit 036 – Verification of Reviewer Classification, PDF pg. 2). Curricula vitae and surveys for the onsite reviewers who conducted the onsite visit represented by Exhibit 047 are provided (see Exhibit 037 – Onsite Reviewer CVs and Surveys). The Council has always met its compositional requirements for onsite review teams. A listing of onsite reviewer assignments for the last year has been
provided. There are no examples of visits where the makeup of the teams did not comply with the policy (see Exhibit 038 - Onsite Visit Assignments Fall 2020 - Spring 2021).

When the Council plans an onsite review to a free standing, single-purpose institution, it makes every effort to assign a reviewer with a regional accreditation background to participate in the visit. The last onsite review to the sole single-purpose institution accredited by the Council occurred in 2017, prior to this petition’s Recognition period.

The Council’s Accreditation Appeal Panel is composed of at least twelve former COA directors and onsite reviewers, including at least two CRNA educators, at least two CRNA practitioners, and at least two administrators. The appeal of an adverse accreditation decision is conducted by a Hearing Panel (HP), which is comprised of five AAP members. The Rules for Appellate Review include the following regarding members of the HP: “The program may exclude up to one-fourth of the AAP members on the list, except that it may not exclude all members within each of the CRNA educator, CRNA practitioner, public member, or administrator categories. From the individuals remaining, the COA will select five AAP members to comprise the HP, at least one of whom will be a CRNA educator, at least one of whom will be a CRNA practitioner, at least one of whom will be a public member, and at least one of whom will be an administrator.” (see Exhibit 003 – Accreditation Policies and Procedures: “Rules for Appellate Review” [A-17], PDF pg. 23).

A list of Accreditation Appeal Panel members is provided to demonstrate that it includes educator, practitioner and employer personnel (see Exhibit 033 – List AAP Members).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

Given that the agency accredits programs and single-purpose institutions that prepare students for a specific profession, the agency must hold educators, practitioners, and/or employers on its evaluation, policy, and decision-making bodies. The agency has two applicable bodies, the Council on Accreditation and the Accreditation Appeal Panel (AAP). The Council on Accreditation is comprised of twelve voting directors that include six CRNA educators who are actively engaged in the teaching or administration of a nurse anesthesia education program, two CRNA practitioners actively involved in clinical practice, one health care administrator who has a nurse anesthesia program within the institution of the administrator’s employment, one university administrator familiar with accreditation who has direct or indirect line authority and/or active involvement in a nurse anesthesia institution/program, and two public directors, in addition to the non-voting student director (Exhibit 005). The agency’s criteria for each position, nominations process, elections procedures, and initial training requirements may be found in the agency’s Accreditation Policies and Procedures (Exhibit 003, pp. S-1-5). The agency has provided documentation that lists the current directors and their respective categories which align with the agency’s provided curricula vitae (Exhibits 014 and 029).

The AAP consists of at least twelve members, including at least two CRNA educators,
at least two CRNA practitioners, at least two public members, and at least two administrator members with the composition of the panel being specified in the agency’s Accreditation Policies and Procedures (Exhibit 003, p. A-17). When a hearing is required, the AAP is reduced to a smaller Hearing Panel of a minimum of five individuals that retains the category requirements specific to this criterion. The agency provided in its petition a list of current AAP members together with their respective categories which align with the agency’s provided curricula vitae (Exhibits 033 and 34).

In its petition, the agency provided curricula vitae for members of the pool of onsite team reviewers that align with the team category lists (Exhibits 037 and 126). The agency notes that it strives to assign a site visitor with an agency-defined regional accreditation background to its free-standing institution, in addition to the typical categories for the agency evaluators, though the most recent visits to the only applicable freestanding institution and program receiving Title IV funds through the agency's accreditation occurred prior to the current review cycle.

Department staff conducted a virtual file review in March 2022. During the file review, Department staff reviewed additional documentation regarding the activities of onsite reviewers’ participation in past visits. Department staff observed an on-site evaluation in November 2021. The agency sent a team of two evaluators, and Department staff confirmed, through individual interviews and a review of biographical information provided, educator and practitioner representation.

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

Narrative:
The Council utilizes the following definition of “Public Director to the Council”:
“The Council elects two public directors to represent the consumer perspective. The
public directors are elected from a slate of candidates developed by soliciting
nominations from service organizations, alumni associations, consumer interest
groups, organizations of retired persons, higher education groups, and other similar
organizations. The role of the public director is to act as an advocate for the public's
interest within the context of Council activities. The combined role of these two
public directors is to participate fully in Council deliberations and to curb any
tendency of the Council to put professional priorities above the interest of the public
in the accreditation process” (see Exhibit 003 – Accreditation Policies and
Procedures: “Public Director to the Council” [P-26], PDF pg. 155).

The Conflicts of Interest policy lists criteria for the public director encompassing the
Department of Education’s definition: “Ensure that the public director is not a current
or former member of any healthcare profession providing direct patient care and is
not any of the following: an employee, member of the governing board, owner,
shareholder, or consultant to an institution or program that either is accredited by the
Council or has applied for accreditation; a member of any trade association or
membership organization related to, affiliated with, or associated with the Council; or
a spouse, parent, child, sibling, or close relative of an individual who is a member of
the aforementioned groups” (see Exhibit 003 – Accreditation Policies and Procedures:
“Public Director to the Council” [P-26], PDF pg. 155; Glossary [GG-7], PDF pgs.
251-252; “Selection and Election of Council Directors” [S-3], PDF pg. 172; and
“Conflicts of Interest” [C-24], PDF pg. 58).

The Council’s Bylaws indicate that composition of the Council includes two public
directors and state, “The public directors may be proposed by the Board of Directors
of the AANA or by any organizations and institutions from whom the Council may
solicit proposed nominees.” (see Exhibit 005 - COA Corporate Bylaws: Article
IV(C), Section 3, Composition, and Section 5, Election of Directors, PDF pgs. 4-5).

The Council’s current public directors are Brian Andrew, JD, MA, and Claire Dixon-
Lee, PhD, RHIA, CPH, FAHIMA. Mr. Andrew is a retired attorney. Dr. Dixon-Lee is
the principal of CDL Strategies, LLC, a consulting firm specializing in higher
education administration, accreditation, and faculty development projects, general
healthcare technology and data integrity advisement, management practices, and
research development activities (see Exhibit 014 – Council Director CVs, PDF pgs. 1
and 129).

The Council also includes a separate category for one non-voting student director who
serves a one-year term. As described in the Bylaws, “One (1) student director who is
currently enrolled and actively engaged in an accredited nurse anesthesia educational
program shall be entitled to participate in meetings of the Board of Directors, except
that he/she shall not be entitled to vote.” Candidates for student director are solicited
annually from accredited nurse anesthesia programs (see Exhibit 005 - COA Corporate Bylaws: Article IV(C), Section 4, Student Director, and Section 5, Election of Directors, PDF pg. 5; and Exhibit 003 – Accreditation Policies and Procedures: “Selection and Election of Council Directors” [S-2], PDF p. 171). The Conflicts of Interest policy lists criteria for the student director encompassing the Department of Education’s definition, with the following exception: “A member of any trade association or membership organization related to, affiliated with, or associated with the Council, with the exception of AANA associate membership.” (see Exhibit 003 – Accreditation Policies and Procedures: “Conflicts of Interest” [C-23], PDF pgs. 57-58).

The Accreditation Appeal Panel includes public members. The policy and procedure “Rules for Appellate Review” (A-17) require that each Hearing Panel contains at least one public member (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 23; and Exhibit 033 – List AAP Members).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has two decision-making bodies to which this criterion is applicable, the Council on Accreditation and the Accreditation Appeal Panel (AAP), both of which maintain representatives of the public. The Council on Accreditation has two public directors of the thirteen directors, in addition to the non-voting student director
(Exhibit 005). The agency’s criteria for each position, nominations process, elections procedures, and initial training requirements may be found in the agency’s Accreditation Policies and Procedures (Exhibit 003, pp. S-1-5). The agency has provided documentation that lists the current directors and their respective categories which align with the agency’s provided curricula vitae (Exhibits 014 and 029).

The AAP has at least two public members, with the composition of the panel being specified in the agency’s Accreditation Policies and Procedures (Exhibit 003, p. A-17). When a hearing is required the AAP is reduced to a smaller Hearing Panel of a minimum of five individuals that retains at least one public member. The agency provided in its petition a list of current AAP members together with their respective categories which align with the agency’s provided curricula vitae (Exhibits 033 and 34). The agency’s definition of a public representative, found in the Accreditation Policies and Procedures section titled Public Director to the Council and Selection and Election of Council Directors, includes the requirements of the definition within the Secretary’s Criteria for Recognition.

The agency provided information and documentation on how it ensures that its public members meet both the agency’s definition as well as the Department’s definition, for that position (Exhibit 003, p. P-26 and p. S-3).

Department staff also observed the participation of public members at the Council meeting in May 2022 and through meeting minutes found in the agency’s petition (Exhibits 111-114).

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

Narrative:

The Council’s Conflicts of Interest policy and procedure provide clear and effective controls regarding “conflicts of interest or the appearance of conflicts of interest by Council directors, onsite reviewers, consultants, administrative staff, or other Council representatives.” Further, it states, “Should a conflict of interest or even the appearance of a conflict of interest arise, remove the involved individual from the accreditation review process and/or accreditation activity.” The policy requires programs to notify the Council of any perceived conflicts of interest related to the accreditation process. It also outlines proactive steps the Council takes to insure that conflicts of interest do not occur among its constituency. Among these are: (1) No Council member may serve as a consultant to a program; (2) No Council member may serve as an Onsite Reviewer for the Council; (3) No individual may participate in any accreditation activity related to a program or institution wherein he or she graduated, served as a consultant, worked or held practice privileges within the last five years, participated in an onsite review in the last five years, possesses a financial interest, possesses any close personal or professional relationships, holds a concurrent position that has duties or responsibilities that compete with those of the Council, or has evidence of a conflict of interest, including (but not limited to) residing in the same state as the program or institution under review. The policy includes additional provisions specific to the student and public Council directors (see Exhibit 003 – Accreditation Policies and Procedures: “Conflicts of Interest” [C-23], PDF pgs. 57-58).

New Council directors are trained prior to participation in their first Council meeting. Confidentiality and conflicts of interest are discussed as part of their responsibilities (see Exhibit 003 – Accreditation Policies and Procedures: “Training Program for Directors of the Council on Accreditation of Nurse Anesthesia Educational Programs” [AA-42], PDF pgs. 241-242; and Exhibit 026 - Initial Training Directors and Appeal Panel). All Council directors must sign a confidentiality agreement, conflict of interest disclosure, and conflict of interest identification annually (see Exhibit 015 - COA Confidentiality Agreement FY21; Exhibit 016 - Conflict of Interest Disclosure
Statement FY21; and Exhibit 039 - Conflict of Interest Identification FY21).

The Council’s policy and procedure on “Rules for Appellate Review” (A-17) specify that a hearing panel is subject to the Council’s Conflicts of Interest policy (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 23). The Council has not had any appeals since adopting the procedure using an appeal panel; however, appeal panelists have been identified, trained and signed a confidentiality and conflict of interest form (see Exhibit 026 - Initial Training Directors and Appeal Panel; and Exhibit 040 – Appeal Panel Confidentiality Agreement).

Onsite reviewers and consultants must be trained on the Council’s standards, policies, and procedures prior to being assigned to reviews, and are subject to the policies and procedures in the Accreditation Reviewers’ Manual. Upon appointment as a reviewer the individual must sign an acceptance form requiring adherence to relevant COA policies and procedures. When requested to accept assignment for a specific onsite review, each reviewer must sign an agreement to participate that includes identification of a conflict of interest (see Exhibit 003 – Accreditation Policies and Procedures: “Onsite Reviewers: Application and Appointment” [O-8], PDF pgs. 124 and 127; Exhibit 028 – OSRW Agenda, PDF pgs. 1-2; Exhibit 041 - OSRW Presentation Excerpt 2020; Exhibit 004 - Accreditation Reviewers Manual: “Accreditation Policies and Procedures” [A2], PDF pg. 6; Exhibit 042 - Onsite Reviewer Appointment Acceptance; and Exhibit 043 - Onsite Reviewer Agreement to Participate).

Implementation of Policies: If a true or perceived conflict of interest arises, the individual is removed from the accreditation activity as required by policy. Examples of this action are removal of an onsite reviewer when a program claims that a conflict of interest exists, and recusal of a Council director from participating in a program discussion and decision during a meeting to avoid a conflict of interest (see Exhibit 044 - Program Request to Replace Reviewer; Exhibit 045 - COA Meeting Program Recusals; and Exhibit 017 - Council Decision Sheet Identifying Recusal).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide signed or electronically authenticated conflict of interest forms for agency staff in order to demonstrate that staff understand and are bound by
the agency’s clear and effective controls regarding conflict of interest.

**Analyst Remarks to Narrative:**

The agency has a comprehensive policy with clear and effective controls to prevent or resolve conflicts of interest or the appearance thereof for Council on Accreditation directors, site visitors, consultants, staff, and Accreditation Appeal Panel members, as included in various sections of the agency’s Accreditation Policies and Procedures and Accreditation Reviewers’ Manual (Exhibit 003, pp. C-23, AA-42, A-17, and O-8 and Exhibit 004, p. A-2). The policy cites specific instances of conflict of interest and provides guidance and mechanisms to address conflict of interest, including the removal of individuals from the accreditation review process and/or accreditation activity.

The agency also provided in its petition templates and evidence regarding the operationalization of its conflict of interest policies including its Conflict of Interest Disclosure Statement, Agreement for Directors of the Council on Accreditation of Nurse Anesthesia Education Programs, Orientation for New COA Directors and AAP Members, COA Conflict of Interest Identification Form, Appeal Panel Confidentiality Agreement, Onsite Reviewer Appointment Acceptance Form, Onsite Reviewer Agreement to Participate Form Onsite, Onsite Reviewer Training Slides, Council Decision Sheets that identify a recusal, a letter documenting a program requesting to replace a reviewer, and records of recusal (Exhibits 015, 016, 017, 026, 028, and 039-045). Signed conflict of interest statements were provided for current COA Directors (Exhibit 118). However, the agency did not provide signed conflict of interest forms for agency staff. The agency must provide signed statements from administrative staff to meet the requirements of this criteria.

Department staff observed training and discussion of conflict of interest and recusals during the virtual comprehensive orientation session for new Council Directors and Appeal Panel members in October 2021, a pre-meeting Council workgroup training and benchmarking session in May 2022, and a Council meeting with additional training activities in May 2022. During the file review dated March 2022, Department staff reviewed conflict of interest disclosures by onsite reviewers to demonstrate the agency’s tracking process.

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

No files uploaded

Response:

The COA has developed a Conflict of Interest/Business Ethics policy specific to staff
for inclusion in the Employee Handbook and Policies Manual (see Exhibit 18 - COA Employee Handbook and Policies Manual Excerpts, PDF pgs. 2 and 4). Employees are prohibited from activities that do or could create a conflict of interest, including: carrying on COA business with a program in which the employee, or a close relative, has a financial interest; participating in COA accreditation activities pertaining to a nurse anesthesia program from which they have graduated or for which they have worked.

Each staff member must complete a conflict of interest identification form annually to identify any conflicts with both established programs and those in capability seeking initial accreditation (see Exhibit 28 - Staff Signed Conflict of Interest Forms 2023; Exhibit 29 - List of Accredited Programs - March 2023; and Exhibit 30 - List of Programs in Capability - March 2023).

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the Draft Analysis, the agency amended the COANAEP Employee Handbook and Policies Manual related to Conflict of Interest/Business Ethics to align with the requirements of this criterion. Specifically, the agency’s policies prohibit employees from “activities that do or could create a conflict of interest” with specific examples noted in the agency’s materials. The agency also requires employees to complete the staff conflict of interest identification form annually (Exhibit 18 I.). As evidence of implementation, the agency provided signed conflict of interest forms for all employees of the agency (Exhibit 28).

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

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**Criteria: 602.15(b)**

**Description of Criteria**

(b) The agency maintains complete and accurate records of—

(1) Its last full accreditation or preaccreditation review of each institution or program,
including on-site evaluation team reports, the institution's or program's responses to onsite reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the institution's or program's most recent self-study; and

(2) All decision letters issued by the agency regarding the accreditation and preaccreditation of any institution or program and any substantive changes.

Narrative:

The Council follows its Record Retention policy regarding the maintenance of program records. The policy states, “The Council will maintain complete and current records of all its administrative, fiscal, personnel, and accreditation activities. The Council will also maintain records—including decision letters of all final decisions—made throughout a program’s affiliation with the Council regarding accreditation and major programmatic changes, including all correspondence that is significantly related to those decisions.” Note that the term ‘major programmatic change’ refers to substantive changes.

Additional requirements in the policy delineate that the following records are kept: 1) the last full accreditation review of each institution or program, including the onsite review team reports, the institution or program's responses to onsite reports, progress reports, any reports of special reviews and major programmatic changes conducted by the Council between regular reviews, and the institution's or program's most recent Self Study report; 2) all final accreditation decisions, including all adverse actions and correspondence significantly related to those decisions; and 3) final decisions on major programmatic changes and correspondence significantly related to these decisions (see Exhibit 003 – Accreditation Policies and Procedures: “Record Retention” [R-6], PDF pgs. 166-167; Exhibit 047 – Established Doctoral Program Review File; and Exhibit 049 - MPC approved).

The Council does not have preaccreditation standards or grant preaccreditation status to any institution or program.

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The agency holds record-keeping policies in the agency’s Accreditation Policies and Procedures that directly align with the requirements in this criterion (Exhibit 003, pp. R-6-7). The agency included in its petition sample complete records of accreditation reviews and major programmatic change decision letters (Exhibits 46-49 and 86-89).

Department staff reviewed additional documentation during the file review dated March 2022, ensuring that the agency requires the maintenance of all necessary aspects of accreditation records and any decision letters related to substantive change.

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Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

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:

Submitted as an Addendum 602.16 (a)(1)(i) due to character limit.

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Exhibit 055 - Jan 2021 Council Minutes Monitoring Programs - Excerpt | Exhibit 055 - Jan 2021 Council Minutes Monitoring Programs - Excerpt | - | - |
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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must include in its petition information and documentation on how its bright line outcome-based student achievement indicators are developed in order to provide evidence that its standards are sufficiently rigorous to ensure that the agency is a reliable authority regarding the education provided by the institutions/programs it accredits.

**Analyst Remarks to Narrative:**

The agency maintains separate sets of standards for nurse anesthesia institutions/programs awarding the master’s degree for entry into anesthesia practices (2004 Standards for Accreditation of Nurse Anesthesia Educational Programs) and nurse anesthesia institutions/programs awarding the doctoral degree for entry into practice (Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate) (Exhibits 001 and 002). The agency accredits both programs and free-standing institutions. The agency applies its standards to all accredited entities. The agency included in its narrative, a table of specific student achievement and excellence references in both sets of standards. The agency’s standards and policies include a wide variety of areas of student achievement. Outcome oriented student achievement categories that the agency requires accredited institutions/programs to
meet include agency designated pass rates on the certification examination administered by the National Board of Certification and Recertification of Nurse Anesthetists and agency designated graduate employment rates (Exhibit 003, pp. C-4-7 and pp. G-1-2). Compliant pass rates and graduate employment rates are set by the agency at 80% with various methods for calculation and differing numbers of averaged years for each measurement. However, the agency did not provide a rationale for its development of either of the specific rates or the methods of calculation for each. The agency must provide information and documentation on how its bright line outcome-based student achievement indicators are developed and maintained in order to provide evidence that its standards are sufficiently rigorous to ensure that the agency is a reliable authority regarding the education provided by the institutions/programs it accredits.

As part of the self-study process, each institution/program must provide information regarding the mission, goals, performance, and other outcomes related to the specific education offered. The agency's standards clearly detail requirements for each institution/program based on degree level. In addition to the accreditation review process, the agency further monitors student achievement data through annual monitoring reports. For institutions/programs not reaching full compliance or not meeting agency standards and policies, the agency has a number of mechanisms to resolve issues including sending letters of concern, requesting status reports, monitoring ongoing progress, or sanctioning or taking adverse action.

The agency has provided multiple examples of documentation demonstrating its evaluation of compliance with the agency’s standards and policies including training agendas, minutes, and letters requesting additional information (Exhibits 028, 050, 052, 053, 054 and 055).

Department staff had the opportunity during the virtual site visit in November 2021 to observe the visitors offer specific questions and receive information regarding an accredited program’s student achievement information. In each of the sample accreditation reviews and annual reports provided in the petition, compliance with agency standards regarding student achievement was reviewed by the agency (Exhibits 046-048, 051, and 057). Department staff reviewed additional examples of accreditation reviews and annual reports during the virtual file review in March 2022. In addition, Department staff observed a virtual comprehensive orientation session for new Council Directors and Appeal Panel members in October 2021, a pre-meeting Council workgroup training and benchmarking session in May 2022, and a Council meeting with additional training activities in May 2022, all of which included training and discussion related to student achievement. Department staff notes that the comprehensive reviews of the freestanding institution and the program using the agency's accreditation to establish eligibility for Title IV aid were most recently reviewed in the previous recognition period (2015 and 2017 respectively), at which
point no issues were found with those reviews.

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Response:

The COA’s “Plans for Purposeful Change and Needed Improvement” policy identifies specific indicators of success which all programs must monitor in order to determine the need for purposeful change (ref. Exhibit 1 – Accreditation Policies and Procedures Manual, revised April 2023, PDF pgs. 131-132). Among the identified indicators, there are three—National Certification Examination pass rate, graduate employment rate, and program attrition—for which the COA has established specific minimum required benchmarks or methods of calculation.

National Certification Examination (NCE) Pass Rate

The COA reviews all programs’ NCE pass rates on an annual basis at its spring and fall meetings, with half of the accredited programs’ pass rates reviewed at each meeting. The “Certification Examination” policy establishes the timeline for this review, as well as outlines the three methods of calculating NCE pass rate currently employed by the COA (ref. Exhibit 1 – Accreditation Policies and Procedures Manual, revised April 2023, PDF pgs. 37-40). The “Certification Examination” policy establishes a minimum pass rate requirement of eighty percent: that is, programs are required to meet or exceed the pass rate requirement under one of three calculation methods noted in the policy. Method 1 considers the number of graduates in the most recent graduation cohort who passed the NCE on their first attempt. Method 2 considers the number of graduates in the three most recent graduation cohorts who passed the NCE on their first attempt. Finally, Method 3 considers the number of graduates in the most recent graduation cohort who passed the NCE on their first attempt, plus the number of graduates who passed the NCE on their second attempt within 60 days of program completion.

The current policy underwent significant revisions (including the establishment of the 80% pass rate requirement and three calculation methods) in 2016. At the time of revision, the COA considered a number of factors and a range of data to establish this quality indicator. Cognizant that the Department would compare the COA’s quality indicators with the metrics of similar agencies, the COA reviewed the examination pass rates of the Commission on Collegiate Nursing Education (CCNE) and National League for Nursing Accrediting Commission (NLNAC) (ref. Exhibit 31 – COA Meeting Minutes Excerpt - June 2016, PDF pgs. 3-5). Further, the COA reviewed its
own pass rate data, including how changing the benchmark would impact small versus large programs (see Exhibit 32 – NCE Analysis – Small vs. Large Programs) and programs offering distance education versus those not delivering content online (ref. Exhibit 33 – NCE Analysis – DE vs. Non-DE). The COA also considered overall pass rate trends for the year 2016 (Exhibit 34 – NCE Analysis – 2016 Pass Rate Trends). Using all of this information, the COA established the 80% pass rate requirement and three calculation methods still employed at present.

The COA considers NCE pass rate data at its Spring and Fall meetings each year, with trends noted and program follow-up indicated.

Graduate Employment Rate

The COA developed its “Graduate Employment Rate” policy in response to feedback received from NACIQI during the COA’s 2007 review for continued recognition. The original policy established a requirement for programs to monitor the employment rates of each student cohort within six months of graduation. Programs were also required to report their graduates’ five-year average employment rates via the Annual Report (new questions regarding employment having been added in preparation for the COA’s 2008 Interim Report). Employment rates less than 80 percent, averaged over the most recent five years, require submission of a status report for COA review.

The COA’s “Graduate Employment Rate” requirements have remained the same, based on annual monitoring of employment rates by the Council’s Evaluation and Analysis committee and historical trends (ref. Exhibit 1 – Accreditation Policies and Procedures Manual, revised April 2023, PDF pgs. 100-101). It is rare for a nurse anesthesia program to report graduate employment rates that do not align with COA requirements. For example, in response to the 2022 Annual Report all but three programs offering master’s degrees for entry into practice reported employment rates of 90% or higher; all but one program offering a doctoral degree for entry into practice reported employment rates of 86% or higher (ref. Exhibit 35 – Evaluation and Analysis Committee Activity Report Excerpt, PDF pg. 2). In responding to the Annual Report, programs also indicate whether it was less difficult, as difficult, or more difficult for their graduates to find employment. The COA’s Evaluation and Analysis committee completes a full review of program responses for the Council’s yearly business meeting, noting any program that reports greater difficulty in its graduates finding employment or that indicates a graduate employment rate of less than 80%.
Attrition

The COA’s Evaluation and Analysis Committee monitors program attrition by monitoring data reported via the Annual Report. At present, COA’s “Attrition Monitoring” policy states that if the committee notes a significant increase in a program’s attrition over time, the increase will be noted and the Council will take action (see Exhibit 1 – Accreditation Policies and Procedures Manual, revised April 2023, PDF pg. 33). In practice, the COA generally requires status report submissions from any program reporting an attrition rate of 10% or higher, or trends suggesting an increase in attrition over the past three years (Exhibit 36 – Letter to Program Regarding Attrition). The Annual Report questions related to attrition and both committee and Council meeting minutes reflecting discussion of reported rates were appended to the agency’s original Petition submission as Exhibits 051, 052, and 055.

The historical basis for the COA’s “Attrition Monitoring” policy rests in feedback received from NACIQI during the COA’s 2007 review for continued recognition. In response to this feedback (and in preparation for its 2008 Interim Report), the COA expanded its existing policies and procedures related to attrition monitoring and added questions to its Annual Report.

Between 2008 and 2012, the COA refined the “Attrition Monitoring” policy based on a number of factors (including feedback from a statistician, review of other agencies’ use of specific benchmarks, and changes in USDE recognition requirements). The policy has previously tracked one-year attrition reporting and five year averages, and briefly included a specific standard deviation as the benchmark. In January 2012, following further review of headcount enrollment data and additional statistical analysis, the COA voted to finalize revisions to the “Attrition Monitoring policy” (see Exhibit 37 – COA Meeting Minutes Excerpt – Development of Outcome Metrics). The policy language approved in 2012 is largely the same as it is at present, with the COA’s Evaluation and Analysis committee completing a full review of program responses for the Council’s yearly business meeting, noting any program that reports increased attrition on the Annual Report (ref. Exhibit 35 – Evaluation and Analysis Committee Activity Report Excerpt, PDF pg. 1).

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the Draft Analysis, the agency provided information regarding two published bright line outcome-based standards, specifically the agency’s requirements
related to graduate employment rate and National Certification Examination pass rate. The agency also provided information regarding a previous bright line standard related to attrition that currently allows for greater flexibility in terms of agency decision making due to the elimination of its bright line aspect (Exhibits 36, 36, and 52 A-27).

With regard to the graduate employment rate, the agency requires programs to report employment rates averaged over the most recent five years. Programs must track employment rates calculated within six months following students’ graduation with any rate less than 80 percent over a five-year period triggering agency action and monitoring (Exhibit 52 G-1-2). The agency reviews its metrics related to graduate employment rate annually. In its petition, the agency provided the most recent study of the employment rate by the Evaluation and Analysis Committee which shows a large number of programs indicating that the gaining employment in the field of nurse anesthesia is becoming less difficult than the previous year though the majority of programs are reporting a similar level of difficulty (Exhibit 35). In its petition, the agency noted that the vast majority of programs report employment rates significantly higher than the 80% threshold.

With regard to the National Certification Examination (NCE) Pass Rate, the agency has established a required pass rate of 80% with a three-part step-down calculation method. For Method 1, the agency measures the number of graduates in the most recent graduation cohort who passed the NCE on their first attempt. If the program does not meet the pass rate as calculated in Method 1, the agency calculates the pass rate using Method 2, measuring the number of graduates in the three most recent graduation cohorts who passed the NCE on their first attempt. If the program does not meet the pass rate as calculated in Method 2, the agency calculates the pass rate using Method 3, measuring the number of graduates in the most recent graduation cohort who passed the NCE on their first attempt plus the number of graduates who passed the NCE on their second attempt within 60 days of program completion (Exhibit 52 C-4-5). The agency then asks programs meeting the pass rate using Method 2 or Method 3 to “evaluate factors that may have a negative impact on their students’ ability to pass the NCE and the program’s ability to meet the COA pass rate requirement when calculating the pass rate using Method 1” (Exhibit 52 C-6 2.b.2.a.). The agency established its pass rate methods through 1) the study of examination pass rates of similar accrediting bodies, 2) statistical analysis that takes into account various types and sizes of programs accredited by the agency, and 3) pass rate trends that are reviewed twice per year (Exhibits 31, pp. 3-5; 34; and 35).

In addition to the information noted above, the agency also provided information regarding the application and reliability of its standards as it relates to programs with a distance education component versus those without which showed a nonsignificant difference in ability to comply with the agency’s standards (Exhibit 33).
Three of the Council’s goals address its role in assuring academic quality within nurse anesthesia programs. Goal three states that the Council fosters academic quality in its educational programs. Goal seven states that the Council fosters student achievement and continuous program improvement as a basis of promoting quality nurse anesthesia services to the public. Goal eight states that the Council strives to incorporate public involvement in its decision-making related to program quality and accountability (see Exhibit 005 - COA Corporate Bylaws, p. 2). These goals are operationalized in Standard III, “Program of Study”, of the 2004 Standards. This Standard and its twenty-one criteria establish the threshold to which both programs and the Council measure the quality of curricular content (see Exhibit 002 - 2004 Standards, PDF pgs. 13-17). Similarly, Standard D (“Graduate Standards”) within the Practice Doctorate Standards identifies competencies to be met by students enrolled in doctoral degree programs for entry into practice (see Exhibit 001 – Practice Doctorate Standards, PDF pgs. 17-20).

The accreditation standards set forth by the COA describe specific curricular requirements designed to focus on the full scope of nurse anesthesia practice. One course each in advanced physiology/pathophysiology, advanced pharmacology, and advanced health assessment (which includes assessment of all human systems, advanced assessment techniques, diagnosis, concepts and approaches across the lifespan) are required. These courses meet the core requirements set forth in the APRN Consensus Model for all Advanced Practice Registered Nurses.

Additional coursework is described in the COA Standards. Didactic content with a required number of contact hours includes: advanced physiology/pathophysiology (120 contact hours), advanced pharmacology (90 contact hours), basic and advanced principles in nurse anesthesia (120 contact hours), research (75 contact hours), and advanced health assessment (45 contact hours). Other mandatory content areas without specified contact hours include: human anatomy, chemistry, biochemistry, physics, genetics, acute and chronic pain management, radiology, ultrasound,
anesthesia equipment, professional role development, wellness and substance use disorder, informatics, ethical and multicultural healthcare, leadership and management, business of anesthesia/practice management, health policy, healthcare finance, and correlation/integration of theory to clinical practice.

The COA curriculum Standards also require the student to complete a scholarly work demonstrating the student’s scholarship skills and ability to translate research findings into practice. The content areas are designed to build upon a broad general foundation of nursing knowledge, professional attitudes and skills gained through completion of an entry-level baccalaureate nursing program.

Standard IV, Criterion D1 requires entry-level master’s degree programs to utilize systematic evaluation processes to assess achievement in the quality of didactic, clinical, and research curricula (see Exhibit 002 - 2004 Standards, PDF pg. 18); a similar Standard is captured in the Practice Doctorate Standard H (see Exhibit 001-PRACTICE DOCTORATE STANDARDS, PDF pgs. 25-26). Criterion C2, Standard III of the 2004 Standards and Standard E.1 of the Practice Doctorate Standards require programs to design a curriculum that awards a master’s or higher-level degree to graduate students who successfully complete graduation requirements (refer Exhibit 002 - 2004 Standards, PDF pg. 13 and Exhibit 001 – Practice Doctorate Standards, PDF pg. 21).

Standard III, Criterion C14 (2004 Standards) requires a curriculum that focuses on the profession of nurse anesthesia, supported by instruction in: pharmacology of anesthetic agents and adjuvant drugs including concepts of chemistry and biochemistry (105 hours); anatomy, physiology, and pathophysiology (135 hours); professional aspects of nurse anesthesia (45 hours); basic and advanced principles of anesthesia practice including physics, equipment, technology and pain management (105 hours); research (30 hours); and clinical correlation conferences (45 hours); radiology; and ultrasound (see Exhibit 002 - 2004 Standards, PDF pg. 14). Within the Practice Doctorate Standards, Standard E.2.2 establishes the curricular content requirements for all programs preparing students at the doctoral level for entry into practice (see Exhibit 001 – Practice Doctorate Standards, PDF pg. 21). Programs must meet these minimal thresholds for class hours without exception.

Standard III of the 2004 Standards and Standard E of the Practice Doctorate Standards address requirements to ensure the quality of the clinical curriculum. It is important to ensure that graduates can apply what they learn in the classroom and acquire knowledge, skills and competencies necessary for employment. For example, 2004 Standard III, Criterion C17 (see Exhibit 002 - 2004 Standards, PDF pg. 14) and Standard E.10 of the Practice Doctorate Standards (see Exhibit 001 - Practice Doctorate Standards, PDF pg. 22) require that the clinical curriculum provides students with unrestricted opportunities for experiences in the perioperative process in order to promote their development as competent safe nurse anesthetists. Standard III, Criterion C18 (2004 Standards) and Standard E.2.3 require that the clinical
curriculum prepares students for the full scope of current practice in a variety of work settings; requires a minimum of 600 clinical cases using a variety of procedures, techniques, and specialty practice (see Glossary – “Clinical Hours,” Exhibit 002 - 2004 Standards, PDF pg. 37 and Exhibit 001 - Practice Doctorate Standards, PDF pg. 35). Minimum numbers of required cases and clinical experiences are detailed in the appendix of the Standards (see Exhibit 002 - 2004 Standards, PDF pgs. 26-35 and Exhibit 001 - Practice Doctorate Standards, PDF pgs. 28-32). Programs must demonstrate to Council that they meet the numerical thresholds by providing all students with required numbers of cases and the diverse range of mandated experiences. Failure to fully comply with one more of these criteria is considered of critical concern in making decisions regarding program accreditation.

Lastly, Standard III, Criterion C21 of the 2004 Standards and Standards D.1-D.51 of the Practice Doctorate Standards require programs to implement a curriculum where each graduate attains certain outcomes or competencies. This is validated by the standard development process and the periodic validity, relevancy, and reliability testing processes of the standards and their criteria, both the Council and the nurse anesthesia profession continue to perceive these clinical outcomes as requisite thresholds for entry-level practice (see Exhibit 002 - 2004 Standards, PDF pgs. 15-16 and Exhibit 001 - Practice Doctorate Standards, PDF pgs. 17-20).

Exhibit 046 reflects a capability program’s assessment of its compliance with Standards relating to curriculum in COA doctoral Standards E1-E12: Curriculum (PDF pgs. 68-76). For example, Standard E9 assesses that the clinical curriculum provides students with opportunities for experiences in the perioperative process that are unrestricted, and promote their development as competent safe nurse anesthetists (see Exhibit 046, PDF pg. 74). An onsite review team’s recommendation regarding the institution’s compliance with the Curriculum Standards is also included in Exhibit 046 (see PDF pgs. 154-156).

Established programs and programs seeking initial accreditation offering master’s or doctoral degrees for entry into practice are required to describe and document their compliance with Standards related to curricula as part of the Self Study process (see Exhibit 048 - Established Master Program Review File, PDF pgs. 94-121; Exhibit 047 - Established Doctoral Program Review File, PDF pgs. 134-181; Exhibit 046 - Capability Program Review File, PDF pgs. 45-67). The onsite review teams assess the curriculum Standards during the visit by reviewing documents such as the course descriptions for all courses, curriculum plan/schema, and examples of course syllabi (see Exhibit 048, PDF pgs. 243-253; Exhibit 047, PDF pgs. 352-356; Exhibit 046, PDF pgs. 147-153).

Exhibits 046, 047, and 048 appended to the agency’s response provide three examples of programs’ assessments of compliance with curriculum Standards and include documentation such as the Self Study, Summary Report, Response to Summary
Report, and Decision Letter. Each document has been saved with a bookmark in the three PDF exhibits. The bullets below identify different examples of a full accreditation cycle and the specific pages demonstrating the review and assessment of the COA’s curriculum Standards.

Exhibit 048 - Established Master Program Review File
- Self Study Letter to Program PDF, pgs. 1 - 3
- Self Study, Standard III: Program of Study, PDF pgs. 94-121
- Summary Report, Standard III: Program of Study, PDF pgs. 243-253
- Response to Summary Report, PDF pgs. 265
- Decision Letter, PDF pgs. 266-267

Exhibit 047 - Established Doctoral Program Review File
- Self Study Letter to Program, PDF pgs. 1 - 3
- Self Study, D. Graduate Standards, PDF pgs. 134-181
- Summary Report, D. Graduate Standards, PDF pgs. 352-356
- Response to Summary PDF pg. 367
- Decision Letter, PDF pgs. 368-369

Exhibit 046 - Capability Program Review File
- Self Study Letter to Program PDF pgs. 1 - 6
- Self Study, Standard III: Program of Study, PDF pgs. 45-67
- Summary Report, Standard III: Program of Study, PDF pgs. 147-153
- Response to Summary Report, PDF pgs. 168-183
- Decision Letter, PDF pgs. 184-185

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<td>Exhibit 001 - Practice Doctorate Standards</td>
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<td>Exhibit 005 - COA Corporate Bylaws</td>
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<td>Exhibit 046 - Capability Program Review File</td>
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<td>Exhibit 047 - Established Doctoral Program Review File</td>
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The agency maintains separate sets of standards for nurse anesthesia institutions/programs awarding the master’s degree for entry into anesthesia practices (2004 Standards for Accreditation of Nurse Anesthesia Educational Programs) and nurse anesthesia institutions/programs awarding the doctoral degree for entry into practice (Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate) (Exhibits 001 and 002). The agency accredits both programs and free-standing institutions. The agency applies it standards to all accredited entities.

The agency’s 2004 Standards designate a specific section (Standard III: Program of Study) related to curriculum, with twenty-one distinct criteria assessed for compliance. The agency specifies that the program curriculum must be relevant, current, comprehensive, and meet commonly accepted national standards for similar degrees. Standards in Standard III include curricular requirements related to educational environment, prerequisite and admission requirements, coursework related to the development of desired competencies, clinical and didactic requirements, and distance education. Additional standards related to program effectiveness and accountability are found in Standard IV and Standard V of the 2004 Standards (Exhibit 002).

The agency’s Practice Doctorate Standards designate a specific section (Standard E. Curriculum Standards) related to curriculum. Standards in Standard E include curricular requirements related to commonly accepted national standards for similar degrees, minimum time to completion, objectives and outcomes, coursework related to the development of desired competencies, clinical and didactic requirements, and distance education. Additional standards related to program effectiveness and accountability are found in Standard IV and Standard V of the 2004 Standards (Exhibit 002). Additional standards related to student competency outcomes and program effectiveness are found in Standards D and H of the Practice Doctorate.
Standards (Exhibit 001).

The agency's evaluation process requires an institution/program to submit an analysis of its curriculum and related documentation in its self-study, which is used by onsite reviewers to assess the institution's/program’s compliance with the agency's related standards prior to the Council making a decision on compliance. In its petition, the agency provided multiple examples of comprehensive accreditation reviews that demonstrate self-study analysis, onsite review, and Council assessment of the agency’s curricular standards (Exhibits 046-048 and 057). Each of the agency’s provided examples of complete self-studies, site visit reports, and decision letters, confirm that the agency requests and reviews information in each application related to curriculum.

Department staff observed the review of curricula and applicable resources by the onsite reviewers in November 2021. In addition to the documentation submitted in the petition, Department staff during the virtual file review in March 2022 reviewed three comprehensive accreditation reviews and additional relevant materials that demonstrate the agency’s compliance with this criterion.

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

No files uploaded

### Analyst Worksheet - Response

**Analyst Review Status:**

Not Reviewed

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

**Description of Criteria**

(iii) Faculty.

**Narrative:**

Several of the Council’s standards address the quality of the program in relation to faculty. Standard I, Criteria A4, A5, and A6 require a minimum of two CRNA administrative faculty and a CRNA or physician anesthesiologist coordinator for each clinical site (see Exhibit 002 - 2004 Standards, PDF pgs. 10-11; Exhibit 048 - Established Master Program Review File, Standard I: Governance, PDF pgs. 81-85; Exhibit 047 - Established Doctoral Program Review File, B: Faculty Standards, PDF
The two CRNA administrative faculty, program director and assistant, must be experienced and hold a graduate degree. Doctoral degrees are required for CRNA program administrators in all doctoral programs as of January 1, 2018. A master’s degree is required for CRNA clinical coordinators (see Exhibit 002 - 2004 Standards, PDF pgs. 10-11). Similarly, doctoral Standards B.1 and B.9 require that doctorally-prepared CRNA faculty are appointed to administer a nurse anesthesia program that offers a doctoral degree for entry into practice. Standard F.3 requires programs to appoint a CRNA or anesthesiologist coordinator for each clinical site; coordinators are required to hold a master’s degree, though doctoral degrees are preferred (see Exhibit 001 — Practice Doctorate Standards, PDF pgs. 13-15 and 23).

Programs and single-purpose institutions offering master’s or doctoral degrees for entry into practice are required to describe and document their compliance with Standards related to faculty as part of the Self Study process (see Exhibit 048 - Established Master Program Review File, Standard I: Governance, PDF pgs. 81-85; Exhibit 047 - Established Doctoral Program Review File, B: Faculty Standards, PDF pgs. 109-125; Exhibit 046 - Capability Program Review File, B: Faculty Standards, PDF pgs. 33-40). The onsite review teams assess the faculty Standards during the visit by reviewing documents such as curricula vitae, job descriptions, and institutional policies related to requirements for teaching degree type courses (see Exhibit 048 - Established Master Program Review File, Standard I: Governance, PDF pgs. 237-238; Exhibit 047 - Established Doctoral Program Review File, B: Faculty Standards, PDF pgs. 348-350; Exhibit 046 - Capability Program Review File, B: Faculty Standards, PDF pgs. 142-144).

Exhibits 046, 047, and 048 appended to the agency’s response provide three examples of programs’ assessments of compliance with faculty Standards and include documentation such as the Self Study, Summary Report, Response to Summary Report, and Decision Letter. Each document has been saved with a bookmark in the three PDF exhibits. Refer to the enclosures identified to review an example of a full accreditation cycle for a nurse anesthesia program offering a master’s degree (see Exhibit Enclosure 048), a program offering a doctoral degree (see Exhibit 047), and a program seeking initial accreditation offering a doctoral degree (see Exhibit 046). The bullets below identify different examples of a full accreditation cycle and the specific pages demonstrating the review and assessment of the COA’s faculty Standards.

Exhibit 048, Established Master Program Review File
• Self Study Letter to Program, PDF pgs. 1 - 3
• Self Study,
  ? Standard I: Governance, Criteria A4, PDF pg. 82
  ? Standard I: Governance, Criteria A5, PDF pg. 82
  ? Standard I: Governance, Criteria A6, PDF pg. 83
  ? Standard V: Accountability, Criteria E11, PDF pg. 137
? Standard V: Accountability, Criteria E12, PDF pg. 138
• Summary Report,
? Standard I: Governance, Criteria A4, PDF pg. 1237
? Standard I: Governance, Criteria A5, PDF pg. 237
? Standard I: Governance, Criteria A6, PDF pg. 238
? Standard V: Accountability, Criteria E11, PDF pg. 260
? Standard V: Accountability, Criteria E12, PDF pg. 260
• Response to Summary Report, PDF pgs. 265
• Decision Letter, PDF pgs. 266-267

Exhibit 047 - Established Doctoral Program Review File
• Self Study Letter to Program PDF pgs. 1 - 3
• Self Study,
? Standard B.1, PDF pg. 109
? Standard B.5, PDF pg. 114
? Standard B.6, PDF pg. 114
? Standard B.9, PDF pg. 116
? Standard F.3, PDF pg. 200-201
? Standard F.5, PDF pg. 202-203
• Summary Report,
? Standard B.1, PDF pg. 348
? Standard B.5, PDF pg. 348
? Standard B.6, PDF pg. 348
? Standard B.9, PDF pg. 349
? Standard F.3, PDF pg. 359
? Standard F.5, PDF pg. 359
• Decision Letter, PDF pgs. 368-368

Exhibit 046 - Capability Program Review File
• Self Study Letter to Program PDF pgs. 1 - 6
• Self Study,
? Standard B.1, PDF pg. 33
? Standard B.5, PDF pg. 34
? Standard B.6, PDF pg. 34
? Standard B.9, PDF pg. 35
? Standard F.3, PDF pg. 78
? Standard F.5, PDF pg. 78-79
• Summary Report,
? Standard B.1, PDF pg. 142
? Standard B.5, PDF pg. 142
? Standard B.6, PDF pg. 142
? Standard B.9, PDF pg. 143
? Standard F.3, PDF pg. 157
? Standard F.5, PDF pg. 157
### Analyst Worksheet - Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency maintains separate sets of standards for nurse anesthesia institutions/programs awarding the master’s degree for entry into anesthesia practices (2004 Standards for Accreditation of Nurse Anesthesia Educational Programs) and nurse anesthesia institutions/programs awarding the doctoral degree for entry into practice (Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate) (Exhibits 001 and 002). The agency accredits both programs and freestanding institutions. The agency applies it standards to all accredited entities.

Both sets of agency standards specify minimum faculty numbers and qualifications. The 2004 Standards require institutions/programs to appoint a minimum of two Certified Registered Nurse Anesthetists (CRNA) as administrative faculty at the program and a CRNA or anesthesiologist coordinator for each clinical site, all of whom must minimally hold an earned graduate degree and be qualified by experience (Exhibit 002, pp. 10-11). The Practice Doctorate Standards require...
institutions/programs to appoint a minimum of two CRNAs as administrative faculty at the institution/program who must hold both a doctorate and appropriate experience, and a CRNA or physician anesthesiologist for each clinical site who must minimally hold an earned graduate degree and be qualified by experience (Exhibit 001, pp. 12-15 and p. 23). Further requirements include faculty availability, service requirements, and scholarly work. Additionally, the agency holds policies that require programs using distance education to report on faculty training or support for course instructional design and utilization of distance education technology (Exhibit 003, p. AA-10).

The agency’s evaluation process requires an institution/program to submit an analysis of its faculty and related documentation in its self-study, which is used by onsite reviewers to assess the institution’s/program’s compliance with the agency’s related standards prior to the Council making a decision on compliance. In its petition, the agency provided multiple examples of comprehensive accreditation reviews that demonstrate self-study analysis, onsite review, and Council assessment of the agency’s faculty standards (Exhibits 046-048 and 057). Each of the agency’s provided examples of complete self-studies, site visit reports, and decision letters, confirm that the agency requests and reviews information in each application related to faculty.

Department staff observed the review of faculty and applicable resources by the onsite reviewers in November 2021. In addition to the documentation submitted in the petition, Department staff during the virtual file review in March 2022 reviewed three comprehensive accreditation reviews and additional relevant materials that demonstrate the agency’s compliance with this criterion.

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<td><strong>Description of Criteria</strong></td>
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<td>(iv) Facilities, equipment, and supplies.</td>
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Narrative:

The Council’s Standards require institutions that conduct a nurse anesthesia program to demonstrate that resources are sufficient to provide ongoing commitment and support of the program. Specifically, the Standards require institutions to provide financial resources used to meet accreditation Standards; physical resources, including facilities, equipment, and supplies; and learning resources, including clinical sites, library, technological access and support (see Exhibit 002 - 2004 Standards, Standard II, Criterion B4, PDF pg. 12 and Exhibit 001 – Practice Doctorate Standards, Standards A.10.1-A.10.6, PDF pgs. 11-12). Programs and single-purpose institutions offering master’s or doctoral degrees for entry into practice are required to describe and document their compliance with Standards related to physical resources as part of the Self Study process (see Exhibit 048 - Established Master Program Review File, PDF pgs. 88-90; Exhibit 047 - Established Doctoral Program Review File, PDF pgs. 100-103; Exhibit 046 - Capability Program Review File, PDF pgs. 26-28). Onsite review teams assess adequacy of these resources during the visit (see Exhibit 048 - Established Master Program Review File, PDF pg. 240; Exhibit 047 - Established Doctoral Program Review File, PDF pg. 346; Exhibit 046 - Capability Program Review File, PDF pg. 139). If there are insufficient resources, programs will be found in partial- or non-compliance with the standard.

In addition, programs must demonstrate they provide adequate facilities, equipment, and supplies in order for effective learning to occur as part of their distance education request outline (see Exhibit 003 - Accreditation Policies and Procedures, PDF pg. 210, item #5). These requirements assure that minimum thresholds are met to assure the quality of faculty, equipment, & supplies.

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The agency maintains separate sets of standards for nurse anesthesia institutions/programs awarding the master’s degree for entry into anesthesia practices (2004 Standards for Accreditation of Nurse Anesthesia Educational Programs) and nurse anesthesia institutions/programs awarding the doctoral degree for entry into practice (Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate) (Exhibits 001 and 002). The agency accredits both programs and free-standing institutions. The agency applies its standards to all accredited entities.

Both sets of agency standards specify minimum faculty numbers and qualifications. The 2004 Standards require adequate resources to support the size and scope of the institution/program including physical resources such as facilities, equipment, and supplies, and learning resources including clinical sites, library, technological access, and support (Exhibit 002, pp. 12). The Practice Doctorate Standards maintain similar language with additional information regarding clinical sites (Exhibit 001, pp. 11-12 and p. 23). Additionally, the agency holds policies that require institutions/programs using distance education to report on technology support and educational resources. (Exhibit 003, p. AA-10).

The agency's evaluation process requires an institution/program to submit an analysis of its facilities and related documentation in its self-study, which is used by onsite reviewers to assess the institution's/program’s compliance with the agency's related standards prior to the Council making a decision on compliance. The onsite reviewers review selected clinical sites, the larger affiliated institution if applicable, library facilities, and classrooms and offices. In its petition, the agency provided multiple examples of comprehensive accreditation reviews that demonstrate self-study analysis, onsite review, and Council assessment of the agency’s facility and equipment standards (Exhibits 046-048 and 057). Each of the agency’s provided examples of complete self-studies, site visit reports, and decision letters, confirm that
the agency requests and reviews information in each application related to facilities, equipment, and supplies.

Department staff observed the review of faculty and applicable resources by the onsite reviewers in November 2021. In addition to the documentation submitted in the petition, Department staff during the virtual file review in March 2022 reviewed three comprehensive accreditation reviews and additional relevant materials that demonstrate the agency’s compliance with this criterion.

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

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

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

**Description of Criteria**

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

**Narrative:**

Council Standards related to resources require that there is a budget that provides evidence of adequate funding for nurse anesthesia education. In addition, the CRNA program administrator must provide input into the budget to ensure that adequate resources are available. The conducting institution is required by the Standards to demonstrate ongoing commitment to and support of both the clinical and academic components of the program; this is demonstrated by providing financial resources that enable the program to comply with accreditation requirements (see Exhibit 002 - 2004 Standards, Criteria B2, B3 & B4a, PDF pg. 12 and Exhibit 001 - Practice Doctorate Standards, Standards A.10.1 and B.7, PDF pgs. 11, 13). The requirement to provide sufficient faculty funding for a program to meet accreditation standards is the minimum acceptable threshold.

The Council monitors compliance with standards related to the fiscal and administrative capacity of programs through periodic self studies and onsite reviews (see Exhibit 047 - Established Doctoral Program Review File, Standards A.10.1,
A.10.2, and B.7, PDF pgs. 100, 114, 346, and 348). Monitoring between these cycles is accomplished through the Annual Report. Programs must submit information annually, including the dollar amount of their total budget and how it compares with the previous two years (see Exhibit 051 – 2020 Annual Report PDF pg. 17). Programs are also queried to determine if the level of available funding places the program at risk. Accreditation specialists and a committee of the Council are charged with reviewing the Annual Report Responses from programs indicating their programs are at risk are investigated to determine any impact on the program’s ability to meet accreditation standards.

A letter to a program addressing concern for adequate fiscal and administrative capacity is enclosed as evidence of the Council enforcing these requirements (see Exhibit 056 - Letter to Program Regarding Fiscal Concerns).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency maintains separate sets of standards for nurse anesthesia institutions/programs awarding the master’s degree for entry into anesthesia practices (2004 Standards for Accreditation of Nurse Anesthesia Educational Programs) and
nurse anesthesia institutions/programs awarding the doctoral degree for entry into practice (Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate) (Exhibits 001 and 002). The agency accredits both programs and free-standing institutions. The agency applies its standards to all accredited entities.

Both sets of agency standards specify requirements related to fiscal and administrative capacity appropriate to the institution/program offered based on mission and degree level. The 2004 Standards require institutions/programs to maintain an adequate budget with the input of the program administrator in addition to sufficient resources to support the size and scope of the program (Exhibit 002, p. 12). The Practice Doctorate Standards maintain similar language with the program administrator in the doctoral standards holding the authority to prepare and administer the institution/program budget (Exhibit 001, pp. 11 and 13).

The agency's evaluation process requires an institution/program to submit an analysis of its fiscal and administrative capacity and related documentation in its self-study, which is used by onsite reviewers to assess the institution's/program’s compliance with the agency's related standards prior to the Council making a decision on compliance. In its petition, the agency provided multiple examples of comprehensive accreditation reviews that demonstrate self-study analysis, onsite review, and Council assessment of the agency’s facility and equipment standards (Exhibits 046-048 and 057). Each of the agency’s provided examples of complete self-studies, site visit reports, and decision letters, confirm that the agency requests and reviews information in each application related to fiscal and administrative capacity. The agency also requires annual reporting related to fiscal and administrative capacity that provides the agency with a three-year outlook on the institution's/program’s compliance with relevant standards. The agency included a sample annual report and decision letter related to fiscal and administrative capacity in its petition which demonstrate the agency’s satisfactory attention to this criterion (Exhibits 051 and 056). Department staff observed the review of fiscal and administrative capacity by the onsite reviewers in November 2021. Additionally,

Department staff observed detailed discussions by the Council during its meeting in May 2022 as it relates to this criterion. In addition to the documentation submitted in the petition, Department staff during the virtual file review in March 2022 reviewed three comprehensive accreditation reviews and additional relevant materials such as annual monitoring reports that demonstrate the agency’s compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Criteria: 602.16(a)(1)(vi)

Description of Criteria

(vi) Student support services.

Narrative:

The Standards require that the conducting institution provides student support services (see Exhibit 002 - 2004 Standards, PDF pg. 12 and Exhibit 001 – Practice Doctorate Standards, Standard A.10.6, PDF pg. 11). Student services are defined as assistance offered to students, such as financial aid, health services, insurance, placement services, and counseling (see Exhibit 002 - 2004 Standards, Glossary, PDF pg. 44 and Exhibit 001 – Practice Doctorate Standards, Glossary, PDF pg. 39). These elements are the minimum threshold for compliance with this requirement.

Established programs, as well as those seeking initial accreditation, must demonstrate that student service resources are adequate to support the size and scope of the anesthesia program. Programs’ Self Study documents have been appended as evidence of the COA’s requirement for accredited programs and institutions to address Standards related to student services (see Exhibit 048 - Established Master Program Review File, Standard II, Criterion B4f, PDF pg. 92; Exhibit 047 - Established Doctoral Program Review File, Standard A.10.6, PDF pgs. 104-106; Exhibit 046 - Capability Program Review File, Standard A.10.6, PDF pg. 31). During the onsite review process, accreditation visitors will often meet with staff and administrators for relevant student support services, including financial aid officers, counseling office employees, and others (see Exhibit 048 - Established Master Program Review File, Standard II, Criterion B4f, PDF pg. 241; Exhibit 047 - Established Doctoral Program Review File, Standard A.10.6, PDF pgs. 346-347; Exhibit 046 - Capability Program Review File, Standard A.10.6, PDF pg. 140). Reviewers comment on adequacy of programs’ and institutions’ student services during the site visit (see Exhibit 048 - Established Master Program Review File, Standard II, Criterion B4f, PDF pg. 241).

As stated in the COA Standards, distance education programs and courses must satisfy accreditation standards and achieve the same outcomes as traditional offerings. To that end, programs applying for COA approval of distance education offerings must describe how educational resources (e.g., student services) are provided for
students to effectively participate in distance education (see Exhibit 003 - Accreditation Policies and Procedures: “Outline for Requesting Approval of Distance Education Courses and/or Programs” [AA-9], PDF pgs. 209-211).

The Council’s policy and procedure on branch campuses requires branch campuses that conduct a nurse anesthesia program that is geographically separate from the institution’s main campus to have their own separate administrative structure, services, and facilities with separate student support services (see Exhibit 003 - Accreditation Policies and Procedures: “Major Programmatic Change” [M-1], PDF pgs. 108-112). A branch campus would also need to meet the minimum threshold for support services. The Council requires the institution to report on the projected revenue, expenditures, cash flow, as well as the operation, management, and physical resources available at the remote location (see Exhibit 003 - Accreditation Policies and Procedures: “Major Programmatic Change” [M-1], PDF pgs. 108-112).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**
The agency maintains separate sets of standards for nurse anesthesia institutions/programs awarding the master’s degree for entry into anesthesia practices (2004 Standards for Accreditation of Nurse Anesthesia Educational Programs) and nurse anesthesia institutions/programs awarding the doctoral degree for entry into practice (Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate) (Exhibits 001 and 002). The agency accredits both programs and free-standing institutions. The agency applies its standards to all accredited entities.

Both sets of agency standards specify requirements for support personnel and student services defined by the agency as assistance offered to students, such as financial aid, health services, insurance, placement services, and counseling (Exhibit 001, pp. 12 and 41 and Exhibit 002, pp. 3 and 36). Additionally, the agency holds policies that require institutions/programs using distance education to report on student support and applicable resources (Exhibit 003, p. AA-10).

The agency's evaluation process requires an institution/program to submit an analysis of its student support services and related documentation in its self-study, which is used by onsite reviewers to assess the institution's/program’s compliance with the agency's related standards prior to the Council making a decision on compliance. The onsite reviewers interview student support personnel, faculty, and students during their investigative deliberations. In its petition, the agency provided multiple examples of comprehensive accreditation reviews that demonstrate self-study analysis, onsite review, and Council assessment of the agency’s standards related to this criterion (Exhibits 046-048 and 057). Each of the agency’s provided examples of complete self-studies, site visit reports, and decision letters, confirm that the agency requests and reviews information in each application related to student support services.

Department staff observed interviews with student support personnel, faculty, and students by the onsite reviewers during a virtual review in November 2021. In addition to the documentation submitted in the petition, Department staff during the virtual file review in March 2022 reviewed three comprehensive accreditation reviews and additional relevant materials that demonstrate the agency’s compliance with this criterion.

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

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed
Criteria: 602.16(a)(1)(vii)

Description of Criteria

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

Narrative:

The Council’s master’s Standard on accountability requires that programs evidence truth and accuracy in the following areas: advertising, student recruitment, admissions, academic calendars, program length, tuition and fees, travel requirements, catalogs, grading, representation of accreditation and faculty accomplishments (see Exhibit 002 - 2004 Standards, Standard V, Criterion E1, PDF pg. 20). Similarly, Standard G.2 of the Practice Doctorate Standards also addresses truth and accuracy (see Exhibit 001 - Practice Doctorate Standards, Standard G.2, PDF pg. 24). This is the minimum threshold for determining quality in the area of fiscal and administrative capacity. Compliance with this requirement is monitored through Self Studies and onsite reviews, as well as periodically as deemed necessary by the Council.

Evidence of a program’s assessment of its own compliance with these Standards is appended as Exhibits 046-048 (see Exhibit 048 - Established Master Program Review File, Standard V, Criterion E1, PDF pgs. 132-133; Exhibit 047 - Established Doctoral Program Review File, Standard G.2, PDF pgs. 207-209; Exhibit 046 - Capability Program Review File, Standard G.2, PDF pgs. 83-84). Evidence of onsite review teams’ assessment of programs’ compliance with these Standards is appended as Exhibits 046-048 (see Exhibit 048 - Established Master Program Review File, Standard V, Criterion E1, PDF pg. 258; Exhibit 047 - Established Doctoral Program Review File, Standard G.2, PDF pg. 360; Exhibit 046 - Capability Program Review File, Standard G.2, PDF pg. 159). The Council did not contact any programs for follow-up in relation to their advertising practices during the current Recognition cycle.

Exhibits 046, 047, and 048 appended to the agency’s response provide three examples of programs’ assessments of compliance with accountability Standards and include documentation such as the Self Study, Summary Report, Response to Summary Report, and Decision Letter. Each document has been saved with a bookmark in the three PDF enclosures. Refer to the enclosures identified to review an example of a full accreditation cycle for a nurse anesthesia program offering a master’s degree (see Exhibit 048), a program offering a doctoral degree (see Exhibit 047), and a program seeking initial accreditation offering a doctoral degree (see Exhibit 046).
Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency maintains separate sets of standards for nurse anesthesia institutions/programs awarding the master’s degree for entry into anesthesia practices (2004 Standards for Accreditation of Nurse Anesthesia Educational Programs) and nurse anesthesia institutions/programs awarding the doctoral degree for entry into practice (Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate) (Exhibits 001 and 002). The agency accredits both programs and free-standing institutions. The agency applies its standards to all accredited entities.

Both sets of agency standards and related policies specify the agency’s truth in advertisement requirements which require institutions/programs to report on advertising, student recruitment, admissions, academic calendars, program length, tuition and fees, travel requirements, catalogs, grading, representation of accreditation, faculty accomplishments, attrition rates, employment of graduates as nurse anesthetists within 6 months of graduation, and the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) National Certification Examination (NCE) pass rate for first-time test takers (Exhibit 001, p. 24 and Exhibit 002, p. 11).
The agency's evaluation process requires an institution/program to submit an analysis of its recruitment, advertising, admissions practices, catalogs, publications, advertising, and related documentation in its self-study, which is used by onsite reviewers to assess the institution's/program’s compliance with the agency's related standards prior to the Council making a decision on compliance. In its petition, the agency provided multiple examples of comprehensive accreditation reviews that demonstrate self-study analysis, onsite review, and Council assessment of the agency’s standards related to this criterion (Exhibits 046-048 and 057). Each of the agency’s provided examples of complete self-studies, site visit reports, and decision letters, confirm that the agency requests and reviews information in each application related to this criterion.

Department staff observed the review of program publications and advertisements by the onsite reviewers during the virtual visit in November 2021. In addition to the documentation submitted in the petition, Department staff during the virtual file review in March 2022 reviewed three comprehensive accreditation reviews and additional relevant materials that demonstrate the agency’s compliance with this criterion.

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

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### Analyst Worksheet - Response

**Analyst Review Status:**

Not Reviewed

### Criteria: 602.16(a)(1)(viii)

**Description of Criteria**

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

**Narrative:**

Standard III, Criterion C4 of the 2004 Standards addresses program of study, including the requirement for programs offering a master’s degree for entry into practice to be a minimum of 24 months long (or its part-time equivalent) as the threshold of quality (see Exhibit 002 - 2004 Standards, PDF pg. 13); however, the majority of programs have voluntarily exceeded this minimum requirement.
Similarly, Standard E.4 of the Practice Doctorate Standards requires programs offering a doctoral degree for entry into practice to be a minimum of three years of full-time study or longer if there are periods of part-time study (see Exhibit 001 - Practice Doctorate Standards, PDF pg. 21). The Council’s June 21, 2021 List of Accredited Educational Programs contains data on the length of programs (see Exhibit 006 - List of Accredited Programs, June 2021). Accredited programs range from 24 to 40 months in length.

The quality of objectives for academic degrees is measured by the level of a program’s compliance with accreditation standards and data submitted in Annual Reports. To satisfy this entry-level criterion, the Council has developed specific criteria in Standard I and Standard III to ensure that every graduate possesses a master’s degree. Standard I, Criterion A1 requires the conducting institution’s mission or philosophy to promote educational excellence and support the program within a graduate framework (see Exhibit 002 - 2004 Standards, PDF pg. 10). Standard III, Criterion C2 requires faculty to design a curriculum that awards a master’s or higher level degree to graduate students who successfully complete graduation requirements (see Exhibit 002 - 2004 Standards, PDF pg.13). These master’s Standards related to mission/philosophy and degree awarded are paralleled in the Practice Doctorate Standards, though doctoral Standard E.1 requires that curricula be designed to award a Doctor of Nursing Practice or Doctor of Nurse Anesthesia Practice degree (see Exhibit 001 – Practice Doctorate Standards, Standard A.1, PDF pg.11 and Standard E.1, PDF pg. 21).

Standard III, Criterion C7 of the 2004 Standards and Standard E.12 of the Practice Doctorate Standards require that the curriculum enables graduates to attain certification in the specialty (see Exhibit 002 - 2004 Standards, pg. 13 and Exhibit 001 – Practice Doctorate Standards, PDF pg. 22). Standard III, Criterion C9 requires the content of the curriculum be appropriate for the degree or certificate earned (see Exhibit 002 - 2004 Standards, PDF pg.13). In addition, Standard III, Criterion C11 requires distance education programs and courses to satisfy accreditation standards and achieve the same outcomes as traditional education offerings (see Exhibit 002 - 2004 Standards, PDF pg.13). This requirement for distance education outcomes is also found in the doctoral Standards (see Exhibit 001 – Practice Doctorate Standards, Standard E.7, PDF pg. 22).

Specific criteria on clinical requirements are included in Standard III of the 2004 Standards. Standard III, Criterion C17 requires that the clinical curriculum provides students with experiences that promote their development as competent, safe practitioners (see Exhibit 002 - 2004 Standards, PDF pg. 14); a similar requirement exists in the doctoral Standards (see Exhibit 001 – Practice Doctorate Standards, Standard E.9, PDF pg. 22).

Furthermore, 2004 Standard III, Criterion C18 and Practice Doctorate Standard E.10
require that students be prepared for the full scope of practice in a variety of work settings (see Exhibit 002 - 2004 Standards, PDF pg. 14 and Exhibit 001 – Practice Doctorate Standards, Standard E.10, PDF pg. 22). The Standards also require that programs can demonstrate that they have achieved their stated outcomes (refer Exhibit 002 - 2004 Standards, Standard III, Criterion C20, PDF pg. 14 and Exhibit 001 – Practice Doctorate Standards, Standard E.6, PDF pg. 22). Standard III, Criterion C21 requires the program to demonstrate that graduates have acquired knowledge, skills and competencies in patient safety, perianesthetic management, critical thinking, communication, and professional role (see Exhibit 002 - 2004 Standards, PDF pgs. 15-17). This requirement is paralleled in the doctoral Standards (see Exhibit 001 – Practice Doctorate Standards, Standards D.1-D.51, PDF pgs. 17-20).

Additional criteria must also be met by programs offering doctoral degrees. For practice oriented doctoral degrees, students are to master additional theory and knowledge, beyond the current requirements for master’s degree educational programs, in an area of academic focus, achieve advanced scholarship skills, complete a scholarly work, and verify competence in pertinent scholarship skills. The requirements for a practice-oriented doctoral degree must be greater than those required for a master’s degree (see Exhibit 002 - 2004 Standards, PDF pg. 24 and Exhibit 001 – Practice Doctorate Standards, PDF pg. 16). For research oriented-doctoral degrees, students are to be prepared to advance theory and knowledge of the discipline, develop advanced scholarship skills, generate research, and complete a dissertation or scholarly work. The requirements for a research-oriented doctoral degree must be greater than those required for a master’s degree and a practice oriented doctoral degree (see Exhibit 002 - 2004 Standards, PDF pg. 22).

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Analyst Worksheet- Narrative

**Analyst Review Status:**
The agency maintains separate sets of standards for nurse anesthesia institutions/programs awarding the master’s degree for entry into anesthesia practices (2004 Standards for Accreditation of Nurse Anesthesia Educational Programs) and nurse anesthesia institutions/programs awarding the doctoral degree for entry into practice (Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate) (Exhibits 001 and 002). The agency accredits both programs and free-standing institutions. The agency applies its standards to all accredited entities.

Both sets of agency standards specify minimum program length and objectives of the respective degrees. The 2004 Standards require at least two years of full-time study for the award of the master’s degree together with clear and appropriate objectives for each degree (Exhibit 002, pp. 13, 14-17, and 21-22). The Practice Doctorate Standards require at least three years of full-time study for the award of the doctoral degree together with clear and appropriate objectives for each degree (Exhibit 001, pp. 21-23). Additionally, the agency holds standards and policies that require institutions/programs using distance education to meet similar objectives (Exhibit 001, p. 22, Exhibit 002, p. 13 and Exhibit 003, p. AA-10). Additional standards must be met for institutions/programs seeking to award a research doctorate (Exhibit 002, p. 13).

The agency's evaluation process requires a program to provide information regarding program length and objectives in its self-study, which is used by onsite reviewers to assess the institution's/program’s compliance with the agency's related standards prior to the Council making a decision on compliance. In its petition, the agency provided multiple examples of comprehensive accreditation reviews that demonstrate self-study analysis, onsite review, and Council assessment of the agency’s outcome and objectives standards (Exhibits 046-048 and 057). Each of the agency’s provided examples of complete self-studies, site visit reports, and decision letters, confirm that the agency requests and reviews information in each application related to program length and objectives. The agency also provided documentation regarding program length for each accredited program (Exhibit 006).

In addition to the documentation submitted in the petition, Department staff during the virtual file review in March 2022 reviewed three comprehensive accreditation reviews and additional relevant materials that demonstrate the agency’s compliance with this criterion.
Criteria: 602.16(a)(1)(ix)

Description of Criteria

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

Narrative:

Standard V, Criterion E4 of the Council’s Standard on Accountability requires programs to resolve complaints in a timely and equitable manner (see Exhibit 002 - 2004 Standards, PDF pg. 20). Similarly, Practice Doctorate Standard G.7 requires doctoral degree programs to demonstrate that they “[process] complaints, grievances, and appeals in a timely and equitable manner affording due process” (see Exhibit 001 – Practice Doctorate Standards, PDF pg. 24). Compliance with this standard is verified during onsite reviews.

There is also a policy and procedure for handling complaints lodged against nurse anesthesia programs. The policy states that the complaint must be related to the program’s noncompliance with the Council’s 2004 Standards, Practice Doctorate Standards, or the Council’s Accreditation Policies and Procedures. This policy clearly states that the Council will not adjudicate individual disputes between individuals and nurse anesthesia educational programs. The procedures accompanying this policy: (1) Outline the options available to complainants; (2) List data that must be included in the complaint; (3) Identify the program’s responsibility to students wishing to lodge a complaint with the Council; (4) Describe the protocol for appearance before the Council; (5) List the actions that the Council can take following a complaint lodged against a program; and (6) Describe how records relating to the complaint are maintained (see Exhibit 003 - Accreditation Policies and Procedures: “Complaints Against Nurse Anesthesia Programs” [C-16], PDF pgs. 50-53).

A full review cycle for a program that had a complaint filed against it is documented in Exhibit 058 (see Exhibit 058 - Complaint Against a Program). A copy of a letter sent to the program by the Council regarding a filed complaint is enclosed as evidence that the policy and procedure are followed (see Exhibit 058 - Complaint Against a Program, PDF pgs. 5-8). The Council reviewed the program’s initial response to the allegations and determined that an additional report must be submitted to demonstrate
compliance with the Standards, policies, and procedures (see Exhibit 058 - Complaint Against a Program, PDF pgs. 9-10). Following the review of a second program report, the Council found the program had appropriately addressed all of the concerns related to the complaint (see Exhibit 058 - Complaint Against a Program, PDF pgs. 13-15). In reviewing this complaint, the Council followed its written policy regarding the timeline for complaints against a nurse anesthesia program (see Exhibit 058 - Complaint Against a Program, PDF pg. 16).

Furthermore, programs offering master’s or doctoral degrees for entry into practice are required to describe and document their compliance with Standards related to complaints as part of the Self Study process (see Exhibit 057 - Standard G.7 Program Review File, PDF pg. 153). The onsite review teams assess the Standards related to the complaints process during the visit by reviewing documents, such as program policies and records related to complaints and grievances (see Exhibit 057 - Standard G.7 Program Review File, PDF pg. 255). In the example provided as Exhibit 057, the Council onsite reviewers found the program in partial compliance with Standard G.7. The program was given the opportunity to respond to the Summary Report of the onsite review (providing additional information on its policies related to due process) and the Council ultimately found the program had appropriately addressed all areas of concern (see Exhibit 057 - Standard G.7 Program Review File, PDF pgs. 284-285).

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Assistant Worksheet- Narrative

**Analyst Review Status:**
The agency must amend its standards and/or policies to ensure that records of student complaints are reviewed by the agency to verify compliance with the agency’s relevant standards. The agency must also clarify in its standards and/or policies the length of time that records of student complaints must be held by institutions/programs seeking accreditation.

Analyst Remarks to Narrative:

The agency maintains separate sets of standards for nurse anesthesia institutions/programs awarding the master’s degree for entry into anesthesia practices (2004 Standards for Accreditation of Nurse Anesthesia Educational Programs) and nurse anesthesia institutions/programs awarding the doctoral degree for entry into practice (Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate) (Exhibits 001 and 002). The agency accredits both programs and free-standing institutions. The agency applies its standards to all accredited entities.

Both sets of agency standards offer broad requirements that require that institutions/programs must ensure that complaints, grievances, and appeals are resolved in a timely and equitable manner affording due process (Exhibit 001, p. 24 and Exhibit 002, p. 11).

The agency's evaluation process requires an institution/program to submit an analysis of grievance and appeals procedures documentation in its self-study, which is used by onsite reviewers to assess the institution's/program’s compliance with the agency's related standards prior to the Council making a decision on compliance (Exhibit 071). Additionally, in the agency’s Accreditation Reviewers’ Manual, the outcome of an investigation by reviewers into major areas of concern that are raised in formal complaints should be recorded in the summary report (Exhibit 004, p. W-2).

However, it is not clear that in each self-study and/or related onsite review records of student complaints are reviewed by the agency. In its petition, the agency provided an example that clearly showed attention to student complaints, though not all examples contained such information (Exhibit 057). The agency must amend its standards and/or policies to ensure that records of student complaints are reviewed by the agency to verify compliance with the agency’s relevant standards. The agency must also clarify in its standards and/or policies the length of time that records of student complaints must be held by institutions/programs seeking accreditation. The agency is asked to note that this criterion is specifically related to records of student complaints reviewed using an institution's/program’s grievance procedures rather than those complaints specifically submitted to the agency for resolution through the agency’s
grievance procedures.

Following receipt of the Staff Report, the COA reviewed its Accreditation Policies and Procedures manual and Accreditation Reviewers’ Manual to identify any areas in need of revision to ensure compliance with this regulation. Although any program submitting a Self Study for initial or continued accreditation is required to submit a response to Standard G.7 (“The program demonstrates that it processes complaints, grievances, and appeals in a timely and equitable manner affording due process”), the COA Directors determined that policy revisions were needed to ensure that complaint records are retained for a clearly defined period and that all onsite reviews include careful consideration of any complaints received by a program since the time of its last accreditation review.

The COA therefore revised its “Complaints Against Nurse Anesthesia Programs” to more clearly reflect the timeline for receipt, review, and maintenance of complaints submitted against nurse anesthesia programs (ref. Exhibit 38 – Revised Policy and Procedure Mark-Ups – November 2022, PDF pgs. 1-5). In policy item #3b3, for example, language was added to the policy to direct the community of interest to an existing “Timeline for Complaints Against a Nurse Anesthesia Program” document in the Appendix of the Accreditation Policies and Procedures manual (Exhibit 38 – Revised Policy and Procedure Mark-Ups – November 2022, PDF pg. 3). The revised language states that any complaint against a nurse anesthesia program will be sent to the program within approximately 10 business days of receipt by the COA (contingent upon all content and process requirements having been met).

Policy items #6a and 6b (regarding COA maintenance of the program file) were revised to reflect that the original paper or papers signed by a complainant submitting a complaint against a nurse anesthesia program will be maintained indefinitely (Exhibit 38 – Revised Policy and Procedure Mark-Ups – November 2022, PDF pg. 4). A new policy item #6d has been added to clarify program guidelines in maintaining complaint-related files: programs are to maintain students records related to grievances and litigation indefinitely and in accordance with the COA’s “Record Retention” and “Onsite Review” policies (Exhibit 38 – Revised Policy and Procedure Mark-Ups – November 2022, PDF pg. 4).

Policy item #1a2 in the “Record Retention” policy states “student records to be kept indefinitely include any records that may relate to grievances, litigation, final case
records, summative student evaluations, and National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) transcripts” (see Exhibit 1—Accreditation Policies and Procedures Manual, revised April 2023, PDF pgs. 167-168). This policy item has not been revised recently; however, in response to the Staff Report, the COA revised its “Onsite Review” policy to ensure it clearly reflects review of complaint files during the accreditation process. Revised policy item #1f notes that during the onsite review, programs must “have sufficient data available onsite to demonstrate that (1) all components of a comprehensive evaluation plan are actually being implemented and (2) the program is complying with accreditation standards, including those related to complaints submitted against the program since the time of its last accreditation decision (see “Record Retention”)” (see Exhibit 38—Revised Policy and Procedure Mark-Ups—November 2022, PDF pg. 7).

Similar revisions were made to the “Material Available for Onsite Review” policy found in the Accreditation Reviewers’ Manual (Exhibit 38—Revised Policy and Procedure Mark-Ups—November 2022, PDF pgs. 10-12). Among the list of suggested materials to be made available to the onsite review team by the program under review, new policy item #1y identifies “documentation related to formal complaints submitted against the nurse anesthesia program (including formal correspondence from the COA)” (Exhibit 38—Revised Policy and Procedure Mark-Ups—November 2022, PDF pg. 12). New language added to policy item #2d states that the COA will provide onsite reviewers with certain back-up materials in preparation for an accreditation review, “including COA correspondence related to formal complaints against the nurse anesthesia program under review” (Exhibit 38—Revised Policy and Procedure Mark-Ups—November 2022, PDF pg. 12).

Significantly, the “Material Available for Onsite Review” policy was previously only included in the Accreditation Reviewers’ Manual, available on a password-protected site for COA onsite reviewers. However, in approving the revisions to this policy, the COA also approved the policy’s inclusion in the Accreditation Policies and Procedures manual accessible to program administrators.

The intent of these revisions was to ensure that program administrators are aware of the need to maintain complaint- and litigation-related files indefinitely, and that both program administrators and onsite reviewers are aware of the need to assess any complaints received since the time of the COA’s last accreditation decision during the current accreditation review.

The above-described revisions were proposed by the COA’s Standards and Policies Committee in November 2022. The COA reviewed the proposed revisions and approved them for release as part of a Call for Comments conducted between December 5, 2022 and January 6, 2023 (see Exhibit 40—COA Meeting Minutes Excerpt—November 2022, PDF pg. 4 and Exhibit 41—Call for Comments Documentation). Following closure of the Call for Comments, the members of the
Standards and Policies Committee reviewed the results from the community of interest and presented the revised policies to the Full Council during the COA’s January 26-28, 2023 meeting. During this meeting, the COA granted final approval to the policy revisions (Exhibit 42 – COA Meeting Minutes Excerpt – January 2023). The revisions were announced to program administrators in the February 2023 edition of the Program Directors’ Update (Exhibit 43 – February 2023 Program Directors’ Update). Current versions of both the Accreditation Reviewers’ Manual and Accreditation Policies and Procedures Manual, both reflecting inclusion of the above-described policy revisions, have been provided in response to the Staff Report (see Exhibit 39 – Accreditation Reviewers’ Manual, revised February 2023, PDF pgs. 38-40 and Exhibit 1 – Accreditation Policies and Procedures Manual, revised April 2023, PDF pgs. 48-52, 111-113, and 119-122).

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the Draft Analysis related to the review of records of student complaints, the agency amended the section on Onsite Review in the COANAEP Accreditation Policies and Procedures document as well as the section on Materials Available for Onsite Review in the Accreditation Reviewers Manual. The agency amended the section on Onsite Review to ensure sufficient data is available to the reviewers, “including those related to complaints submitted against the program since the time of its last accreditation decision” (Exhibit 52 O-3 1.f.). The agency amended the section on Materials Available for Onsite Review to ensure the program seeking accreditation provides “Documentation related to formal complaints submitted against the nurse anesthesia program (including formal correspondence from the COA) since the time of its last accreditation review” (Exhibit 39 M-3 1.y.). The agency also published the Materials Available for Onsite Review in the COANAEP Accreditation Policies and Procedures document for greater visibility and transparency (Exhibit 52 M-7-9).

In response to the Draft Analysis related to maintaining documentation of records of student complaints, the agency also amended the section on Complaints against Nurse Anesthesia Programs in the COANAEP Accreditation Policies and Procedures document. Specifically, the agency added language that the program must “maintain student records related to grievances and litigation indefinitely and in accordance with the COA’s “Record Retention” and “Onsite Review” policies” (Exhibit 52 C-19, 6.d.). Similarly, the agency holds in the section Record Retention of the COANAEP Accreditation Policies and Procedures policies that require programs to hold student
records related to grievances and litigation (Exhibit 52 R-6, 1.a.2.).

The agency notified program directors of these changes in February 2023 (Exhibit 43). In response to a Department staff request, the agency provided a redacted excerpt of a site visit report that demonstrates adherence to the agencies policies in accordance with this criterion (Analyst Exhibit 68).

List of Document(s) Uploaded by Analyst - Response

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

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

Narrative:

The Council requires that a program and/or its conducting institution reviews the default rates in the student loan programs under Title IV of the Higher Education Act when they are made available by the Secretary. The program’s conducting entity must also demonstrate compliance with an institution’s responsibilities under Title IV of the Higher Education Act (see Exhibit 002 - 2004 Standards, PDF pg. 25 and Exhibit 001 — Practice Doctorate Standard, Standard A.13, PDF pg. 12).

Onsite reviewers are required to verify a program’s compliance with accreditation standards during an onsite review. Sample Summary Reports have been provided for a master’s program (see Exhibit 048 - Established Master Program Review File, PDF pg. 261), a doctoral program (see Exhibit 047 - Established Doctoral Program Review File, PDF pgs. 347), and a program seeking initial accreditation (Exhibit 046 - Capability Program Review File, PDF pg. 141). Council members evaluate the degree of a program’s compliance with standards in reaching accreditation decisions, thereby measuring the quality of the program as required in regulations 602.16 (a)(1) i-x.

A procedure located in the COA’s Accreditation Policies and Procedures manual, “Confidentiality and Disclosure of Information” (C-21) provides for disclosure of information to the U.S. Department of Education and other regulatory agencies (see Exhibit 003 - Accreditation Policies and Procedures, PDF pgs. 55-56, item 2f).
Another policy and procedure, “Notification of the Council’s Accreditation Decisions” (N-2) provides for notification of the Secretary of the U.S. Department of Education (USDE) of any information about suspected fraud or abuse by a program (see Exhibit 003 - Accreditation Policies and Procedures, PDF pgs. 115-116).

**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 amend its standards to ensure the inclusion of information regarding an accredited institution's record of compliance with the institution's responsibilities under title IV of the Act, based on the most recent student loan default rate data provided by the Secretary, the results of financial or compliance audits, program reviews, and any other information that the Secretary may provide to the agency. The agency is also asked to clarify how the agency measures compliance with the applicable standards. The agency is asked to note the possibilities evident in 602.16(b) related to applicability exemptions.

**Analyst Remarks to Narrative:**
The agency maintains separate sets of standards for nurse anesthesia institutions/programs awarding the master’s degree for entry into anesthesia practices (2004 Standards for Accreditation of Nurse Anesthesia Educational Programs) and nurse anesthesia institutions/programs awarding the doctoral degree for entry into practice (Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate) (Exhibits 001 and 002). The agency accredits both programs and free-standing institutions. The agency applies its standards to all accredited entities.

The Practice Doctorate Standards note that the accredited institution/program must hold evidence that eligibility and certification requirements are maintained by institutions or programs relying on the Council’s accreditation to participate in Higher Education Opportunity Act, Title IV programs (Exhibit 001, p. 12). The 2004 Standards note that the “program and/or its conducting institution reviews the default rates in the student loan programs under Title IV of the Higher Education Act, based on the most recent data provided by the U.S. Secretary of Education” and “the program’s conducting entity demonstrates compliance with an institution’s responsibilities under Title IV of the Higher Education Act, including: results of financial or compliance audit and program reviews and other information that the U.S. Secretary of Education may request (Exhibit 002, p. 16). However, in this regard it is not clear to which institutions/programs the agency’s standards are applicable and how the agency applies its standards for those institutions for which its standards are applicable. Based on the examples provided by the agency, it is not clear for which institutions the related standards are applied and how the agency measures compliance, though it would appear that all applications include information related to federally mandated requirements (Exhibits 046-048).

The agency must amend its standards to ensure the inclusion of information regarding an accredited institution's record of compliance with the institution's program responsibilities under title IV of the Act, based on the most recent student loan default rate data provided by the Secretary, the results of financial or compliance audits, program reviews, and any other information that the Secretary may provide to the agency. The agency is asked to note the possibilities evident in 602.16(b) related to applicability exemptions.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

In response to the Staff Report, the COA has revised its Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate to expand the noted Title IV requirements and responsibilities (see Exhibit 38 – Revised Policy and Procedure
Mark-Ups — November 2022, PDF pgs. 13-15). Specifically, the COA has revised the Glossary definition of “Title IV Eligibility” linked to Standard A.13 (“There is evidence that eligibility and certification requirements are maintained by institutions or programs relying on Council’s accreditation to participate in Higher Education Opportunity Act, Title IV programs”). The Glossary definition now states:

“Title IV Higher Education Opportunity Act (HEOA) federal programs administered by the US Department of Education have a requirement for institutions or programs participating in federally funded programs to be accredited by an institutional accreditor recognized by the US Secretary of Education. Examples of federal programs where accreditation provides a federal link to funding are Direct Loans, Student Aid Programs (Stafford, PLUS, and consolidation loans), and Federal Perkins Loans. Programs (and/or their conducting institutions) relying on the Council’s accreditation to participate in Higher Education Opportunity Act, Title IV programs must demonstrate that they have reviewed the default rates in the student loan programs under Title IV of the Higher Education Act, based on the most recent data provided by the U.S. Secretary of Education. These programs’ conducting entities must demonstrate compliance with an institution’s responsibilities under Title IV of the Higher Education Act, including: results of financial or compliance audits and program reviews and other information that the U.S. Secretary of Education may request. The programs must provide evidence that students are made aware of their ethical responsibility regarding financial assistance they receive from public or private sources.”

The above-described revisions were proposed by the COA’s Standards and Policies Committee in November 2022. The COA reviewed the proposed revisions and approved them for release as part of a Call for Comments conducted between December 5, 2022 and January 6, 2023 (ref. Exhibit 40 – COA Meeting Minutes Excerpt – November 2022, PDF pg. 4 and Exhibit 41 – Call for Comments Documentation. Following closure of the Call for Comments, the members of the Standards and Policies Committee reviewed the results from the community of interest and presented the revised policies to the Full Council during the COA’s January 26-28, 2023 meeting. During this meeting, the COA granted final approval to the policy revisions (see Exhibit 42 – COA Meeting Minutes Excerpt – January 2023). The revisions were announced to program administrators in the February 2023 edition of the Program Directors’ Update (see Exhibit 43 – February 2023 Program Directors Update). A copy of the current Standards, revised to reflect the above-described revisions, has been provided (ref. Exhibit 44 – Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate, revised January 2023).

The COA has not made an initial or continued accreditation decision for any program or single-purpose institution relying on the Council’s accreditation to participate in Title IV programs since the revisions noted above were implemented. The one
program that does rely on the COA’s accreditation to participate in Title IV will be held to the revised Glossary definition linked to Standard A.13 when next reviewed for continued accreditation.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the Draft Analysis, the agency amended the section on Conducting Institutions Standards through the addition of information in the referenced glossary section of the COANAEP Standards for Accreditation of Nurse Anesthesia Programs. Specifically, the agency amended its standards to ensure the information specified in this criterion is clearly reviewed by the agency (Exhibit 64, pp. 14-15).

The agency notified program directors of these changes in February 2023 (Exhibit 43). The agency confirmed in its petition that its standards would be applied to applicable institutions in upcoming reviews. In response to a Department staff request, the agency provided confirmation by email that no opportunity arose since the implementation of the new policy that would require its operationalization.

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

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**Criteria: 602.16(d)**

**Description of Criteria**

(d)

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

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

Narrative:

The Council’s scope of recognition includes programs offering distance education. The Distance Education policy states, “distance education programs and courses meet the same standards and achieve the same outcomes as traditional education offerings” (see Exhibit 003 – Accreditation Policies and Procedures: “Distance Education” [D-13], PDF pg. 76). Programs must submit an Outline for Requesting Approval of Distance Education Courses and/or Programs before implementing a distance education course or a distance education program (see Exhibit 003 – Accreditation Policies and Procedures: “Distance Education” [D-13], PDF pg. 76 and “Outline for Requesting Approval of Distance Education Courses and/or Programs” [AA-9], PDF pg. 209). The COA carefully reviews programs’ applications to ensure they have the resources to provide high quality distance education offerings.

The COA has established specific standards regarding student achievement with which all programs (including those offering distance education) must demonstrate compliance. The 2004 Standards for master’s programs include Standard III, Criterion C11 and Standard IV, Criterion D4(c). The Practice Doctorate Standards E7 and H1.6.1 – H1.6.4 identify requirements for student achievement (See Exhibit 002 - 2004 Standards, PDF pgs. 13 and 19 and Exhibit 001 - Practice Doctorate Standards, PDF pgs. 22 and 26). The COA’s accreditation processes for reviewing programs’ student achievement outcomes compare outcomes for distance education offerings to outcomes for traditional educational offerings to ensure the same levels of achievement are being obtained (see Exhibit 066 - Distance Education Analysis).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

Though the agency does not appear to hold standards related to direct assessment, the agency must clarify in its petition whether it seeks to include within its scope of recognition the evaluation of the quality of institutions or programs offering direct assessment education.

**Analyst Remarks to Narrative:**

The agency maintains separate sets of standards for nurse anesthesia institutions/programs awarding the master’s degree for entry into anesthesia practices (2004 Standards for Accreditation of Nurse Anesthesia Educational Programs) and nurse anesthesia institutions/programs awarding the doctoral degree for entry into practice (Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate) (Exhibits 001 and 002). The agency accredits both programs and free-standing institutions. The agency applies its standards to all accredited entities.

Both sets of agency standards align in requiring that “distance education programs and courses satisfy accreditation standards and achieve the same objectives/outcomes as traditional educational offerings (Exhibit 001, p. 22 and Exhibit 002, p. 4). The agency's standards and reporting requirements regarding distance education are triggered when an institution/program reports that distance education is used as an educational delivery method. This includes the required submission of the agency’s “Outline for Requesting Approval of Distance Education Courses and/or Programs” which requires the program to provide information regarding faculty training or support, technology support, education resources, identification methods, notification requirements, program effectiveness (Exhibit 003, p. AA-9). Detailed policies regarding distance education, its definitions, and the application of the agency’s standards towards courses and programs using the distance education method may be found in the agency’s Distance Education Policy (Exhibit 003, pp. D-13-15).

In its petition, the agency provided an example of the review of a staff analysis of a distance education offering (Exhibit 066). The agency's evaluation process also requires an institution/program to provide comprehensive information regarding distance education programs and courses in its self-study, which is used by onsite reviewers to assess the institution's/program’s compliance with the agency's related standards prior to the Council making a decision on compliance. In its petition, the agency provided one example of a comprehensive accreditation review that
demonstrated self-study analysis, onsite review, and Council assessment of the agency’s distance education standards (Exhibits 047). The agency’s provided example demonstrates that the agency requests and reviews information in the application related to distance education. However, the agency did not provide information regarding direct assessment. Though the agency does not appear to hold standards related to direct assessment, the agency must clarify in its petition whether it seeks to include within its scope of recognition the evaluation of the quality of institutions or programs offering direct assessment education.

Department staff observed the review of distance education coursework by the onsite reviewers during the observed virtual visit in November 2021. In addition to the documentation submitted in the petition, Department staff during the virtual file review in March 2022 reviewed three comprehensive accreditation reviews and additional relevant materials that demonstrate the agency’s compliance with the distance education aspect of this criterion.

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Response:

The COA does not have standards related to direct assessment and is not seeking to include within its scope of recognition the evaluation of the quality of institutions or programs offering direct assessment education.

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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:

(e) The Council requires all nurse anesthesia programs’ degree granting institutions to be regionally accredited (see Exhibit 003 – Accreditation Policies and Procedures: “Eligibility for Accreditation” [E-1], PDF pgs. 86-87).
The Council has established additional outcome criteria for graduates of both master’s and doctoral programs. The master’s Standards require programs to demonstrate that “graduates have acquired knowledge, skills and competencies in patient safety, perianesthetic management, critical thinking, communication, and the competencies needed to fulfill their professional responsibility” (see Exhibit 002 – 2004 Standards, Standard III, Criteria C21a-e, PDF pgs. 15-16). The doctoral Standards require graduates attain competencies in patient safety, perianesthesia, critical thinking, communication, leadership, and the professional role (see Exhibit 001 – Practice Doctorate Standards, Graduate Standards D1-51, PDF pgs. 17-20).

Nothing in the Council’s processes for setting Standards restricts the development and application of the Standards. The process for Standards development includes involvement of the community of interest (see Exhibit 003 – Accreditation Policies and Procedures: “Standards for Accreditation: Development, Adoption, and Revision” [S-10], PDF pgs. 179-181, and “Sample Timeline for a Major Revision of the Standards” [AA-37], PDF pgs. 237-238; and Exhibit 084 – Call for Comments Notice). Application of the Standards in making accreditation decisions comports with published policy (see Exhibit 003 – Accreditation Policies and Procedures: “Decisions for Accreditation of Nurse Anesthesia Educational Programs” [D-3], PDF pgs. 66-69).

The Council’s policies and standards allow programs to utilize additional measures to demonstrate success regarding student achievement beyond those required by the Council (see Exhibit 003 – Accreditation Policies and Procedures: “Plans for Purposeful Change and Needed Improvement” [P-1], PDF pg. 130; Exhibit 002 - 2004 Standards: Criterion C12, and Definition of “Academic Quality,” PDF pgs. 14 and 27; Exhibit 001 – Practice Doctorate Standards: Standard H1.6.4, PDF pg. 26; and Exhibit 048 - Established Master Program Review File, PDF. pg. 262).

The Council does not have separate standards regarding an institution’s or program’s process for approving curriculum.

This criterion is not applicable.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency maintains separate sets of standards for nurse anesthesia institutions/programs awarding the master’s degree for entry into anesthesia practices (2004 Standards for Accreditation of Nurse Anesthesia Educational Programs) and nurse anesthesia institutions/programs awarding the doctoral degree for entry into practice (Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate) (Exhibits 001 and 002). The agency accredits both programs and freestanding institutions. The agency applies its standards to all accredited entities.

602.16(e) The agency confirmed its policy that all accredited programs must be contained within an agency-defined regionally accredited institution, and that freestanding institutions must also hold regional accreditation.

602.16(f) The agency has confirmed that it holds accreditation standards beyond those listed in 602.16(a). In particular, the agency holds standards by degree level that specify specific areas of bodies of knowledge and competencies relevant to professional practice in the field of nurse anesthesia (Exhibit 001, pp. 17-20 and Exhibit 002, pp. 6-7).

602.16(g)(1) The agency confirmed that the Secretary’s requirements do not restrict the 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. The agency provided information regarding its policies for standards creation, a timeline for standards creation, evidence of the involvement of its members, and the
application of agency standards (Exhibit 003, pp. D-3-7, S-10-12, AA-37-38, and Exhibit 084).

602.16(g)(2) The agency permits institutions to develop and use institutional standards to show success with respect to student achievement as evidenced by the agency’s standards and policies. This includes the agency allowing for evidence of academic quality through a variety of indicators, outcome measures identified by the program and/or institution, and in addition to a variety of agency based achievement measurements, any other methods of student achievement as identified by the program and/or institution, if any (Exhibit 001, p. 5, Exhibit 002, p. 5 and Exhibit 003, p. P-1). The agency included in its petition a review of institutional student achievement measurements as part of the comprehensive accreditation review (Exhibit 048, p. 262).

602.16(g)(3) The agency attested in its petition that it does not hold any separate standards/procedures as noted in 602.16(g)(3).

602.16(g)(4) The agency attested in its petition that this criterion is not applicable as the agency does not allow for dual or concurrent enrollment programs and career and technical education courses.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

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:

(a)(1) The 2004 master’s Standards, Standard III, Criterion C1 states, “The program’s curriculum builds upon prior nursing education and professional experiences, is congruent with the mission of the institution and is designed so that students benefit from the program.” Criterion C9 requires that, “The content of the curriculum is appropriate to the degree or certificate earned” (see Exhibit 002 – 2004 Standards, PDF pg. 13, Criteria C1 and C9). Similar requirements are included in the Practice Doctoral Standards. Standard A1 states, “The mission and/or philosophy of the conducting institution’s governing body promotes educational excellence and supports the nurse anesthesia program within a doctoral framework.” Standard E1 requires that, “The curriculum is designed to award a Doctor of Nursing Practice or Doctor of Nurse Anesthesia Practice to graduate students who successfully complete graduation requirements unless a waiver for this requirement has been approved by the Council.” Standard E6 reads, “All courses have clearly stated objectives/outcomes.” (see Exhibit 001 – Practice Doctorate Standards, PDF pgs. 11 and 21, Standards A1, E1 and E6).

(a)(2) Included in the 2004 Standards is Program of Study, Criterion C20, “The program demonstrates that it has achieved its stated outcomes” (see Exhibit 002 – 2004 Standards, PDF pg. 14; and Exhibit 048 – Established Master Program Review File, PDF pg. 246). A similar requirement in the Practice Doctorate Standards is Standard E5, “The curriculum is composed of sequential and integrated courses designed to facilitate achievement of the program’s terminal objectives” (see Exhibit 001 – Practice Doctorate Standards, PDF pg. 21; and Exhibit 047- Established Doctoral Program Review File, p. 357).

The 2004 Standards include a section on Program Effectiveness, which states that, “Program effectiveness is evidenced (1) in the quality of student, alumni, and faculty achievement that furthers the institution’s mission, philosophy and objectives, (2) by a commitment to continuous self-assessment, and (3) by how it enhances the educational process” (see Exhibit 002 – 2004 Standards: Standard IV, PDF pg. 18). Criteria D1a-g of this Standard require programs to utilize systematic evaluation processes to assess achievement in specific areas, including the quality of the didactic, clinical and research curriculum (see Exhibit 002 – 2004 Standards, PDF p. 18; Exhibit 048 – Established Master Program Review File, PDF pgs. 254-255).

Criterion D2 of the 2004 Standards requires programs to have a written plan for
continuous self-assessment that promotes program effectiveness, purposeful change and needed improvement (see Exhibit 002 – 2004 Standards, PDF pg. 18; and Exhibit 048 – Established Master Program Review File, PDF pg. 255). Criteria D3a-e require programs to utilize periodic evaluations from its communities of interest to determine program effectiveness (see Exhibit 002 – 2004 Standards, pg. 18; Exhibit 048 – Established Master Program Review File, PDF pgs. 255-256). The communities of interest include students, faculty, employers, alumni, and external agencies.

Further, Criteria D4a-d require programs to utilize evaluation data from all sources to monitor and improve program quality and effectiveness and student achievement (see Exhibit 002 – 2004 Standards, pg. 19; and Exhibit 048 – Established Master Program Review File, PDF pgs. 256-257). Data sources include faculty evaluation of the students to document student achievement in the classroom and clinical areas; student self-evaluation; and outcome measures including graduation rates, grade point averages, National Board of Certification and Recertification for Nurse Anesthetists’ (NBCRNA) Certification Examination pass rates and mean scores, employment rates, and employer satisfaction with graduates. In addition, programs must use their evaluation plans to continuously assess compliance with accreditation requirements and to initiate corrective action should areas of noncompliance occur or recur.

Similar requirements are incorporated in the Practice Doctorate Standards. Section H, Evaluation Standards, requires evaluation by the communities of interest: students, faculty, alumni, and employers (see Exhibit 001 – Practice Doctorate Standards: Standards H1.2-H1.5, PDF pgs. 25-26 and Exhibit 047 – Established Doctoral Program Review File, PDF pg. 361). Standard H2 states that programs must utilize evaluation data, including that from the systematic plan, for continuous self-assessment to monitor and improve program quality and effectiveness, student achievement, and advising/mentorship. Programs also must monitor compliance with accreditation requirements and initiate corrective action should areas of noncompliance occur (see Exhibit 001 – Practice Doctorate Standards: H2.1-2.4, PDF pg. 26; and Exhibit 047 – Established Doctoral Program Review File, PDF pg. 363). Additionally, the Practice Doctorate Standards section H requires programs to have a written systematic plan for continuous self-assessment that incorporates evaluation of multiple areas, including the program’s curriculum, by students, faculty and alumni (see Exhibit 001 – Practice Doctorate Standards: Standard H1.2.8.3, H1.3.2, and H1.4.1, PDF pgs. 25-26; and Exhibit 047 – Established Doctoral Program Review File, PDF pg. 362).

(a)(3) The 2004 Standards include Criterion C10, which states, “The curriculum meets commonly accepted national standards for similar degrees” (see Exhibit 002 – 2004 Standards, PDF pg. 13; and Exhibit 048 – Established Master Program Review File, PDF pg. 244). The Practice Doctorate Standards include the same requirement in Standard E3 (see Exhibit 001 – Practice Doctorate Standards, pg. 21; and Exhibit 047 – Established Doctoral Program Review File, PDF pg. 357).
During an onsite visit the onsite reviewers complete a written summary report of their assessment of program compliance with the Standards, which is provided to the program following the visit. The program must submit a response to the summary report and identify actions taken to come into compliance with any citations received. Supporting documentation is required. This information is utilized by the Council in rendering accreditation decisions (see Exhibit 060 – Summary Report Cover Letter).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

As noted in prior sections, the agency maintains separate sets of standards for master’s level (2004 Standards) and doctoral level degrees (Practice Doctorate Standards). The agency accredits both programs and free-standing institutions. The agency applies its standards to all accredited entities. Freestanding institutions are evaluated as a whole to ensure compliance with this criterion. The agency holds effective mechanisms for evaluating an institution’s/program’s compliance with the agency’s standards before reaching a decision to accredit an applicant institution/program. For accreditation and renewal of accreditation, the agency requires a self-study, site visit, response to the site visit, and Council decision. The
agency uses additional mechanisms to evaluate compliance with standards on mission and educational objectives including annual reporting requirements, third-party comments, complaints, and other evaluation and reporting requirements.

In the Practice Doctorate Standards, the agency holds standards that the mission of the conducting institution promotes educational excellence and supports the nurse anesthesia program within a doctoral framework while the 2004 Standards similarly require that the mission of the conducting institution promotes educational excellence and supports the nurse anesthesia program within a graduate framework (Exhibit 001, p. 11 and Exhibit 002, p. 1). The Practice Doctorate Standards require that all courses have clearly stated objectives and that the curriculum as a whole is composed of sequential and integrated courses designed to facilitate achievement of the program’s objectives (Exhibit 001, p. 21). Similarly, the 2004 Standards require that the program demonstrates that it has achieved its stated outcomes (Exhibit 002, p. 5). Both sets of standards offer specific sets of student objectives, competencies, bodies of knowledge, and outcomes as set by the agency, in addition to any appropriate institutional objectives that may contribute to the overall assessment of compliance (Exhibit 001, pp. 17-23 and Exhibit 002, pp. 4-8).

Both sets of standards require that the institution/program routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. The program’s analysis must include a written plan for continuous self-assessment, periodic evaluation from communities of interest, and data analyses regarding student and faculty evaluations, graduation rates, grade point averages, pass rates on national examinations, employment rates, and employer satisfaction surveys (Exhibit 001, pp. 25-26 and Exhibit 002, pp. 9-10).

Both sets of standards also require that institutions/programs conform to commonly accepted national standards for similar degrees (Exhibit 001, p. 21 and Exhibit 002, p. 4). One aspect of the broad acceptance is the agency’s requirements for students to be prepared to pass the National Certification Examination administered by the NBCRNA (Exhibit 001, p. 18, Exhibit 002, p. 7).

The agency’s evaluation process requires an institution/program to submit the program’s mission, educational objectives and measurements, and requirements in its self-study, which is used by onsite reviewers to assess compliance with the agency’s related standards prior to the Council making a decision on compliance. In its petition, the agency provided multiple examples of comprehensive accreditation reviews that consistently demonstrate self-study analysis, onsite review, and Council assessment of the agency’s standards related to this criterion (Exhibits 046-048 and 057). Each of the agency’s provided examples of complete self-studies, site visit reports, and decision letters, confirm that the agency requests and reviews information in each application related to the criterion.
During the virtual onsite visit in November 2021, Department staff observed site visitors verifying submitted data and evaluating the program regarding its stated objectives. In addition to the documentation submitted in the petition, Department staff during the virtual file review in March 2022 reviewed three comprehensive accreditation reviews and additional relevant materials, including the agency’s decision charts for recent meetings that demonstrate the agency’s compliance with this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

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 Council requires established programs seeking continued accreditation and applicant programs wishing to start nurse anesthesia programs to conduct an in-depth self-study of all facets of their operations prior to seeking continued accreditation or seeking accreditation for the first time. The two major activities of this self- and peer-review process are the completion of a self-study document by the program and hosting an onsite review. The Council expects this self-study to be an honest attempt by the faculty and program to assess its present status and determine future goals and the methods of achieving them (ref. Exhibit 003 – Accreditation Policies and Procedures: “Self-Study” [S-6], PDF pg. 175). The policy also expects that the entire faculty, administrative officers, students, persons within the program’s communities of interest and others as appropriate contribute to the analysis of the program. It also requires programs to describe their strengths, weaknesses, areas needing improvement and strategies they have in place for continuous program improvement. A copy of the completed self-study is sent to each member of the onsite review team eight weeks
prior to the onsite visit to determine the completeness of the document and the readiness of the program to host the site visit (ref. Exhibit 067 – Letter Regarding Requirements for Initial Accreditation and Exhibit 068 – Letter Regarding Requirements for Continued Accreditation). Reviewers notify Council staff if a program’s self-study is found to be incomplete, indicating that the program is not ready to host the onsite visit. Onsite visits may be postponed and rescheduled if established programs are not adequately prepared in advance of the arrival of the review team. Additionally, onsite reviews may be aborted during the visit if the review team finds programs are not adequately prepared (ref. Exhibit 004 – Accreditation Reviewers' Manual: “Aborting an Onsite Review” [A1], PDF pg. 5).

To assist and guide programs in completing the self-study process, the Council has prepared a comprehensive self-study handbook that provides guidance to a program on how to complete a self-study (ref. Exhibit 059 - Self Study Handbook). This includes an overview of the accreditation process, procedures prior to the visit, tips on writing and submitting the self-study, conduct of the onsite visit and post-visit procedures. Following written notification, a virtual meeting is scheduled with the program to review the contents of the handbook and answer any questions. The Council also offers a self-study workshop every two years. Administrators from both established programs and applicant programs are welcome to attend (ref. Exhibit 050 - Self-Study Workshop Agenda).

Self-study for applicant programs:
The chart on page C-3 (PDF pg. 37) of the Accreditation Policies and Procedures outlines the steps that an applicant program must follow (ref. Exhibit 003 – Accreditation Policies and Procedures: “Applicant Program Capability Study and Accreditation Review” [C-3], PDF pg. 37). The process is initiated with a formal letter from the chief executive officer of the conducting institution(s) to the Council indicating the institution(s)’ intent to start a nurse anesthesia program. The completed self-study must demonstrate that the proposed program is in substantial compliance with the Council’s Standards for Accreditation and its Accreditation Policies and Procedures and must include an assessment of the potential educational quality that will ensure student achievement. Once the Council verifies that the self-study is complete, an onsite review is scheduled (ref. Exhibit 003 – Accreditation Policies and Procedures: “Capability Review for Accreditation” [C-1], PDF pgs. 35-36). Programs successfully completing the application process are allowed to admit students after receiving accreditation.

Self-study after graduation of the first class of students:
A new program must complete a self-study and host an onsite review five years after the admission of its first class of students. This provides the program time to evaluate its degree of success in attaining its educational outcomes and its ability to comply with the Council’s Standards (ref. Exhibit 003 – Accreditation Policies and Procedures: “Accreditation after Graduation of First Class of Students” [A-1], PDF
The steps that the program must follow during this accreditation review are outlined in a chart on page A-2 (PDF pg. 8) of the Accreditation Policies and Procedures (ref. Exhibit 003 – Accreditation Policies and Procedures: “Accreditation Process for New Programs” [A-2], PDF pg. 8).

Self-study for established programs:
Established nurse anesthesia programs must undergo periodic review by the Council to be considered for continued accreditation. The Council’s policy on decisions for accreditation describes the circumstances under which a date for the next onsite review is assigned (ref. Exhibit 003 – Accreditation Policies and Procedures: “Decisions for Accreditation of Nurse Anesthesia Educational Programs” [D-5], PDF pg. 68). The actual review cycle is tied to the date that the Council sets at the time it confers continued accreditation status to a program. The next review can occur as soon as two years following the date of continued accreditation or as long as ten years following that date. This policy also contains the guidelines and criteria that the Council uses to determine the date of the next review.

The Council’s policy and procedure on accreditation of established programs lists eight steps that programs must follow including the completion and submission of a self-study and hosting an onsite review that assesses its degree of compliance with the Council’s accreditation criteria. The policy also lists the seven steps that the Council takes prior to conferring continued accreditation status to an established program (ref. Exhibit 003 – Accreditation Policies and Procedures: “Accreditation Review for Established Programs” [A-3], PDF pgs. 9-10). The chart on page A-5 (PDF pg. 11) in the Accreditation Policies and Procedures graphically plots the accreditation procedures that established programs must follow when applying to the Council for continued accreditation (ref. Exhibit 003 – Accreditation Policies and Procedures: “Accreditation Process for Established Programs” [A-5], PDF pg. 11).

Clarifying and verifying the self-study on site:
The Council has developed a comprehensive Accreditation Reviewers’ Manual to guide reviewers while they are conducting an onsite review. This manual is divided into eleven sections and includes topics such as how to abort a visit, the proper decorum of behavior, how to conduct conferences with program representatives, how to conduct a clinical evaluation, how to evaluate distance education, the difference between fact-finding and consultation, and how to write a summary report (ref. Exhibit 004 – Accreditation Reviewers’ Manual: Table of Contents, PDF pgs. 2-3). Onsite reviewers are also provided a comprehensive Summary Report document to complete at the end of the onsite review. This document requires onsite reviewers to assess the program’s degree of compliance with each of the Council’s Standards and Criteria for accreditation. The Summary Report also requires the onsite review team to summarize its findings into four categories: strengths of the program, areas of possible critical weakness, areas needing improvement, and summary of student achievement. The Summary Report allows the onsite review team to recommend
changes to improve the program as well. The program is informed in this report that the suggestions for improvement do not require a written response although they are sometimes found helpful in promoting academic quality (ref. Exhibit 060 - Summary Report Cover Letter). Following the onsite review, the onsite reviewers conduct an exit conference with the program’s administrative personnel and faculty to present an oral report and identify strengths, critical weaknesses, any areas that need to be improved and suggestions for improvement. The reviewers forward to the Council the written Summary Report of their onsite findings.

Following onsite assessment of self-study:
The Summary Report is finalized by the Council and forwarded to the program within approximately six weeks. The program has four to six weeks to respond to the report and provide additional documentation to resolve any deficiencies identified in the Summary Report. Once this Response to the Summary Report is received in the Council’s office, a staff analyst reviews the program’s documents and prepares a report for the full Council. Following deliberation by the Council, an accreditation decision is rendered. Three major decisions can result: (1) Deferral of a decision until the next Council meeting (this decision is made when the Council feels it needs additional information); (2) Award accreditation (with or without a progress report); (3) Rendering of an adverse accreditation decision (probation, denial, or revocation of accreditation) (ref. Exhibit 003 – Accreditation Policies and Procedures: “Decisions for Accreditation” [D-3], PDF pgs. 68-69).

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The agency defines the self-study as “a written document that represents an honest attempt by the faculty and program to assess its present status and to determine future goals and methods of achieving them” (Exhibit 003, p. GG-9). The self-study for institutions/programs seeking initial accreditation or the renewal of accreditation must assess the institution's/program’s compliance with agency standards which include standards regarding educational quality and success in meeting its mission related objectives (Exhibit 001, p. 11, Exhibit 002, p. 1, Exhibit 003, pp. A-1, A-2, A-5, C-1-3). The agency accredits both programs and free-standing institutions. The agency applies its standards to all accredited entities. For applicant institutions/programs, the agency requires a comprehensive accreditation review that includes a self-study that assesses compliance with agency standards (Exhibit 003, pp. C-1-4). The agency then requires an additional comprehensive accreditation review with self-study five years after the admission of its first class of students (Exhibit A-1). Periodic comprehensive accreditation reviews follow with the maximum period of accreditation granted by the agency being a period of ten years (Exhibit 003, pp. A-3-5 and D-3-7). The agency offers detailed instructions through its Self-Study Handbook together with a template form for submission of the self-study (Exhibits 059 and 071). The agency also holds regular training for institutions/programs undergoing the accreditation process by offering a Self Study Workshop (Exhibit 050). In addition to the agency’s published materials, the agency also confirms, through written correspondence directly with institutions/programs undergoing accreditation review, requirements related to the submission of the self-study (Exhibits 060, 067, and 068).

The self-study is received by COA accreditation staff, verified for completion and accuracy related to submission requirements, and reviewed by site visitors prior to the on-site evaluation to ensure that the materials prove sufficient to enable decisions related to the comprehensive review of the institution/program (Exhibit 003). The
documentation offered by the agency demonstrates that each self-study must detail compliance with all applicable standards which constitutes the process in which the institution/program assesses its own education quality and success in meeting its mission and objectives, highlights opportunities for improvement, and includes a plan for making those improvements (Exhibits 46-48).

In addition to the documentation submitted in the petition, Department staff during the virtual file review in March 2022 reviewed three comprehensive accreditation reviews and additional relevant materials that demonstrate the agency’s compliance with this criterion.

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

No files uploaded

### Analyst Worksheet - Response

**Analyst Review Status:**

Not Reviewed

### 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 Council normally conducts an onsite review to each program only after it has received the self-study, determined that it is complete, and the institution is ready to host a visit. Section one of the Council’s policies and procedures relating to accreditation reviews for applicant, new, and established programs require that the accreditation review include an onsite review scheduled by the Council (ref. Exhibit 003 – Accreditation Policies and Procedures: “Accreditation Process for New Programs” [A-2], PDF pg. 8; “Accreditation Process for Established Programs” [A-5], PDF pg. 11; “Applicant Program Capability Study and Accreditation Review” [C-3], PDF pg. 37). The Council’s policy and procedures for conducting an onsite review state that the Council will assign onsite reviewers to conduct periodic onsite reviews of accredited programs for the purpose of amplifying, clarifying, and verifying the self-study. The policy is divided into two sections. The first section identifies six
steps that programs must follow to insure a successful onsite review. The second section identifies actions that the Council follows regarding onsite reviewers, onsite reviews, and actions by onsite reviewers to insure a successful review. The Chief Executive Officer of the Council or designee has the responsibility of assigning onsite reviewers, utilizing guidelines approved by the Council. Consultation with the Council Chair or appropriate Council committee may occur before assignments. The review team is composed of two or more members depending on the number of affiliating institutions to be reviewed and the distance between the conducting institution and its various affiliates. Reviewer assignments are made on the basis of educational qualifications, professional experience, knowledge of the accrediting process, sensitivity to the individual program design and type of institution, and the ability to perform an impartial, objective evaluation. If possible, both an educator administrator and an educator practitioner are assigned to an onsite review team (ref. Exhibit 003 – Accreditation Policies and Procedures: Glossary entries for “Educator administrator” and “Educator practitioner” [GG-3], PDF pg. 247). The length of the onsite review is determined by the size of the program and the number and location of affiliates (ref. Exhibit 003 – Accreditation Policies and Procedures: “Onsite Review” [O-2], PDF pgs. 119-120).

Council onsite reviewers are required to attend the Onsite Reviewers Workshop. The Onsite Reviewers Workshop is intended for newly elected onsite reviewers and current onsite reviewers. The appointment of a new onsite reviewer is not official until after the individual has successfully completed training on the accreditation standards, policies, and procedures including the conduct of onsite evaluations (ref. Exhibit 003 – Accreditation Policies and Procedures: “Onsite Reviewers - Application and Appointment” [O-8], PDF pg.125 and Exhibit 028 – Onsite Reviewers Workshop Agenda). Current onsite reviewers are required to attend refresher training every four years. Council onsite reviewers are provided with written guidance for conducting onsite visits through the Accreditation Reviewers' Manual (ref. Exhibit 004 – Accreditation Reviewers' Manual: Table of Contents, PDF pgs. 2-3).

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Staff Determination:

The agency must provide additional information regarding all factors considered by the Chief Executive Office to determine the length of site visits in order to ensure that sufficient information regarding the institution's/program's compliance with the agency’s standards is obtained.

Analyst Remarks to Narrative:

The agency requires at least one on-site review of the institution/program during the comprehensive accreditation review process during which it obtains sufficient information to determine compliance with the agency’s standards. The agency holds policies that require an on-site review for applicant institutions/programs, institutions/programs five years after the matriculation of the first students, and institutions/programs undergoing period accreditation review. As noted in the prior section, the maximum period of time between accreditation reviews is ten years (Exhibit 003, pp. A-1-5, C-1-3). The agency gathers sufficient information through the on-site review by assigning at least two reviewers, with the possibility of additional reviewers based on the distance between educational sites and locations. During the virtual file review in March 2022, Department staff observed that visits appear to typically last at least two days. The agency’s policies note that Council Action includes the ability to “Through the Chief Executive Office of the Council, determine the length of the onsite review by the size of the program and the number and location of affiliates” (Exhibit 003, p. O-4). While the agency’s practices allow for the gathering of sufficient information, additional information is needed regarding all factors considered by the Chief Executive Office to determine the length of site visits.

The agency also holds policies on specific areas that the on-site reviewers must review in addition to the verification and clarification of the self-study (Exhibit 003, pp. O-2-5). Additional policies, procedures, and protocols are found in the agency’s Accreditation Reviewers’ Manual (Exhibit 004). In its petition, the agency provided...
on-site review reports as part of the submitted comprehensive accreditation reviews (Exhibits 046-048).

Department staff observed a virtual review in November 2021. The agency confirmed that follow up on-site reviews were being scheduled. In addition to the documentation submitted in the petition, Department staff during the virtual file review in March 2022 reviewed three comprehensive accreditation reviews and additional relevant materials that demonstrate the agency’s compliance with this criterion.

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

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Response:

In response to feedback offered as part of the Staff Report, the COA has revised its “Onsite Review” policy to clearly reflect the minimum length of onsite accreditation reviews. The policy has long stated that the length of an onsite review is determined by the size of the program and the number and location of affiliates. Specific factors considered by the Chief Executive Officer to determine the length of site visits include the number and geographic locations of the program’s clinical affiliates, issues that may be identified in the student and faculty evaluations determined needing to be further assessed, as well as determining the time needed to review program documents onsite versus those contained in the self study. The policy has been revised to reflect that onsite reviews are a minimum of two days in length (ref. Exhibit 38 – Revised Policy and Procedures Mark-Ups – November 2022, PDF pg. 8).

The above-described revisions were proposed by the COA’s Standards and Policies Committee in November 2022. The COA reviewed the proposed revisions and approved them for release as part of a Call for Comments conducted between December 5, 2022 and January 6, 2023 (ref. Exhibit 40 – COA Meeting Minutes Excerpt – November 2022, PDF pg. 4 and Exhibit 41 – Call for Comments Documentation). Following closure of the Call for Comments, the members of the Standards and Policies Committee reviewed the results from the community of interest and presented the revised policies to the Full Council during the COA’s January 26-28, 2023 meeting. During this meeting, the COA granted final approval to the policy revisions (see Exhibit 42 – COA Meeting Minutes Excerpt – January 2023). The revisions were announced to program administrators in the February 2023 edition of the *Program Directors’ Update* (see Exhibit 43 – February 2023 Program Directors Update). A copy of the current *Accreditation Policies and Procedures* Manual has also been provided to demonstrate final approval of the above-described revision (ref. Exhibit 1, PDF pg. 121).
Analyst Worksheet - Response

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Response

In response to the Draft Analysis, the agency amended the COANAEP Accreditation Policies and Procedures document related to Onsite Review to align with the requirements of this criterion. Specifically, the agency included clarification that onsite reviews must be two days in length at a minimum. The Chief Executive Officer continues to hold flexibilities with regard to determining the length of the onsite review due to program size and scope (Exhibit 55, O-3 1.f). Program administrators were notified of the change in February 2023 (Exhibit 43).

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.17(d)

Description of Criteria

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

Narrative:

The Council’s policies on accreditation provide programs the opportunity to respond to the written Summary Report of the onsite review (ref. Exhibit 003 – Accreditation Policies and Procedures: “Summary Report of the Onsite Review” [S-14], PDF pg. 183). The Summary Report is available to the program within six weeks of the visit and provides the program’s faculty the opportunity to further clarify the findings of the onsite reviewers. Correspondence to a program inviting a response to the Summary Report of an onsite review is enclosed as evidence of Council’s compliance with this regulation (ref. Exhibit 060 - Summary Report Cover Letter). Programs are expected to offer documentation that they have corrected all areas of critical weakness that may place their accreditation in jeopardy and resolved those areas identified by the onsite reviewers as needing improvement (ref. Exhibit 046 – Capability Program Review File, Response to Summary Report, PDF pg. 168-183; Exhibit 047 – Established Doctoral Program Review File, Response to Summary Report, PDF pg. 367; Exhibit 048 – Established Master Program Review File, Response to Summary
Report, PDF pg. 265).

### Analyst Worksheet- Narrative

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

**Analyst Remarks to Narrative:**

The agency provides the report of the on-site review to the institution/program within six weeks of the visit and grants the institution/program an opportunity to respond to the site team report, as stated in the agency's Accreditation Policies and Procedures (Exhibit 003, pp. S-14-15). The timeline for response is dependent on the issues in the letter as well as the date at which the entirety of the comprehensive review dossier will be reviewed by the Council. The agency provided a sample cover letter in its petition that clarifies deadlines for the institution's/program’s reply to the on-site report (Exhibit 060).

In its petition, the comprehensive accreditation reviews that the agency provided all included responses to the on-site review report (Exhibits 046-048). In addition to the documentation submitted in the petition, Department staff during the virtual file review in March 2022 reviewed three comprehensive accreditation reviews and additional relevant materials, including responses to on-site review reports, that demonstrate the agency’s compliance with this criterion.

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Criteria: 602.17(e)

Description of Criteria

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

Narrative:

Following the completion of an accreditation review, nurse anesthesia programs are provided with a Summary Report containing the reviewers’ assessments of programs’ compliance with the COA’s Standards. When distributing this Summary Report to programs, the COA’s standard communication notes that the accreditation status of the program will be based on: the Self Study; the Summary Report; the program’s response to the Summary Report (including any additional information); and any other appropriate information from other sources available to the COA (ref. Exhibit 060 – Summary Report Cover Letter).

In support of the COA’s accreditation decision-making process, COA staff complete a staff analysis of programs’ responses to their Summary Reports (see Exhibit 003 – Accreditation Policies and Procedures: “Staff Analysis” [S-9], PDF p. 178). This review assures that all areas of concern have been addressed by the program, and the analysis serves as one of several documents considered by the COA in making an accreditation decision. In addition to the “Staff Analysis” policy, the COA maintains internal guidelines for writing staff analyses (ref. Exhibit 061 – Internal Procedure on Staff Analysis). An example of a staff analysis of a response to summary report for continued accreditation has been appended as Exhibit 062.

Following completion of a staff analysis, the Council is provided with the staff analyst’s report and supporting documentation at least two weekends prior to the Council meeting (ref. Exhibit 063 – Distribution of Program Materials). Primary and
secondary readers are assigned to review the program responses, staff analyses, and supporting documentation for each program submission. For accreditation decisions, access to the program’s Self Studies and Summary Reports is provided to COA directors within the Council’s accreditation software platform (ref. Exhibit 063 – Distribution of Program Materials).

A conference call is held with the readers prior to the Council meeting, during which the readers discuss their findings and make a recommendation to the Full Council. The Council then meets to review all of the documentation, including the staff analysis, related to each program. COA meeting agendas for the past two years reflect time committed to workgroup reports and program decisions (see Exhibit 012 – COA Meeting Agendas, PDF pgs. 5, 6, 8, 16, 27, 37, 47, 58, and 68). The Council makes an accreditation decision taking into consideration the readers’ recommendation. In addition to the program’s submission documents and the staff analysis on them, Council Directors are also provided with a Program Dashboard document that includes relevant historical/background information, demographic data, and outcome measures (ref. Exhibit 064 – Program Dashboard). Outcome data (such as National Certification Examination pass rates and attrition) are considered as part of the complete program record when making accreditation decisions.

Accreditation decisions are made during Executive Session of a Council meeting and are based on the program’s ability to comply with the Council’s Standards and its policies and procedures. The following accreditation decisions can be made by the Council: award accreditation (initial or continued) with or without a progress report, deferral of a decision, probation (for established programs), or an adverse accreditation decision (i.e., denial or revocation of accreditation) (see Exhibit 003 – Accreditation Policies and Procedures: “Decisions for Accreditation of Nurse Anesthesia Educational Programs” [D-3], PDF pg. 66). To ensure consistency in its accreditation decisions, the Council relies on a decision rubric written into its “Decisions for Accreditation of Nurse Anesthesia Educational Programs” policy (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 68). Once decisions are final, they are appended to the Council’s minutes of that particular meeting and stored in the Council’s offices (see Exhibit 065 – June 2020 Decision Chart).

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The agency assigns to a primary and secondary reviewer from the Council, selected to ensure appropriate expertise and lack of conflict of interest, copies of the self-study, site visit report, response to the site visit report, any additional materials provided by the program, and any other information substantiated by the agency from other sources to determine whether the program complies with agency standards as evidenced by the agency’s distribution of program materials worksheet (Exhibits 063). All members of the Council have access to all documentation related to accreditation reviews.

The program’s response to the on-site review report together with any substantiated information is analyzed by COA staff to ensure consistency in the application of standards and provide COA directors with historical perspectives on issues raised. The agency included in its petition its procedure on staff analysis as well as a sample staff analysis in addition to those included in the comprehensive accreditation reviews submitted. This staff analysis is followed by Council analysis prior to Council action.
and the sending of decision letters that reflect the Council review of the entire dossier (Exhibits 046-048, 061, and 062).

Department staff, during observation of the Council activities in May 2022, noted Council members reviewing and accessing full accreditation materials. Additionally, during the virtual file review in March 2022, Department staff reviewed additional self-studies, on-site review reports, responses to on-site review reports, COA staff analyses, and COA decisions demonstrating agency review of compliance standards related to meeting the requirements of this section.

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

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### Analyst Worksheet - Response

**Analyst Review Status:**

Not Reviewed

### Criteria: 602.17(f)

**Description of Criteria**

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

**Narrative:**

A report is given at the conclusion of every onsite review which assesses the program’s compliance with the accreditation Standards. The onsite review team's findings are presented orally by the chair reviewer to program representatives and interested parties. A written Summary Report of the onsite review is sent to the program following the review. It contains the assessment of strengths, possible critical weaknesses, and areas needing improvement (see Exhibit 003 – Accreditation Policies and Procedures: “Summary Report of the Onsite Review” [S-14], PDF pg. 183; Exhibit 048 – Established Master Program Review File, PDF pg. 262; and Exhibit 047 – Established Doctoral Program Review File, PDF pg. 365).

The program is required to provide a response. If a program is found to be in partial or non-compliance with any criteria of the Standards, the program’s response to the
summary report must identify measures taken to come into compliance with those criteria and append supporting documentation (see Exhibit 060 — Summary Report Cover Letter, PDF pg. 1).

Criteria C21a-e in the 2004 Standards require programs to demonstrate that graduates have acquired knowledge, skills and competencies in patient safety, perianesthetic management, critical thinking, communication, and professional responsibility (see Exhibit 002 – 2004 Standards, PDF pgs. 15-16; and Exhibit 048 – Established Master Program Review File, PDF pgs. 247-253). In the Practice Doctorate Standards, Graduate Standards D1-51 require programs to evidence that graduates demonstrate the ability to meet multiple outcomes in the areas of patient safety, perianesthesia, critical thinking, communication, leadership, and the professional role (see Exhibit 001 – Practice Doctorate Standards, PDF pgs. 17-20; and Exhibit 047 – Established Doctoral Program Review File, PDF pgs. 352-356).

Included in the outcomes discussed in the preceding paragraph is a requirement that graduates have the ability to pass the Certification Examination which is required for employment as a nurse anesthetist and for licensure in states that require advanced practice nursing licensure (see Exhibit 002 – 2004 Standards: Standard III, Criterion C21c8, PDF pg. 16; Exhibit 048 – Established Master Program Review File, PDF pg. 251; Exhibit 001 – Practice Doctorate Standards: Standard D24, PDF pg. 18; and Exhibit 047 – Established Doctoral Program Review File, PDF pg. 353). A policy and procedure, “Certification Examination” (C-4) details the COA’s process for monitoring how well programs prepare their graduates to pass the exam (see Exhibit 003 – Accreditation Policies and Procedures, PDF pgs. 38-41).

The overview portion of the Summary Report includes a summary of student achievement. Reviewers are required to address program attrition, Certification Examination performance, and employment. Additional measures of student achievement identified by the program also may be described (see Exhibit 048 – Established Master Program Review File, Overview Item B, Summary of Student Achievement, PDF pg. 262; and Exhibit 047 – Established Doctoral Program Review File, Overview Item B, Summary of Student Achievement, PDF pg. 365).

As previously discussed above in sections 602.17(a)(1) and (a)(2), programs must demonstrate that they have met their stated outcomes, which may include institutionally-set standards with respect to student achievement. These are assessed in the summary report in the same manner as all other standards (see Exhibit 048 – Established Master Program Review File, Standard III, Criterion C20, PDF pg. 246; and Exhibit 047 – Established Doctoral Program Review File, Standard E5, PDF pg. 357).
### Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency uses both the on-site visit review report and the agency decision letter to communicate the assessment of an institution's/program's compliance with the agency's standards, to include performance with respect to student achievement. The on-site visit review report and the agency decision letter provide a detailed assessment of compliance with the agency’s standards. The agency’s policies require that the institution/program is notified in writing within 30 days of the decision, with written specification of any identified deficiencies (Exhibit 003, D-6). In its petition, the agency provided multiple examples that document the use of the site team report to communicate areas of compliance and non-compliance, as well as the program’s performance with respect to student achievement (Exhibits 046-048).

The agency has provided numerous examples of documentation demonstrating its evaluation of a program's/institution's compliance with COA's standards, policies, and procedures regarding compliance, for a variety of possible agency decisions (Exhibits 046-048, 053, 054, 056, 079, 124, and 125) These letters are resultant from

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the review of periodic comprehensive reviews as well as annual reports, other monitoring mechanisms, and ongoing evaluations.

Department staff, during observation of the Council activities in May 2022, noted Council members drafting language for written notifications. Additionally, during the virtual file review in March 2022, Department staff reviewed on-site review reports and COA decision letters demonstrating the agency’s compliance with this criterion.

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**Criteria: 602.17(g)**

**Description of Criteria**

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

**Narrative:**

The policy and procedure “Distance Education” [D-14] defines how a student is identified: "Verification that the student who participates in class or course work is the same student who registers, completes the course and receives credit for the course” (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 77). A program is expected to have security mechanisms such as identification numbers or other pass code information in place and to use them each time a student participates online. Other methods may include, but are not limited to, proctored exams or new or other technologies and practices that are effective in verifying student learning.

Programs must submit a completed “Outline for Requesting Approval of Distance Education Courses and/or Programs” (AA-9) before implementation (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 209). Item #5d of the outline requires a description of the method that is used to verify the identity of a student who participates in class or coursework, including processes used to protect students' privacy. A program’s completed outline addressing this requirement is attached (ref.
In addition, programs must identify on their Annual Report how they verify that the student who registers in a distance education course is the same student who participates in, completes the course, and receives the academic credit (ref. Exhibit 051 - 2020 Annual Report, PDF pg. 16).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency holds requirements in its Accreditation Policies and Procedures that require institutions/programs to provide procedures including “Verification that the student who participates in class or course work is the same student who registers, completes the course and receives credit for the course. A program is expected to have security mechanisms such as identification numbers or other pass code information in place and to use them each time a student participates online. Other methods may include, but are not limited to, proctored exams or new or other technologies and practices that are effective in verifying student identity” (Exhibit 003, p. AA-9).

Prior to initiating distance education offerings, the institution/program must complete the agency’s “Outline for Requesting Approval of Distance Education Courses and/or Programs” which requires institutions/programs to provide comprehensive information regarding the proposed coursework in addition to information regarding privacy and verification methods (Exhibit 003, p. AA-9). The agency included in its
petition a completed distance education analysis as evidence of the implementation of its policies (Exhibit 066). The agency also collects information regarding distance education in each periodic comprehensive accreditation review (Exhibit 046-048 and 071). Additionally, the agency monitors distance education processes through information collected through the agency’s annual monitoring process (Exhibit 051).

During the virtual on-site visit in November 2021, Department staff observed evaluators investigating and discussing distance education practices, including verification methods. Additionally, in the virtual file review in March 2022, Department staff reviewed a number of comprehensive accreditation reviews and annual reports that verified the collection and analysis of information related to this criterion.

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

The policy and procedure “Distance Education” [D-14] requires programs to make clear in writing that their processes protect student privacy and that programs are required to notify students at the time of registration or enrollment of any projected additional costs associated with the verification of student identity procedures. (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 77).

Programs must submit a completed “Outline for Requesting Approval of Distance Education Courses and/or Programs” before implementation (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 209). Item #5e of the outline requires a description of how students are notified of any additional expenses at the time of
registration or enrollment. An excerpt from a program’s completed outline addressing this requirement is attached (ref. Exhibit 066 – Distance Education Analysis, Item #5e, PDF pg. 13).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency holds requirements in its Accreditation Policies and Procedures that require institutions/programs to verify that “The program has in place effective procedures that: 1) ensure that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit; 2) make clear in writing that these processes protect student privacy; and 3) notify students at the time of registration or enrollment of any projected additional costs associated with the verification procedures” (Exhibit 003 p. D-14).

Prior to initiating distance education offerings, the institution/program must complete the agency’s “Outline for Requesting Approval of Distance Education Courses and/or Programs which requires programs to provide comprehensive information regarding the proposed coursework in addition to privacy and verification methods (Exhibit 003, p. AA-9). The agency included in its petition a completed distance education analysis as evidence of the implementation of its policies (Exhibit 066). The agency also collects information regarding distance education in each periodic comprehensive accreditation review (Exhibit 046-048 and 071).

During the virtual on-site visit in November 2021, Department staff observed evaluators investigating and discussing distance education practices, including regarding additional costs and related timeliness.
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:

Submitted as Addendum 602.18(a) and (b)(1) due to character limit.

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Exhibit 069 - Screenshot of Posted Manuals | Exhibit 069 - Screenshot of Posted Manuals.pdf | - | -
Exhibit 126 Addendum 602.18(a) and (b)(1) | Addendum 602.18(a) and (b)(1).pdf | - | -
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**Analyst Worksheet - Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide additional information and documentation that shows that it consistently applies and enforces standards to ensure that the education or training offered by an institution/program is of sufficient quality to achieve its stated objective for the duration of any accreditation period, in particular the agency’s two-year accreditation period.

**Analyst Remarks to Narrative:**

The agency's standards, policies, and procedures are written and are available to the public and institutions/programs holding and seeking accreditation on the agency’s website, as confirmed by Department staff and submitted by the agency (Exhibit 069). The standards appear sufficiently clear and specific to describe the agency's expectations, respect the stated mission of the program and its sponsoring institution, and ensure that the education offered is of sufficient quality to achieve a program's stated objectives. Documentation provided by the agency demonstrates that its decisions and reviews, scheduled at periodic intervals, are consistent with its policies with regard to the enforcement of standards. However, it is not clear that the agency’s policies enable the agency to make appropriate determinations of quality for the
duration of any accreditation period, in particular the agency’s two-year continued accreditation period.

The COA has the ability to make decisions regarding continued accreditation, continued accreditation with progress report, show cause, probation, and revocation of accreditation. The agency’s two-year continued accreditation includes the possibility that “1) Substantial deficits exist and remain unresolved and/or 2) a question of program stability has been raised and/or 3) multiple areas of noncompliance or Standards of critical concern remain unresolved” (Exhibit 003, p. D-5). It would appear that the agency holds policies that would enable a new grant of accreditation at the same time that the COA finds areas of non-compliance with standards. Given the possible continued accreditation with non-compliance issues, it is not clear when the agency elects to issue a show cause letter or notice of probation. The agency must provide additional information and documentation that it consistently applies and enforces standards to ensure that the education or training offered by an institution/program is of sufficient quality to achieve its stated objective for the duration of any accreditation period, in particular the agency’s two-year accreditation period. The agency is also asked to provide information regarding the status of institutions/programs that are granted two-year continued accreditation.

During the virtual file review in March 2022, Department staff was able to review a number of decisions taken by the agency that demonstrate compliance with these criteria. However, Department staff was unable to locate any decisions related to two-year continued accreditation.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The COA’s “Decisions for Accreditation of Nurse Anesthesia Educational Programs” identifies guidelines for awarding continued accreditation to nurse anesthesia programs, and uses a decision rubric to grant anywhere from two to ten years of continued accreditation. An award of continued accreditation for a period of ten years, for example, reflects full compliance with the COA Standards. For any other length of continued accreditation, it is COA procedure to require a progress report on any areas of non- or partial compliance with the Standards. This requirement allows programs to provide additional information and documentation to demonstrate progress in improving compliance with the Standards. The COA also requires progress reports in conjunction with continued accreditation decisions to ensure that programs are of sufficient quality to achieve their stated objectives for the duration of the accreditation period.
Although the requirement for progress report submission in conjunction with a continued accreditation decision of less than ten years has long been COA procedure, feedback received in the Staff Report suggested the “Decisions for Accreditation of Nurse Anesthesia Educational Programs” should be revised for clarity. After receipt and review of the Staff Report the COA therefore revised policy item #5b, adding the following language: “A progress report on areas of partial- or non-compliance will be required for any of the above continued accreditation decisions of less than 10 years in order to ensure that programs are of sufficient quality to achieve their stated objectives for the duration of the accreditation period” (Exhibit 38 – Revised Policy and Procedure Mark-Ups – November 2022, PDF pg. 159).

The above-described revisions were proposed by the COA’s Standards and Policies Committee in November 2022. The COA reviewed the proposed revisions and approved them for release as part of a Call for Comments conducted between December 5, 2022 and January 6, 2023 (see Exhibit 40 – COA Meeting Minutes Excerpt – November 2022, PDF pg. 4 and Exhibit 41 – Call for Comments Documentation). Following closure of the Call for Comments, the members of the Standards and Policies Committee reviewed the results from the community of interest and presented the revised policies to the Full Council during the COA’s January 26-28, 2023 meeting. During this meeting, the COA granted final approval to the policy revisions (Exhibit 42 – COA Meeting Minutes Excerpt – January 2023). The revisions were announced to program administrators in the February 2023 edition of the Program Directors’ Update (see Exhibit 43); an updated copy of the COA’s Accreditation Policies and Procedures Manual has been provided to demonstrate final approval and implementation of these revisions (see Exhibit 1, PDF pgs. 65-69).

Please note, the COA has not made any decisions to grant less than four years of continued accreditation during the current recognition period.

**Analyst Worksheet - Response**

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

**Analyst Remarks to Response**

In response to the Draft Analysis, the agency amended the section on Decisions for Accreditation of Nurse Anesthesia Educational Programs in the COANAEP Accreditation Policies and Procedures. Specifically, the agency added language that clarified its long-standing procedure that progress reports and additional monitoring are required for all programs that receive less than the full ten-year accreditation decision (Exhibit 52 D-5 5.b). Through the request of the progress report, the agency is able to “review progress reports required in conjunction with a continued
accreditation decision within six months of receipt of the COA decision letter” though this timeline maybe be “accelerated or extended as circumstances warrant” (Exhibit 52 D-6 5.b.).

The agency notified program directors of these changes in February 2023 (Exhibit 43). The agency noted in its petition that no decision to grant less than four years of continued accreditation arose during the current recognition period.

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

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

Description of Criteria

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

Narrative:

The Council maintains a rubric upon which all accreditation decisions are based. Within the policy “Decisions for Accreditation of Nurse Anesthesia Educational Programs” (D-3) the Council has established the following guidelines for awarding continued accreditation (refer Exhibit 003 – Accreditation Policies and Procedures: “Decisions for Accreditation of Nurse Anesthesia Educational Programs” [D-5], PDF pg. 68):

10 years: Compliance (no unresolved Standards).
8 years: Substantial compliance (no unresolved Standards of critical concern).
6 years: Multiple minor deficits exist (no unresolved Standards of critical concern), and/or recently corrected deficiencies exist which require earlier review to determine sustainability of changes, and/or a history of recurrent problems.
4 years: Plans to correct substantial deficits and/or unresolved Standards of critical concern are in place.
2 years: 1) Substantial deficits exist and remain unresolved and/or
2) A question of program stability has been raised and/or
3) Multiple areas of noncompliance or Standards of critical concern remain unresolved.

The “Decisions for Accreditation of Nurse Anesthesia Educational Programs” policy includes guidelines for other decisions as well, and there are other policies in the
Accreditation Policies and Procedures manual that govern how decisions should be made regarding various other programmatic and institutional submissions and procedures (including those related to review of distance education offerings, approval of new doctoral degrees, consideration of progress reports, and assessment of various program outcomes). Please refer to Exhibit 003 - Accreditation Policies and Procedures: “Distance Education” [D-13], “Doctoral Degree Approval” [D-19], “Certification Examination” [C-4], and “Progress Reports” [P-24] policies, PDF pgs. 76, 82, 38, and 153.

To ensure consistency in its reviews and decisions pertaining to programs, the Council employs a number of tests of the validity, reliability, and relevancy of its Standards. Within the Council’s “Validity, Reliability, and Relevancy of the Council’s Standards and Criteria” policy (V-1), ‘reliability’ is defined as “a determination of whether accreditation standards and criteria can be used as a consistent basis for determining the educational quality of different programs” (refer Exhibit 003 - Accreditation Policies and Procedures, PDF pg. 193). At its meetings, the Council tests reliability by having multiple workgroups composed of Council directors review the accreditation materials previously submitted by an accredited program (ref. references to “Reliability Exercise” in Exhibit 012 – COA Meeting Agendas, PDF pgs. 27, 73). Each Council workgroup will assess the same accreditation materials to arrive at an accreditation decision. If there is significant consistency in the decisions made by the workgroups, no further action will be needed. If there is significant inconsistency, the reasons for the inconsistency will be determined and noted, with revisions to the Standards made if necessary. The results of all validity, reliability, and relevancy exercises are tracked in a “VRR Worksheet” maintained by Council staff (refer Exhibit 070 – VRR Worksheet).

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Analyst Worksheet- Narrative

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

**Analyst Remarks to Narrative:**

The agency has demonstrated that it has effective controls against the inconsistent application of its standards, including written standards, policies, and procedures that are publicly available; guidance provided to institutions/programs through detailed instructions, templates, and within the standards; review by on-site evaluations, staff, and COA members; and initial, ongoing, and continuous training for site visitors and COA members (Exhibits 012, 026-028, 070).

Department staff had the opportunity to view COA director training and the results of the reliability exercise through observation in October 2021 and May 2022. During the virtual file review in March 2022, Department staff was able to review a number of decisions taken by the agency that demonstrate compliance with this criterion.

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

No files uploaded

**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:**

One of the Council’s guiding principles for accreditation is the recognition that institutions or specialized programs have a right to expect that they will be evaluated in light of their own stated purposes, as long as those purposes are educationally appropriate and fall within the recognized scope of the accrediting body (refer Exhibit 001 – Practice Doctorate Standards, “Value Statement on Accreditation,” PDF pg. 7,
Although the Council has Standards in place that focus on educational quality, these Standards are not prescriptive; the Council therefore respects control for how an institution or program is operated by allowing institutions or programs to demonstrate in their own ways how they are compliant with each of the standards and criteria. For example, Standard A.1 (Practice Doctorate Standards) and Standard I, Criterion A1 (2004 Standards) require that the mission and/or philosophy of the conducting institution’s governing body promotes educational excellence and supports the nurse anesthesia program within a graduate framework (refer Exhibit 001 – Practice Doctorate Standards, PDF p. 11 and Exhibit 002 – 2004 Standards, PDF p.10).

The Council’s “Decisions for Accreditation of Nurse Anesthesia Educational Programs” (D-3) policy states, “[t]he Council strives to consistently apply and enforce its standards in a manner that respects the stated mission of the institution or program, including religious mission, and that ensure that the education or training offered by an institution or program, including any offered through distance education, is of sufficient quality to achieve its stated objective for the duration of any accreditation period granted by the Council” (refer Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 66).

When reviewing programs within institutions with different stated missions, the Council takes into account those differences but makes decisions based on the Standards and Policies and Procedures. Examples of various missions from different institution’s governing bodies and how these bodies support their nurse anesthesia program are enclosed to demonstrate that the Council’s standards respect the institution’s responsibility to control operations and provides an example of how different programs function within the broader purposes of their institution (refer Exhibit 048 – Established Master Program Review File, PDF pg. 81; Exhibit 047 – Established Doctoral Program Review File, PDF pg. 89; and Exhibit 046 – Capability Program Review File, PDF pg. 20).

Another policy that the Council has in place that fosters academic quality while respecting the institution’s responsibility to control how the institution or program is structured and operates is the policy entitled, “Improvement of Academic Quality and Professional Practice within Nurse Anesthesia Programs as Appropriate to Institutional Mission” (I-1) (refer Exhibit 003 - Accreditation Policies and Procedures, PDF pg. 106). This policy requires a program to use the accreditation Standards, accreditation policies, and procedures to foster academic quality and professional practice as references for improvement within the program, in view of the institutional mission.

In addition to Standards and policies that focus on the institution’s responsibilities, the Council also has Standards and policies in place for nurse anesthesia programs. The Council does not prescribe specific measures for programs to demonstrate compliance with the Standards and policies. Nurse anesthesia programs are
responsible for demonstrating how the program is in compliance with the Council’s standards and policies and procedures. An example of this function occurs when programs are completing their Self Study and is preparing narrative responses and supporting documentation to demonstrate compliance with each Standard and Criterion. The Council provides programs a Self Study template that contains examples of supporting documentation in the Self Study that can be used to demonstrate compliance with each of the Standards, but ultimately programs are responsible for assessing what measures they take to comply with the Council’s Standards and policies and procedures (refer Exhibit 071 - Blank Self Study Template - Doctoral, pgs. 24, 28, 30, 35, 37-38, 40, 42, and 45).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency has demonstrated in its application that it follows written policies and
processes in the agency’s Accreditation Policies and Procedures in that it bases decisions regarding accreditation on published standards. The agency requires that institutions/programs seeking a grant of accreditation must address all standards via the self-study followed by the on-site review team assessment of an institution's/program's compliance with each standard and verification of the information in the self-study. This information together with the institution's/program’s response to the on-site review and the COA staff analysis is offered to the COA which makes a decision based on established policies and procedures and the agency’s published standards. The agency also holds a policy that the “Council strives to consistently apply and enforce its standards in a manner that respects the stated mission of the institution or program, including religious mission, and that ensures that the education or training offered by an institution or program, including any offered through distance education, is of sufficient quality to achieve its stated objective for the duration of any accreditation period granted by the Council” (Exhibit 003, p. D-3).

In addition to the materials found in the agency’s petition, during the file virtual review in March 2022, Department staff reviewed multiple program files for accreditation which demonstrated that the agency bases its decisions on its published standards. There is no evidence that the agency bases its decisions on anything other than its published standards.

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

No files uploaded

**Analyst Worksheet - Response**

Analyst Review Status:

Not Reviewed

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**Criteria: 602.18(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:

The policy and procedure “Public Disclosure of Accreditation Decisions and Performance Data” (P-27) specifically requires that accredited programs “disclose
their accreditation status accurately” and “routinely publish reliable data and information to the public about their academic quality and student achievement” (refer Exhibit 003 - Accreditation Policies and Procedures, PDF pg. 156). Some student success data programs must provide and make public include data specific to:
1) certification examination pass rates for first time takers; 2) employment of graduates within six months of graduation; and 3) attrition for the most recent graduating class (refer Exhibit 096 – Screenshot Public Disclosure by Program). Also, doctoral Standards G.3 – G.3.4.3 and 2004 Standard V, Criterion E3 require programs to publish performance data on an annual basis (refer Exhibit 001 - Practice Doctorate Standards, PDF pg. 24 and Exhibit 002 - 2004 Standards, PDF pg. 20).

To ensure that programs are publishing aggregate student success data, the Council has established a process in which programs submit their website hyperlinks during the annual reporting process. Thereafter, Council staff will review the programs’ websites to confirm their student success data is published in accordance with the “Public Disclosure of Accreditation Decisions and Performance Data” policy. Furthermore, the policy and procedure “Confidentiality and Disclosure of Information” (C-21) requires programs to “accurately represent accreditation status or any actions taken by the Council regarding the program” (refer Exhibit 003 - Accreditation Policies and Procedures, PDF pg. 55 and Exhibit 096 – Screenshot Public Disclosure by Program).

In accordance with the “Decisions for Accreditation” (D-3) policy, all programs must “accurately portray accreditation decisions made by the Council” (refer Exhibit 003 - Accreditation Policies and Procedures, PDF pg. 66). The Council “requires public correction of incorrect or misleading information that is released by an accredited program or a program applying for accreditation” (refer Exhibit 003 - Accreditation Policies and Procedures: “Public Disclosure of Accreditation Decisions and Performance Data” [P-27], PDF pg. 156).

The Council collects program website hyperlinks each year as part of its annual reporting process. Council staff review programs’ websites to verify the required outcome data is accurate and posted to each program’s website. Council staff then compile a listing of all program names and URLs to ensure the data have been verified (refer Exhibit 072: Program Names and URLs).

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The agency has a reasonable basis for determining that the information the agency relies on for making accreditation decisions is accurate. For accreditation decisions, the agency reviews a self-study, holds a site visit, invites third party comments, requires an institution/program response to the issues raised in the site visit, generates a COA staff review of the dossier, and offers Council action in the form of a decision letter. The agency also reviews annual reports (Exhibit 003). The agency requires an institution/program to attest to the truthfulness of the information and documentation with any submission (Exhibit 003 pp. A-1-5, C-1-3 and Exhibit 071). The agency also reviews examination pass rates provided by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) twice each year (Exhibit 003, p. C-6).

Department staff reviewed multiple signed accreditation documents during the virtual file review in March 2022.
(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:

As part of the accreditation review process, Council reviewers draft a written summary report of the onsite review that appraises a program’s degree of compliance with the Council’s Standards, policies, and procedures. Per the Council’s policy “Writing the Summary Report of the Onsite Review,” the summary report will comment on the overall quality of a program’s Self Study document, submitted in advance of the onsite review (ref. Exhibit 004 – Accreditation Reviewers’ Manual [W1], PDF pg. 49). Reviewers provide commentary on whether a program has provided sufficient information to assess compliance with all of the Council’s Standards, policies, and procedures, as well as whether narrative responses were cogent and supported by relevant documentation. For each of the Council’s Standards, reviewers will make a recommendation as to whether a program is compliant, partially compliant, or non-compliant. Sample summary reports assessing compliance with the Council’s Standards have been appended as Exhibit 046 (see PDF pgs. 109-167), Exhibit 047 (see PDF pgs. 251-366), and Exhibit 048 (see PDF pgs. 152-264). These exhibits reflect review of a new doctoral degree program seeking initial accreditation, an established doctoral degree program seeking continued accreditation, and an established master’s degree program seeking continued accreditation, respectively.

The written summary report of an onsite review will additionally identify all conferences held with program or institution officials, including an exit conference open to the program’s or institution’s full community of interest. Any potential areas of concern communicated to the Council in student or faculty evaluations (or formal complaints) will also be investigated and documented by the onsite review team, with any potential compliance issues noted.

Following completion of the onsite review, the Chair reviewer submits a draft copy of the summary report to Council staff for finalization. An official copy of the summary report, including an assessment of strengths, possible critical weaknesses, or areas needing improvement, is forwarded to the program director and chief executive officer of the conducting institution (ref. Exhibit 003 – Accreditation Policies and
Documentation evidencing provision of a detailed, written summary report to a program is appended as Exhibit 060 – Summary Report Cover Letter). When provided with a final summary report, programs are informed of any actions needed (e.g., actions that must be taken to bring the program into full compliance with the areas of possible critical weakness and/or areas needing improvement) and provided with instructions on responding to the Council.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency provides the institution/program with a detailed written report that clearly identifies any deficiencies in the institution's/program's compliance with the agency's standards (Exhibit 003, p. D-6). The agency included in its petition copies of decision letters and correspondence related to various reviews as evidence that the agency provides clear statements of specific areas of non-compliance or potential non-compliance with the agency’s standards (Exhibits 46-48, 53, 54, and 56). The
decision letters provide detailed information regarding issues of non-compliance and additionally offer institutions/programs information regarding agency policies and protocols related to the timeline for coming into compliance and responses required to the decision letter.

During the virtual file review in March 2022, Department staff reviewed multiple program files for accreditation which demonstrated that the agency provides a detailed written report that clearly identifies any deficiencies in the program's compliance with the agency's standards.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

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 Council’s Accreditation Policies and Procedures manual does not currently include language regarding retroactive approvals. Two policies (i.e., the “Change in Control, Ownership, or Conducting Institution” and “Major Programmatic Change” policies) formerly included language restricting retroactive approvals by the Council; however, in accordance with new USDE Recognition requirements effective July 1, 2020, the Council removed these limitations. These policy revisions were announced to programs in a Program Directors’ Update distributed in July 2020 (ref. Exhibit 073 – PDU Issue 85, July 2020, PDF pgs. 2, 9-10).
The Council has not made any decisions for denial of initial accreditation during the recognition period. Further, the Council has never awarded initial accreditation retroactively so as to predate a decision regarding the eligibility of a program to seek initial accreditation.

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Analyst Worksheet- Narrative

Analyst Review Status:
Meet the requirements of this section

Analyst Remarks to Narrative:

This regulation is optional for agencies to enact. The agency has stated in its petition that it does not have any policies related to the retroactive application of an accreditation decision.

List of Document(s) Uploaded by Analyst - Narrative

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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:

Among the goals of the Council noted in the Standards, one is to “encourage innovations in program design and/or experimental programs that are based on sound educational principles” (refer Exhibit 001 - Practice Doctorate Standards, PDF pg. 5 and Exhibit 002 - 2004 Standards, PDF pg. 4). Further, the Council policy “Experimental/Innovative Curricula/Programs” (E-7) encourages institutions and programs to design and implement experimental/innovative curricula/programs, provided that they ensure student achievement and enable them to become eligible to take the National Certification Examination (NCE) for the specialty (refer Exhibit 003 - Accreditation Policies and Procedures, PDF pg. 93).

The Council also has established Standards related to innovative programs and curricula. Programs offering master’s degrees for entry into practice are directed to Standard III, Criterion C8 (refer Exhibit 002 - 2004 Standards, PDF pg. 13), while the COA also encourages programs offering doctoral degrees for entry into practice to develop experimental or innovative curricula (refer Exhibit 001 - Practice Doctorate Standards, PDF pg. 22). The Council is flexible in its consideration of experimental or innovative programs or curricula, and programs are supported in testing of experimental curricula to determine whether they will produce expected outcomes (refer Glossary definitions of “Experimental curriculum,” Exhibit 001 – Practice Doctorate Standards, PDF pg. 37 and Exhibit 002 - 2004 Standards, PDF pg. 40).

Additionally, programs are encouraged to consider how to use innovative curricula or
learning delivery methods to best meet the needs of their community of interest. This is most commonly seen in the use of distance education and simulated clinical experiences. As of July 2021, 125 programs have been approved by the COA to offer distance education content, with 96 accredited programs reporting that they are currently offering distance education coursework that has been approved by the COA. The COA tracks use of distance education on its Annual Report (refer Exhibit 051 - Annual Report, PDF pgs. 15-16) and uses a “Distance Education” policy and procedure to enforce its Standards related to distance education (refer Exhibit 003 - Accreditation Policies and Procedures, PDF pgs. 76 and 209; Exhibit 001 - Practice Doctorate Standards, PDF pg. 22; and Exhibit 002 - 2004 Standards, PDF pg. 13). Within its Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate, the COA requires programs to incorporate simulated clinical experiences into their curricula (refer Exhibit 001 - Practice Doctorate Standards, PDF pg. 22). Per the Glossary definition of “Simulated clinical experiences,” these clinical learning experiences involve a wide range of options and are intended to help bridge didactic learning with safe and effective patient care delivery (refer Exhibit 001 - Practice Doctorate Standards, PDF pg. 41). All 128 accredited programs use some method of simulation in their curricula.

The Council policy “Experimental/Innovative Curricula/Programs” encourages institutions and programs to design and implement experimental/innovative curricula/programs, provided that they ensure student achievement and enable them to become eligible to take the National Certification Examination (NCE) for the specialty (refer Exhibit 003 - Accreditation Policies and Procedures: “Experimental/Innovative Curricula/Programs” [E-7], PDF pg. 92). Programs are required to explain the aims, goals, and potential that the experimental/innovative program may or may not become a permanent way of presenting the curriculum or conducting the program, and the Council works with programs to construct a timeline on when and how the program will be assessed (both internally and externally) to ensure its validity, determine student achievements, and attain program outcomes. While innovation in institutions and programs most commonly entails the use of distance education and simulation technologies, other innovative curricula have recently been submitted to the Council for review. Once such example is a bridge program that offers anesthesiologist assistants a pathway into nurse anesthesia practice. This program, when approved, was the first of its kind accredited by the Council. Letters demonstrating Council review of and follow-up related to this experimental curriculum are attached as Exhibit 074.

Further, the Council’s “Experimental/Innovative Curricula/Programs” policy encourages institutions to design and implement experimental or innovative curricula that remain within the scope of the institution’s mission and resources (refer Exhibit 003 - Accreditation Policies and Procedures, PDF pg. 92). While the policy describes a procedure by which varying program missions and operations can be implemented, it also establishes a formal review and approval process to be used by the Council to
ensure that students are qualified to take the National Certification Examination and that program goals/outcomes as well as Council standards and policies are met.

**Analyst Worksheet - Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency encourages institutions/programs to offer innovative curricula that benefit students as evidenced in both sets of agency standards that note: “the program designs, when appropriate, an experimental/innovative curriculum that enables graduates to attain certification in the specialty” (Exhibit 001, p. 22 and Exhibit 002, p. 4).

The agency holds specific policies related to this criterion in the section titled “Experimental/Innovative Curricula/Programs” in the agency’s Accreditation Policies and Procedures (Exhibit 003, pp. E-7-9). Institutions/Programs must submit a capability self-study that describes the institution/program and how the institution/program substantially meets all of the agency’s standards and requirements. Included in this requirement, is that the institution/program must inform applicants of the experimental nature of the curricular offering prior to matriculation, explain goals and future planning related to the curricular offering, and create a
timeline together with the agency on how and when the curricular offering will be reassessed to ensure its validity, ascertain student achievements, and verify program outcomes. The COA Board of Directors reviews the self-study and make a determination as to whether or not compliance is evident with the agency’s standards and policies. If compliance is not apparent, the agency judges the plan on its individual merits. In such situations, the agency has a number of remedies to gather additional information if necessary. Regardless of its decision, the agency notifies the institution/program of its decision within 30 days of the decision.

The agency included in its petition a request for review of an innovative curriculum and the resultant decision letter that shows attention to the requirements in 602.18(c) (Exhibit 074).

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**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

**Criteria: 602.18(d)**

Description of Criteria

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

(1) The agency and the institution or program can show that the circumstances requiring the period of noncompliance are beyond the institution's or program’s control, such as—

   (i) A natural disaster or other catastrophic event significantly impacting an institution's or program's operations;

   (ii) Accepting students from another institution that is implementing a teach-out or closing;
(iii) Significant and documented local or national economic changes, such as an economic recession or closure of a large local employer;

(iv) Changes relating to State licensure requirements;

(v) The normal application of the agency’s standards creates an undue hardship on students; or

(vi) Instructors who do not meet the agency’s typical faculty standards, but who are otherwise qualified by education or work experience, to teach courses within a dual or concurrent enrollment program, as defined in 20 U.S.C. 7801, or career and technical education courses;

(2) The grant of the period of noncompliance is approved by the agency’s decision-making body;

(3) The agency projects that the institution or program has the resources necessary to achieve compliance with the standard, policy, or procedure postponed within the time allotted; and

(4) The institution or program demonstrates to the satisfaction of the agency that the period of noncompliance will not—

   (i) Contribute to the cost of the program to the student without the student’s consent;

   (ii) Create any undue hardship on, or harm to, students; or

   (iii) Compromise the program’s academic quality.

Narrative:

The Council’s “Deadline for Compliance with the Standards and Criteria of the Council on Accreditation” (D-1) policy states that programs have a maximum of three years in which to comply with the Council’s requirements (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 64). Exceptions to this three-year deadline will be considered by the Council if there is good cause to do so; examples of good cause noted in this policy include a natural disaster, such as flooding, that destroyed records or inability to hire a faculty member following good faith efforts.

According to the “Deadline for Compliance with the Standards and Criteria of the Council on Accreditation” policy, the maximum length of an extension for good cause is one year, except in cases of non-compliance related to National Certification Examination pass rate monitoring (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 64). In fact, the Council has not received any requests for
extension to the three-year compliance deadline during the Recognition period besides those related to National Certification Examination pass rate monitoring. The Council develops a monitoring flowchart to assist programs in understanding the potential pathways of the National Certification Examination monitoring process. Programs nearing the end of the three-year compliance deadline may request an exception to the requirement if they are able to demonstrate progression toward improving pass rates and meet the Council’s pass rate requirement during the monitoring period. Because programs must meet the pass rate requirement twice consecutively during the monitoring period in order to be removed from monitoring, the Council may allow an additional year for review of a program’s pass rates. This allowance may result in an additional extension of one year. A letter to a program communicating an additional extension of this type is appended as Exhibit 075.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

Although the agency provided information regarding 602.20 and good cause, the agency did not provide information related to its policies addressing this criterion. Though this regulation is optional for agencies to enact, the agency should confirm that it has either a) not implemented policies in accordance with this criterion, or b) provide comprehensive information on how the agency implements and satisfies the requirements of this criterion.

**Analyst Remarks to Narrative:**

The agency’s policies allow for the agency to offer accredited institutions/programs extensions on achieving compliance when good cause is determined in alignment
with the agency’s requirements. However, it does not appear that the agency hold policies that allow it to permit an institution/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 in alignment with the regulatory criteria noted in 602.18(d). The agency is asked to note that this criterion is related to special circumstances that may occur. Though this regulation is optional for agencies to enact, the agency should confirm that it has either a) not implemented policies in accordance with this criterion, or b) provide comprehensive information on how the agency implements and satisfies the requirements of this criterion.

The agency may wish to review its policies on waiving compliance with standards in order to align with the regulatory language. It does not appear that the agency has a policy specifically for this criterion.

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Response:

During the current recognition period, the COA has not granted extensions to its three-year deadline for compliance with the Standards for any reason unrelated to program failure to comply with National Certification Examination (NCE) pass rate monitoring. As noted in the “Deadline for Compliance with the Standards and Criteria of the Council on Accreditation” policy, in such cases related to NCE pass rate monitoring the COA may grant an additional extension to allow a program the opportunity to meet the pass rate for a second consecutive year and thus be removed from monitoring (ref. Exhibit 1 – Accreditation Policies and Procedures Manual, revised April 2023, PDF pgs. 63-64). An extension of this kind is thus only granted if a program has met the pass requirement once while on monitoring and can demonstrate progression toward improving pass rates. These programs are also required to complete a “Causal Analysis for Certification Examination Status Reports” in which they complete a curricular review, identify factors contributing to their not meeting the pass rate requirement, design and implement changes to impact these factors, and measure the success of these changes (see Exhibit 45 – Guidelines for Developing a Causal Analysis for Certification Examination Status Reports). In identifying and describing the relevant factors that contributed to their pass rates, programs must assess a number of programmatic and institutional factors, including the resources needed to demonstrate compliance. The COA considers programs’ pass rate progression alongside causal analyses when making determinations for pass rate-related extensions.
Although the COA has not granted extensions unrelated to NCE monitoring during the current recognition period, its current policy states that other exceptions to the three year deadline for compliance with the Standards will be considered if there is good cause to do so (ref. Exhibit 1 – Accreditation Policies and Procedures Manual, revised April 2023, PDF pg. 63). “Good cause” is defined as any barriers that prevent a program from coming into compliance with accreditation requirements that are beyond the control of the program (ref. Exhibit 1 – Accreditation Policies and Procedures Manual, revised April 2023, PDF pg. 244). Any program seeking an exception must submit a written request that includes a valid reason for not meeting the compliance deadline.

The “Deadline for Compliance with the Standards and Criteria of the Council on Accreditation” policy further stipulates that COA consideration of good cause extensions will be based on an assessment of a program’s compliance with the Standards, as demonstrated in the Annual Report, periodic onsite reviews, progress reports, and/or COA review of NCE pass rates (ref. Exhibit 1 – Accreditation Policies and Procedures Manual, revised April 2023, PDF pgs. 63-64). Item #2f of the policy states that the Board will be responsible for consideration of any extension to the deadline for compliance with the Standards. Although the COA has not had the opportunity to fully implement this policy during the current recognition period (or grant any compliance extensions for reasons unrelated to the NCE pass rate requirement), the agency will continue to review the policy to ensure alignment with this criterion.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the Draft Analysis, the agency provided additional information regarding timelines for compliance and the agency’s policies regarding good cause. The agency’s policies require that the institution/program come into compliance within a maximum period of three years (Exhibit 003, pp. D-1-3 and 3-7). As noted in 602.16(a)(1), the agency has a minimum program length requirement of two years for master’s programs and a minimum program length requirement of three years for doctoral programs, with most programs exceeding the minimum requirements (Exhibit 002 and Exhibit 003). The agency has a written policy regarding good cause in the agency’s Accreditation Policies and Procedures that notes that good cause is an exception to the three-year deadline with the maximum length of the extension being one year unless the institution's/program’s noncompliance is due to certification examination pass rates. Given that showing compliance with the agency’s pass rate
standards is a multi-year process, the agency enables good cause extensions solely related to pass rates to extend up to two years (Exhibit 003, p. D-1).

Though the agency’s good cause policy incorporates aspects of the language found in 602.18(d), the agency does not hold policies directly related to the permission noted in this criterion. Given this regulation is optional to enact, there are no issues related to compliance.

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<td>Description of Criteria</td>
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<td>(a) The agency must reevaluate, at regularly established intervals, the institutions or programs it has accredited or preaccredited.</td>
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The Council has established several mechanisms for reevaluating and monitoring its accredited institutions and programs. The Council reevaluates programs on an accreditation cycle that permits the Council to request a Self Study and plan an onsite review in two, four, six, eight or ten years from the time of the program’s last scheduled review (see Exhibit 003 - Accreditation Policies and Procedures: “Self-Study” [S-6], PDF pgs. 175-176 and “Onsite Review” [O-2], PDF pgs. 118-121). The maximum period of continued accreditation that the Council grants is ten years. The length of time between reviews is contingent upon a program’s degree of compliance with the Council’s Standards at the time of the accreditation decision. Programs found to be compliant with all of the Council’s Standards are awarded ten years. Programs found to be substantially compliant with the Standards including no areas of critical concern are awarded eight years. In the case of programs with minor deficits and/or if the Council determines that an earlier review is warranted based on recently corrected problems or a history of recurrent problems, the award is six years. Programs with plans in place to correct substantial deficits and/or areas of critical concern are awarded four years. Programs found to have substantial deficits and/or a question of program stability, multiple areas of noncompliance or critical concern are awarded a two-year continued accreditation (see Exhibit 003 - Accreditation Policies and Procedures: “Decisions for Accreditation” [D-3], PDF pgs. 66-70).

Evidence that the Council reevaluates accredited institutions and programs can be
Evidence can also be found in the List of Recognized Educational Programs that indicates the date of last review and next review date by the Council (see Exhibit 006 - List of Accredited Programs, June 2021). The intervals of accreditation can also be found on the Council’s website under “Programs and Fellowships,” “Accredited Programs, Next and Last Review Dates and Last Accreditation Decisions” (https://www.coacrna.org).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

In addition to the agency’s annual reporting requirements, the agency reevaluates, at regularly established intervals, the institutions/programs it has accredited. The agency has written policies that grants of accreditation will not exceed 10 years. The accreditation cycle consists of a self-study, on-site review and report, program response, staff analysis, and Council decision and occurs at least once every ten years (Exhibit 003, pp. A-1-5, D-3-7, O-2-5, S-6-7).

The agency included in its petition a list of accredited institutions/programs and upcoming review dates (Exhibit 006). In addition, the agency included two program reevaluation files in its petition that demonstrate compliance with the applicable criterion (Exhibits 047 and 048). During the virtual file review in March 2022, Department staff reviewed multiple program files for accreditation that demonstrated the agency’s periodic reevaluation of accredited programs.
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:

Submitted as Addendum 602.19(b) due to character limit.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency maintains and effectively applies monitoring and evaluation approaches that enable the agency to identify problems with an institution's/program’s continued compliance with agency standards. The agency uses its annual report as its primary tool for monitoring the continued compliance of institutions/programs with the agency's standards, which includes the review of fiscal information and measures of student achievement (Exhibit 003, pp. A-8-9 and Exhibit 122). The agency also uses semi-annual reports of certification examination pass rates for those programs institutions/holding accreditation, progress reports, mid-point reviews, complaints, and focused reviews to monitor compliance (Exhibit 003, pp. C-4-7, C-10-13, C-14-15, C-16-19, D-3-7, O-6-7, P-1-2, P-24-25, S-16-17). Examples of these reports and reviews have been provided in the agency’s petition (Exhibits 051 053, 056, 058, 123, and 124).

During the virtual file review in March 2022, Department staff reviewed
comprehensive documentation and implementation of various monitoring mechanisms used to review the continued compliance of programs.

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<td><strong>Description of Criteria</strong></td>
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<td>(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.</td>
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<td>An existing policy and procedure provides information on how the Council monitors overall growth of accredited programs with particular attention to programs experiencing rapid growth. Programs are required to provide information on student headcount enrollment data annually (see Exhibit 003 - Accreditation Policies and Procedures: “Program Resources and Student Capacity” [P-18], PDF pgs. 147-150). The Council will use these data to monitor overall growth of the programs it accredits. The Council requires programs to verify there are adequate resources to support an education program that meets Council standards and to secure prior approval before increasing the number of students. Class size is the total number of first year enrollees in one year based on NBCRNA data. For programs admitting more than one class per year, the total of all students enrolled in one year is considered to be a single class.</td>
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<td>A program planning to increase the number of students must secure prior approval from the Council. An application is required to demonstrate that adequate resources are available to support the total number of students. The application must be submitted to the Council and the increase must be approved prior to the enrollment date for the cohort in which the increase will occur. Reports must include a rationale, current and projected number of students, number of students on leave(s) of absence and when they will be reinstated, and plans for adequate resources including funding and qualified faculty to demonstrate they are sufficient to provide for the total number</td>
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of students.

After reviewing the information, the Council may take one of several actions including approval, denial, deferral of action, progress report, onsite review, full or focused Self Study report, full or focused onsite review, change in accreditation status, or Show Cause (see Exhibit 003 - Accreditation Policies and Procedures: “Program Resources and Student Capacity” [P-18], PDF pgs. 147-150 and Exhibit 076 - Letter Regarding Program Growth).

Annual Report data are also used to screen for increased headcount enrollment. Questions #2c and asks the total number of students enrolled in the entry level degree program during a 12-month period (see Exhibit 051 – 2020 Annual Report, PDF pg. 4). The Council may ask for clarification and/or verify corrective action has been taken as indicated (see Exhibit 003 - Accreditation Policies and Procedures: “Annual Report” [A-8], PDF pgs. 14-15; Exhibit 051 - 2020 Annual Report, PDF pg. 4; and Exhibit 077 - Jan 2021 Council meeting minutes-excerpt class size).

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**Document(s) for this Section**

**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency monitors overall growth of its institutions or programs it accredits and collects headcount enrollment data via the annual accreditation report (Exhibit 003, A-8-9, Exhibit 051, and Exhibit 122). The agency maintains specific policies that
offer requirements both for accredited institutions/programs and for the Council when making determinations related to enrollment and headcount (Exhibit 003, pp. 18-21).

In its petition, the agency provided completed and blank Annual Reports, meeting minutes that shows the agency’s review of enrollment figures, and a decision letter related to program growth (Exhibit 051, 076, 077, and 122). During the virtual on-site visit in October 2022, Department staff observed the on-site reviewers investigating enrollment numbers. In addition, during the Council meeting in May 2022, Department staff observed discussion regarding enrollment issues.

During the virtual file review in March 2022, Department staff reviewed completed copies of the annual accreditation report and relevant documentation. In addition, decisions of the Council were reviewed demonstrating appropriate action taken in accordance with the agency’s policies related to enrollment and growth.

### Criteria: 602.19(d)

**Description of Criteria**

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

**Narrative:**

The Council recognizes substantial growth in student enrollment as 50% or more compared to the program's prior year's enrollment. As stated in 602.19 (c) above, two policies, "Program Resources and Student Capacity" and "Annual Report," ensure that headcount enrollment is examined in accredited programs at least annually. Evidence that the Council does monitor program growth is presented in the following enclosures (see Exhibit 003 - Accreditation Policies and Procedures: “Annual Report” [A-8], PDF pgs. 14-15; Exhibit 051 - Annual Report, PDF pg. 4; and Exhibit 077 - Jan 2021 Council meeting minutes-excerpt class size).
Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

Although the agency reviews and monitors any growth in student enrollment, in accordance with 602.19(d) the agency must define significant enrollment growth in its policies.

**Analyst Remarks to Narrative:**

The agency monitors overall growth of its institutions or programs it accredits and collects headcount enrollment data via the annual accreditation report (Exhibit 003, A-8-9, Exhibit 051, and Exhibit 122). The agency maintains specific policies that offer requirements both for accredited institutions/programs and for the Council when making determinations related to enrollment and headcount (Exhibit 003, pp. 18-21).

In its petition, the agency provided a completed and blank Annual Report, meeting minutes that shows the agency’s review of enrollment figures, and a decision letter related to program growth (Exhibit 051, 076, 077, and 122).

The agency approves institutions/programs with specific class size requirements as noted in the agency’s policies on Programs Resources and Student Capacity (Exhibit 003, pp. P-18-21) The agency also maintains specifically policies that require institutions/programs planning to increase enrollment numbers to submit a specific application that enables the Council to make an appropriate decision (Exhibit 003, AA-23-24). Additional information, beyond the normal application, is required for an institution/program seeking to enroll more than 41 students per class. Though the
agency states in its petition that “The Council recognizes substantial growth in student enrollment as 50% or more compared to the program's prior year's enrollment,” Department staff was unable to ascertain where this policy was located. However, given the specific number requirements for approval and approval methods of the agency, it appears that the criterion remains met regardless.

Although the agency reviews and monitors any growth in student enrollment, in accordance with 602.19(d) the agency must define significant enrollment growth in its policies.

During the virtual file review in March 2022, Department staff reviewed completed copies of the annual accreditation report and relevant documentation. In addition, decisions of the Council were reviewed demonstrating appropriate action taken in accordance with the agency’s policies related to enrollment and growth.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Response:

The COA does not define “significant enrollment growth” in its Standards or policies; however, the COA has established an approved class size for all accredited programs and institutions (see Exhibit 1 - Accreditation Policies and Procedures Manual, revised April 2023, PDF pg. 149). All programs' enrollment numbers are monitored via the COA's Annual Report and increases of any kind--even by a single student--must be submitted to the COA for review and approval using the COA's “Application for Increasing Class Size.”

Analyst Worksheet - Response

Analyst Review Status:
Substantially Compliant

Staff Determination:

The agency is substantially compliant with the requirements of this criterion.

Though the agency's practices include the application of policies in accordance with this criterion by reviewing and monitoring any growth in student enrollment, the agency must make minor modifications to its policies to reflect its generally compliant practices. Specifically, the agency must submit a monitoring report within twelve months demonstrating compliance by amending its policies to include a definition for significant enrollment growth.
Analyst Remarks to Response

The agency approves institutions/programs with specific class size requirements as noted in the agency’s policies on Programs Resources and Student Capacity (Exhibit 52, pp. P-18-21). Any and all planned and unplanned increases in class size require review by the agency in accordance with its policies. For planned increases, the agency maintains specific policies in its section on Application for Increasing Class Size that require institutions/programs planning to increase enrollment numbers to submit an application that enables the Council to make an appropriate decision (Exhibit 52, AA-18-19).

Though all increases are required to be reviewed by the agency, the agency requires programs experiencing “rapid growth” to complete an in-depth review. Specifically, the agency requires programs “experiencing a one-time large increase or significant increases in class size as determined in at least one annual report during the last 3 to 5 years (or some other factor)” to complete the additional review. However, the agency does not define in its policies “rapid growth,” “large increase,” or “significant increase.” Though the agency's practices are generally compliant by reviewing all enrollment increases, this criterion specifically requires the agency to define enrollment growth. The agency is asked to submit a monitoring report within twelve months demonstrating compliance by amending its policies to include a definition for significant enrollment growth.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.19(e)

Description of Criteria

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

The Council annually monitors the headcount of all programs, including programs approved to offer distance education. Per the COA policy, “Program Resources and Student Capacity” (P-18) all programs are required to provide information on student headcount enrollment data annually (see Exhibit 003 – Accreditation Policies and Procedures, PDF pgs. 147-150). The Council requires programs to verify there are adequate resources to support an education program that meets Council standards and to secure prior approval before increasing the number of students. The procedure within the policy requires that the COA monitor program growth annually by reviewing data on programs’ first year enrollees and comparing it to first year enrollees in the prior year and the program’s established class size number. Evidence of the COA’s review of 2020 data in January 2021 is enclosed (Refer Exhibit 077 – January 2021 Council Meeting Minutes excerpt-class size).

The Council policy “Notification of the Council's Accreditation Decisions” (N-2) requires that the Council will provide to the Secretary of Education the following information: “8) The identity of an institution that increased headcount enrollment of 50% or more within one institutional fiscal year, within 30 days of acquiring such data” (See Exhibit 003 – Accreditation Policies and Procedures, PDF pgs. 147-150).

During the Council’s Recognition period, no single purpose institution or program accredited by the COA has increased its enrollment by 50% or more within one institutional fiscal year.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**
The agency’s scope of recognition has not been amended in the period of the current review cycle as noted in the applicable criterion. The agency has confirmed that it holds policies that include the collection of annual enrollment data and that if any institution experiences an increase in headcount enrollment of 50 percent or more within one institutional fiscal year, the agency reports that information to the Secretary within 30 days of acquiring such data.

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

Criteria: 602.20(a)

Description of Criteria

(a) If the agency's review of an institution or program under any standard indicates that the institution or program is not in compliance with that standard, the agency must—

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

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

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

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

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

Narrative:

Per the COA’s “Deadline for Compliance with the Standards and Criteria of the Council on Accreditation Policy” (D-1) programs’ compliance with the Standards is ascertained based upon review of Annual Reports, periodic onsite reviews, progress reports, and/or Council review of National Certification Examination pass rates (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 64). If a program is found out of compliance with one or more Standards or criteria, the COA will provide notification in an official decision letter sent to the program via email. This decision letter will identify the specific Standards or criteria with which the program is out of compliance and cite specific reasons why the program is out of compliance. Furthermore, the decision letter will state the date by which the program must resolve any identified deficiencies. An example of a decision letter in which compliance issues, action needed, and a deadline for compliance are identified is appended to this response as Exhibit 078.

According to the “Deadline for Compliance with the Standards and Criteria of the Council on Accreditation” policy, the maximum length of an extension for good cause is one year, except in cases of non-compliance related to National Certification Examination pass rate monitoring (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 64). In fact, the Council has not received any requests for extension to the three-year compliance deadline besides those related to National Certification Examination pass rate monitoring during the Recognition period. The Council develops a monitoring flowchart to assist programs in understanding the potential pathways of the National Certification Examination monitoring process. Programs nearing the end of the three-year compliance deadline may request an exception to the requirement if they are able to demonstrate progression toward improving pass rates and meet the Council’s pass rate requirement during the monitoring period. Because programs must meet the pass rate requirement twice consecutively during the monitoring period in order to be removed from monitoring, the Council may allow an additional year for review of a program’s pass rates. This allowance may result in an additional extension of one year. A letter to a program communicating an additional extension of this type is appended as Exhibit 075.

The Council also publishes and enforces a general policy on programs’ submission of progress reports (ref. Exhibit 003 – Accreditation Policies and Procedures: “Progress
Reports” [P-24], PDF pg. 153). This policy states that reports may be required to clarify or demonstrate a program’s full compliance with one or more of the Council’s Standards, policies, or procedures. A progress report will be required from a program until such compliance is achieved. The “Progress Reports” policy identifies reasons progress reports may be required, including: demonstrating compliance with Standards, policies, or procedures in advance of a program’s next scheduled onsite review; when continued accreditation has been conferred but complete resolution of an identified problem has not been accomplished; when a bona fide, signed complaint has been presented in accordance with the Council’s procedures for complaints or third-party testimony; or for any cause that provides evidence that a program has ceased to be in full compliance with the Standards, policies, or procedures (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 153). Examples of Council decision letters in which programs are instructed to submit progress reports and demonstrate compliance with the Standards and/or policies and procedures are appended as Exhibit 056 – Letter to Program Regarding Fiscal Concerns; Exhibit 058 – Complaint Against a Program; Exhibit 078 – Decision Letter with Deadline for Compliance; and Exhibit 124 – Progress Report Midpoint Evaluations.

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section
The agency holds appropriate policies on noncompliance with standards that align with the noted regulation. The agency holds a written policy that requires the agency to notify the institution/program of findings of noncompliance through a decision letter that is sent within 30 days of the Council’s decision. This written notification must provide written specification of any identified deficiencies (Exhibit 003, p. D-4). The agency's policies require that the institution/program come into compliance within a maximum period of three years (Exhibit 003, pp. D-1-3 and 3-7). As noted in 602.16(a)(1), the agency has a minimum program length requirement of two years for master’s programs and a minimum program length requirement of three years for doctoral programs, with most programs exceeding the minimum requirements (Exhibit 002 and Exhibit 003). Thus, the agency offers a limit on noncompliance that aligns with the regulation in terms of master’s programs given that the period would be 150 percent of the length of the program and goes beyond the requirements in regulation in terms of doctoral programs given that the period would be 100 percent of the length of the program. This maximum period of noncompliance may be shortened by the agency if the area of noncompliance is found by the agency be a “critical concern.” This shortened period may also include placing the program on probation (Exhibit 003, pp. P-8-10). In addition, if an institution/program is delinquent in its review by the Council or misses a submission deadline, the agency may send forward a show cause letter that requests a reply as to why the institution/program should not be placed on probation or have its accreditation revoked (Exhibit 003, p. S-8). The agency also includes this timeline information in the decision letter when a program begins to near the maximum period of noncompliance though all decision letters will include the date by which the institution/program must resolve any deficiencies (Exhibit 003, p. D-2, and Exhibit 078).

The agency has a written policy regarding good cause in the agency’s Accreditation Policies and Procedures that notes that good cause is an exception to the three-year deadline with the maximum length of the extension being one year unless the institution's/program’s noncompliance is due to certification examination pass rates. Given that showing compliance with the agency’s pass rate standards is a multi-year process, the agency enables good cause extensions solely related to pass rates to extend to up to two years (Exhibit 003, p. D-1). Requests for extensions must be submitted in writing to the Council for Council consideration (Exhibit 003, p. D-1). The agency provided an example of an agency decision letter for a program granted a good cause extension (Exhibit 075).

The agency has a number of mechanisms through which it monitors institutions/programs including annual monitoring, midpoint evaluations that take place at the halfway point of the accreditation period, and responses to progress
reports (Exhibit 003, p. A-8, D-3, P-24). With regard to progress reports specifically, the agency holds specific policies when the provision of a progress report letter would be appropriate by the Council and the requirements for both institutions/programs and the Council in terms of timelines and possibilities of decisions, including the ability to evaluate and approve the progress reports, provide ongoing monitoring, if warranted, and evaluate an institution's/program’s progress in resolving the finding of noncompliance (Exhibit 003, pp. P-24-25).

The agency offered in its petition a number of examples of notifications of review in accordance with the applicable criteria (Exhibit 056, 058, and 124). In addition to the specific letters offered by the agency in its petition, the agency submitted a number of examples in other sections of the petition that also confirm compliance with this criterion (Exhibit 053 and 054).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

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:

(b) The COA’s Accreditation Policies and Procedures Manual glossary defines an adverse accreditation decision as, “Decisions including, but not limited to, denial or revocation of accreditation.” (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 245). The COA’s “Decisions for Accreditation” (D-3) policy lists the types of decisions the COA can render, including denial of accreditation (for programs seeking initial accreditation) and revocation of accreditation (for programs seeking continued accreditation) (see Exhibit 003 – Accreditation Policies and Procedures, PDF pgs. 66-69). Other COA policies that provide the COA with the option for an immediate adverse accreditation action include “Annual Report” (A-8), “Complaints Against Nurse Anesthesia Programs” (C-16), “HIPAA” (H-1), “Major Programmatic Change” (M-1), “Progress Reports” (P-24),” and “Public Disclosure of Accreditation Decisions and Performance Data” (P-27) (see Exhibit 003 – Accreditation Policies and Procedures Manual, PDF pgs. 15, 53, 105, 111, 154, 157).

The Council has not rendered a final adverse accreditation decision against a program during the current Recognition period, nor has it initiated any such decisions since USDE Regulations were revised in 2020.

(c) The COA policy, “Deadline for Compliance with the Standards and Criteria of the Council on Accreditation” (D-1) currently allows a maximum of up to three years in which programs must comply with the Council's requirements, unless a good cause extension is given. Council actions in the policy include: 1) Identify the specific standards or criteria with which the program is out of compliance; 2) Cite the reasons why the program is out of compliance; 3) State the date by which the program must resolve the deficiencies; 4) Inform the program that an adverse accreditation decision for revocation will be forthcoming for failure to comply by the three-year deadline; and 5) Consider a request from a program for an extension of the three-year deadline if there is good cause (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 65). The COA’s “Decisions for Accreditation” (D-3) policy requires that programs that receive an adverse accreditation decision must submit to the COA a teach-out plan and teach-out agreement (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 66).

The COA’s last initiated adverse decision was the revocation of accreditation of one program in November 2017 (see Exhibit 079 – Letters Regarding Revocation and Teach Out, PDF pgs. 1-7). At that time, the COA’s “Deadline for Compliance with the Standards and Criteria of the Council on Accreditation” allowed a maximum of two years to come into compliance with accreditation Standards, with the possibility of a one-year good cause extension. The initial date of revocation was such that the program would have an opportunity to graduate its students completing the program.
in the current academic year. The program requested reconsideration at which time the COA upheld its decision but changed the date of revocation to allow the program to teach out all remaining students (see Exhibit 079 – Letters Regarding Revocation and Teach Out, PDF pgs. 8-20). The COA ultimately rescinded the revocation decision based on the determination that a change in control of the institution would resolve the underlying basis for the October 18-20, 2017 decision to revoke accreditation insofar as the new institution was regionally accredited by the Southern Association of Colleges and Schools (see Exhibit 079 – Letters Regarding Revocation and Teach Out, PDF pg. 24).

(d) The COA only accredits one single purpose institution which does not have any additional locations.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must modify its definition of adverse action to ensure that the agency takes an adverse action that aligns with the federal definition of adverse action when the agency has determined that such action in warranted. The agency must also amend its reconsideration policies to ensure that reconsideration does not stay any reporting requirements related to initiated adverse actions. Additionally, the agency must amend its reconsideration or appeals requirements to ensure that the reconsideration process may only occur once prior to initiating the agency’s appeal process for any adverse actions taken. The agency must also provide information regarding policies and procedures related to effective dates of adverse actions taken.

**Analyst Remarks to Narrative:**
As noted in the agency’s narrative, the agency typically defines an adverse accreditation decision as being either revocation of accreditation or denial of accreditation (Exhibit 003, pp. D-3-7). However, the agency’s glossary in the Accreditation Policies and Procedures defines an adverse accreditation decision as, “Decisions including, but not limited to, denial or revocation of accreditation (Exhibit 003, p. GG-1). Due to the lack of information noted in the agency’s glossary definition regarding the term “but not limited to”, it is not clear what other actions the agency would take that would signify adverse action by the agency or that the agency’s definition aligns with the federal definition of adverse action, specifically that adverse action means the denial, withdrawal, suspension, revocation, or termination of accreditation or preaccreditation, or any comparable accrediting action an agency may take against an institution or program.

The agency has a policy for taking an immediate adverse action when an institution’s/program’s violation of any of the agency’s published standards, policies, and/or procedures are so severe as to indicate that resolution within the agency’s maximum timeline of noncompliance will not be possible (Exhibit 003, R-8). The agency confirmed in its petition that no situations occurred in the recognition period that required implementation of its policies in this regard.

The agency requires all institutions/programs to come into compliance within three years. When the Council has found that an institution/program has failed to comply with any of the agency’s standards, policies, or applicable procedures, the agency informs the institution/program that an adverse accreditation decision for revocation will be forthcoming for failure to comply by the three-year deadline (Exhibit 003, p. D-2). All adverse actions are subject to the agency’s reconsideration and appeal policies. The agency had one institution that did not bring itself into compliance within a previous, shorter timeline for compliance prior to the change in regulation in July 2020, and initiated adverse action against the institution (Exhibit 079).

The agency’s policy for reconsideration notes that “submission of a request for reconsideration will stay the effects of the Council’s decision” (Exhibit 003 – p. R-4). The agency must amend its reconsideration policy to ensure that reconsideration does not stay any reporting requirements related to initiated adverse actions.

The agency’s policies permit the Council to take any of the following decisions related to the reconsideration process: 1) Seek further information from the institution/program, 2) Grant a hearing, 3) In addition, use information that may be at its disposal during the reconsideration process, 4) Grant or restore the requested accreditation status, and 5) Adhere to its initial decision. However, the agency’s documentation appears to show that the agency permits multiple reconsiderations which extends the time of noncompliance and does not appear to follow the agency’s policies related to reconsideration or appeals.
The agency’s documentation shows that the agency sent forward a revocation letter to an institution on November 15, 2017, due to an issue of noncompliance since January 1, 2015 (Exhibit 79, pp. 1-2). Following the initiated reconsideration process, the agency upheld its decision to revoke the institution’s accreditation but changed the effective revocation date from September 30, 2018, to February 28, 2020, to enable enrolled students to graduate from an accredited institution (Exhibit 79, pdf p. 8). The agency’s letter also notes that an appeal would need to be filed no later than March 18, 2018, to the Accreditation Appeal Panel (Exhibit 79, pdf p. 20). In April 19, 2018, the agency sent forward another decision that noted that “Upon a second reconsideration of the October 18-20, 2018 decision to revoke accreditation (redacted) the COA rescinds the decision to revoke accreditation of (redacted)...(Exhibit 79, pdf. p. 24).

There are two issues related to the documentation provided. Firstly, the agency’s policies related to revocation enable the Council to set the effective date of revocation in that “the effective date of revocation of accreditation will permit the completion of the program's academic calendar during the year in which the Council's decision to revoke accreditation occurs” (Exhibit 003, p. R-8). However, in the scenario noted the agency extended the institution’s accreditation through multiple future years prior to the effective revocation date. Secondly, the agency’s second reconsideration requires the Council to essentially review for a third time the same issue rather than enabling the Accreditation Appeals Panel the opportunity to review the issue in accordance with the agency’s policies. While this situation appears to be singularly related to a newly implemented standard that would not occur again in the future, the agency must nevertheless amend and clarify its policies, procedures, and resultant protocols to ensure appropriate operationalization of all.

The regulation for 602.20(d) is optional to enact. The agency does not appear to have any policies that reflect 602.20(d) and notes in its petition that its accreditation of institutions is limited to one institution that does not have any additional locations.

Following receipt of the Staff Report, the COA revised its definition of “Adverse Accreditation Decision” to clarify that that the only two accreditation decisions the COA considers adverse are denial and revocation of accreditation (see Exhibit 38–Revised Policy and Procedure Mark-Ups – November 2022, PDF pg. 21).

The COA also reviewed its “Reconsideration” policy. Language has been added to
the policy introduction to clarify that the reconsideration process may only occur once prior to initiation of the Council’s appeals process for a given action or probation decision. Within policy item #1a, a revision clarifies that while a request for reconsideration will stay the effect of the Council’s decision, disclosure of the initiated decision will still be made in accordance with the COA’s “Public Disclosure of Accreditation Decisions and Performance Data” policy (see Exhibit 38 – Revised Policy and Procedure Mark-Ups – November 2022, PDF pg. 24).

The above-described revisions were proposed by the COA’s Standards and Policies Committee in November 2022. The COA reviewed the proposed revisions and approved them for release as part of a Call for Comments conducted between December 5, 2022 and January 6, 2023 (see Exhibit 40 – COA Meeting Minutes Excerpt – November 2022, PDF pg. 4 and Exhibit 41 – Call for Comments Documentation). Following closure of the Call for Comments, the members of the Standards and Policies Committee reviewed the results from the community of interest and presented the revised policies to the Full Council during the COA’s January 26-28, 2023 meeting. During this meeting, the COA granted final approval to the policy revisions (see Exhibit 42 – COA Meeting Minutes Excerpt – January 2023). The revisions were announced to program administrators in the February 2023 edition of the Program Directors’ Update (see Exhibit 43). An updated version of the Accreditation Policies and Procedures Manual has been appended to this response to demonstrate final approval and implementation of these revisions (see Exhibit 1, PDF pgs. 164 and 241).

The COA has not rendered any final adverse accreditation decisions since its last review.

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**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the Draft Analysis, the agency amended the sections on Adverse Accreditation Decisions and Reconsideration in the COANAEP Accreditation Policies and Procedures document to align with this criterion. Specifically, the agency clarified that adverse accreditation decisions taken by the agency only include denial or revocation of accreditation (Exhibit 52 GG-1). The agency also amended its policies regarding reconsideration to note that “the reconsideration process may only occur once prior to initiation of the Council’s appeals process for a given adverse action or probation decision” (Exhibit 52 R-3). Finally, the agency also amended its reconsideration policy to ensure that disclosure of the initiated decision is not stayed
by the filing of a written request for reconsideration (Exhibit 52 R-3, 1.a.). These amendments to the agency’s policies also resolve the concern related to effective dates of adverse actions taken and timelines for resolution.

The agency notified program directors of these changes in February 2023 (Exhibit 43). The agency noted in its petition submission that no opportunity arose since the implementation of the new policy that would require its operationalization.

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:

While the COA made an initial decision to revoke the accreditation of one single purpose institution in November 2017, the COA ultimately rescinded the decision based on the determination that a change in control of the institution would resolve the underlying basis for the initial decision to revoke accreditation as the new institution was regionally accredited by the Southern Association of Colleges and Schools (see Exhibit 079 - Letters Regarding Revocation and Teach Out, PDF pg. 24).

While the COA does not require arbitration before a program takes legal action against the COA, it certainly would be willing to consider arbitration in appropriate circumstances if sought by a program in connection with a legal challenge of a final agency action.
Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must hold policies that note that all adverse actions taken towards institutions of higher education are subject to the initial arbitration requirements in 20 U.S.C. 1099b(e).

**Analyst Remarks to Narrative:**

While the agency noted its willingness to consider arbitration in certain relevant situations, the agency must also hold policies that note that all adverse actions taken are subject to the arbitration requirements in 20 U.S.C. 1099b(e), specifically noting that accredited institutions of higher education must agree to submit any dispute involving the final denial, withdrawal, or termination of accreditation to initial arbitration prior to any other legal action. The agency must also provide a deadline for the initiation of the arbitration proceedings following a final adverse action following the exhaustion of an appeal process.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

Following receipt of the Staff Report, the COA reviewed its Accreditation Policies and Procedures manual to identify any areas in need of revision to ensure compliance with this regulation. Following review, the COA revised item 4.a.2 (regarding denial of accreditation) and item 5.e. (regarding revocation of accreditation) in the COA policy, “Decisions for Accreditation of Nurse Anesthesia Educational Programs” to reflect the requirement for adverse accreditation decisions to be subject to the arbitration requirements of 20 U.S. Code 1099b(e) (see Exhibit 38 – Revised Policy...
Additionally, the COA revised language in the COA policy, “Revocation Procedure” introduction to state that revocation decisions are subject to the arbitration requirements of 20 U.S. Code 1099b(e) (see Exhibit 38 – Revised Policy and Procedure Mark-Ups – November 2022, PDF pg. 22).

The above-described revisions were proposed by the COA’s Standards and Policies Committee in November 2022. The COA reviewed the proposed revisions and approved them for release as part of a Call for Comments conducted between December 5, 2022 and January 6, 2023 (see Exhibit 40 – COA Meeting Minutes Excerpt – November 2022, PDF pg. 4 and Exhibit 41 – Call for Comments Documentation). Following closure of the Call for Comments, the members of the Standards and Policies Committee reviewed the results from the community of interest and presented the revised policies to the Full Council during the COA’s January 26-28, 2023 meeting. During this meeting, the COA granted final approval to the policy revisions (see Exhibit 42 – COA Meeting Minutes Excerpt – January 2023). The revisions were announced to program administrators in the February 2023 edition of the Program Directors’ Update (see Exhibit 43).

After further consideration, the COA determined that the placement of the language regarding arbitration requirements would be more appropriate in the COA Policy, “Rules for Appellate Review” as arbitration would be an option for programs only after exhausting the appeals process. The approved language was moved from the policies “Decisions for Accreditation of Nurse Anesthesia Educational Programs” and “Revocation Procedure” and placed in “Rules for Appellate Review” policy. In addition, language was added to clarify the deadline for the initiation of arbitration proceedings is twenty (20) days of receipt of the COA decision (see Exhibit 46 – Revised Policy and Procedure Mark-Ups – March 2023, PDF pgs. 1 and 7). This revision was approved by the COA Board on March 24, 2023 (see Exhibit 47 – COA Full Council Email Vote – March 24, 2023) and was communicated to programs and onsite reviewers on April 4, 2023 (see Exhibit 48 - Notice to Programs and Onsite Reviewers - March 2023 Policy Revisions). The final revised policy has been implemented (see Exhibit 1 - Accreditation Policies and Procedures Manual, revised April 2023, PDF pgs. 22-28).

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response
In response to the Draft Analysis, the agency amended the section on Rules for Appellate Review in the COANAEP Accreditation Policies and Procedures document. Specifically, the agency added language regarding requirements related to arbitration for any further review related to final adverse actions. Additionally, the agency set a timeline for arbitration noting that a request for arbitration of a final adverse action must be submitted within twenty days of receipt of the decision (Exhibit 52, A-22, XV.)

The agency notified program directors of these changes in February 2023 (Exhibit 43). In response to a Department staff request, the agency provided confirmation by email that no opportunity arose since the implementation of the new policy that would require its operationalization (Exhibit 72).

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

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### Criteria: 602.20(f-g)

**Description of Criteria**

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

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

**Narrative:**

The regulations indicated include Standards for Participation in Title IV, HEA Programs as well as Institutional and Financial Assistance Information for Students. The Council has not identified any instances of non-compliance with these requirements during this Recognition period.

### Document(s) for this Section

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Analyst Worksheet - Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide its policies that confirm that, if in the course of its work it identifies instances or potential instances of noncompliance with any of the requirements listed in 602.20(f), it must notify the Department.

Analyst Remarks to Narrative:

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize any policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures. However, the agency must provide its policies that confirm that, if in the course of its work it identifies instances or potential instances of noncompliance with any of the requirements listed in 602.20(f), it must notify the Department.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The COA acknowledges that it is not responsible for enforcing the requirements contained in regulations 34 CFR 668.14 – Program participation agreement, 34 CFR 668.15 – Factors of financial responsibility, 34 CFR 668.16 – Standards of administrative capability, 34 CFR 668.41 – Reporting and disclosure of information, and 34 CFR 668.46 – Institutional security policies and crime statistics. However, in response to feedback offered as part of the Staff Report, the COA has revised its “Notification of the Council’s Accreditation Decisions” policy to clearly reflect that if in the course of the COA’s work, it identifies instances or potential instances of noncompliance with any of these requirements, it will notify the U. S. Department of Education. Existing policy item #2c has been expanded to include the various elements of 34 CFR 668 described above (ref. Exhibit 46 – Revised Policy and Procedures Mark-Ups – March 2023, PDF pg. 18).

This revision was approved by the COA Board on March 24, 2023 (see Exhibit 47 - COA Full Council Email Vote - March 24, 2023) and was communicated to programs on April 4, 2023 (see Exhibit 48 - Notice to Programs and Onsite Reviewers - March 2023 Policy Revisions). The final revised policy was published in the Accreditation

The Council has not identified any instances of required notification related to these requirements during this Recognition period.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the Draft Analysis, the agency amended section N of the COANAEP Accreditation Policies and Procedures related to Notification of the Council’s Accreditation Decisions to align with the requirements of this criterion. Specifically, the agency included language that specifically aligns with the requirements of this criterion (Exhibit 55, N-3 2.c.3.1.). The agency notified program administrators, assistant program administrators, and onsite reviewers of this change in policy by email on April 4, 2023 (Exhibit 55). The agency noted in its petition that an opportunity to operationalize this policy had not arisen since the updating of the policy.

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

No file uploaded

**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:

(a) The Council’s “Validity, Reliability, and Relevancy of the Council’s Standards and Criteria” (V-1) defines the timeline on which the agency will systematically review its Standards to ensure they are valid and reliable indicators of educational quality (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 193). This systematic review is also conducted to determine whether the Council’s Standards are relevant to the education or training needs of nurse anesthesia students.

The Council, through its Standards and Policies Committee, will request a call for comments on the Standards from the Council’s community of interest every five years. The Council’s community of interest includes program administrators, chief executive officers of institutions that conduct nurse anesthesia programs, current nurse anesthesia students, practicing nurse anesthetists, deans of colleges/universities that house nurse anesthesia programs, and the public. As part of the call for comments, the Council requests that the community of interest examine the Standards and indicate whether it believes they are valid, reliable, and relevant indicators for measuring the quality of a nurse anesthesia program.

An example of a recent call for comments communication to the Council’s community of interest is appended as Exhibit 084; this call was related to proposed revisions to the Council’s Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate. Following email distribution of the call for comments notice, the Council also conducted Hearings on the proposed revisions at national meetings held throughout 2020 (see example Exhibit 080 – Summary of Proposed Revisions, which reflects presentation of the revisions at a Hearing at the November 2020 Fall Leadership Academy). The appended “Master Summary – All COA Calls for Comment” reflects thorough Council review of comments from the community of interest in regard to proposed revisions to the Standards (see Exhibit 081).

(b) The Council maintains a “VRR Worksheet” used to track the conducting and results of all tests of validity, reliability, and relevance identified in the “Validity, Reliability, and Relevancy of the Council’s Standards and Criteria” policy (ref. Exhibit 070 – VRR Worksheet and Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 193). The VRR Worksheet includes a column for all tests of validity, reliability, and relevance, identifies the timeframe for conducting the tests (as well as logs the date of the last test), and notes the Council’s findings or feedback.
provided by the community of interest as part of the test. Tests conducted by the Council as part of its systematic evaluation of the Standards include: 1) Has the community of interest had input into development and implementation of the Standards? (conducted every five years); 2) Are the Standards congruent with USDE and CHEA criteria? (conducted on an as-needed basis); 3) Are the Standards and criteria that had the most violations over the past year valid indicators for measuring program quality? (conducted annually); 4) Were employers satisfied with the performance of first-time recertifying graduates? (conducted every five years); 5) Are the Standards designed so that onsite reviewers collect the same data and assess them in the same way to determine the quality of a nurse anesthesia program? (conducted every five years); 6) Are the first-time recertified graduates satisfied with their achievement of graduate outcomes? (conducted every five years); Do the Standards direct a program to design and implement a learning environment which prepares students to enter practice? (conducted every five years); and 7) Does the manner in which the COA conducts its proceedings foster consistency in decision making when the same set of data is reviewed? (conducted annually).

The Council involves the full community of interest in the comprehensive review of its Standards held every five years, though it also conducts calls for comment on any substantive changes to the Standards or policies on an as-needed basis. Program administrators also receive Special Reports each year reflecting Council review of all citations made during onsite accreditation reviews for a given period, as well as onsite reviewers’ assessment of self study documentation. The Council uses the reports to determine if citations with the most violations were valid measures of program quality; the reports are shared with programs to increase administrator knowledge of the types of problems that can occur, be prevented or corrected. An example of Council distribution of these Special Reports is appended as Exhibit 082.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency’s standard revision process is included in the sections entitled Standards for Accreditation: Development, Adoption, And Revision, and Validity, Reliability; and Relevancy of the Council’s Standards and Criteria, both of which are found within the agency’s Accreditation Policies and Procedures (Exhibit 003, pp. S-10-12 and pp. V-1-3) The agency’s process, which occurs every five years, requires that it provide its communities of interest an opportunity to comment on its comprehensive review and revisions of the standards in order to ensure that its standards are adequate to evaluate the quality of the education and training provided by the institutions/programs it accredits (Exhibit 084). The agency emails a general call for comment to relevant constituencies together with posting the announcement on the agency website. The agency’s practice is to open comment periods for thirty days to ensure a meaningful opportunity to contribute to the review (Exhibit 081).

The agency uses a system of surveys to its relevant constituencies to gather information on graduate satisfaction, satisfaction of employers, and appropriateness of changes for the profession. The agency also creates reports on the number of citations received by institutions/programs to meet its accreditation standards (Exhibit 082). Standards are tested through the formation of Council work groups that assess similar accreditation materials to determine if the standards enable consistency in decision making. In its petition, the agency included the timelines and activities resultant from the implementation of its policies related to changes in its standards (Exhibit 070). The agency also provided documentation of the agency’s multiple rounds of comment by the Council for standards suggestions resulting from the work of the joint COA/AANA Full Scope of Practice Competency Task Forces (Exhibits 081 and 084).

During the virtual file review in March 2022, Department staff reviewed the most
recent documentation of the review and adoption of the revised standards, including minutes of a Council meeting in which new standards were discussed, reviewed, and approved.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

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:

(c) The Council’s Accreditation Policies and Procedures manual includes the policy “Standards for Accreditation: Development, Adoption, and Revision” (S-10) which governs how the Council will announce any proposed changes and solicit feedback from its community of interest (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 179). This policy states that major (substantive) revisions to the Standards are subject to review, hearing, and comment by the Council’s community of interest, while more minor or limited revisions are subject to comment but do not
require a full hearing. The “Standards for Accreditation: Development, Adoption, and Revision” policy additionally notes (in its procedure for review and major revision) that adopted Standards are to be implemented by programs within one year. These adopted Standards will be reviewed by programs in order for them to revise policies and procedures to comply with the newly adopted Standards (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 180).

The Council recently undertook a major revision of its Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate in response to recommendations of the Full Scope of Practice Competency Task Force. As noted in Exhibit 081 – Master Summary – All COA Calls for Comment, the Council considered recommended changes to its Standards and ultimately proposed revisions based on 12 distinct recommendations. Following initial revision, the Council released the revised Standards for comment in May, August, and November 2020. Additionally, the Council presented the revisions in official Hearings held at the August 2020 Annual Congress of the American Association of Nurse Anesthetists (AANA) and November 2020 AANA Fall Leadership Academy. Exhibit 081 includes a summary of all feedback received on the proposed revisions, gathered through these calls for comment; these were formally reviewed by the Council at its January 2021 meeting.

As demonstrated in Exhibit 083 – PDU Issue 87, March 2021, the Council announced its final approval of the proposed revisions following its January 2021 meetings (see PDF pg. 1). This announcement was communicated in the Program Directors’ Update shared not only with the administrators of accredited nurse anesthesia programs, but also the Council and AANA Boards, AANA Senior Staff, the Chief Executive Officer and members of the National Board of Certification and Recertification for Nurse Anesthetists, all Council onsite reviewers, consultants, and legal counsel. The notice to programs indicated that the revisions would be effective immediately (i.e., incorporated into the Standards) and applicable to all students matriculating into nurse anesthesia programs on or after January 1, 2022.

(d) The “Standards for Accreditation: Development, Adoption, and Revision” (S-10) policy affords programs the opportunity to notify the Council when revision of the Standards is desired, or if they identify potential problems related to compliance with proposed changes to existing requirements (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 180). Separately, the Council may determine that revisions to its Standards are needed. If this is the case, suggestions for revision will be requested from the Council’s community of interest. Depending on how significant the proposed revisions are, the Council will either appoint a Standards Revision Task Force to coordinate the revisions, calls for comment, and timeline for review, or else charge its standing Standards and Policies committee with these responsibilities.

In the “Development and Adoption” phase of major revision to the Standards, the Council will develop and review consecutive drafts of its Standards based on input
from the community of interest, which is gathered using surveys, suggestions, and focus group discussions (ref. Exhibit 003 – Accreditation Policies and Procedures: “Standards for Accreditation: Development, Adoption, and Revision” [S-11], PDF pg. 180). Exhibit 084 – Call for Comments Notice is one of several email notifications to the community of interest in which the Council provided a survey hyperlink through which the community could provide feedback on the proposed revisions. The call for comments survey link and summary of all proposed revisions were also posted to the Council’s website. The Council additionally presented the proposed revisions at official Hearings held at the August 2020 Annual Congress of the American Association of Nurse Anesthetists (AANA) and November 2020 AANA Fall Leadership Academy. Exhibit 080 is a copy of Hearing materials distributed to the community of interest.

The “Standards for Accreditation: Development, Adoption, and Revision” policy further identifies an “Implementation Phase” of Standards revision, during which the Council will present a Hearing on revised requirements at the first Assembly of Didactic and Clinical Educators held after the adopted Standards have been published and distributed. As a result of the COVID-19 pandemic, the Assembly of Didactic and Clinical Educators was conducted in a virtual format in February 2021; however, the Council President and Chief Executive Officer produced a recorded video Hearing in which they introduced and explained the revisions to the Standards (ref. Exhibit 085 – COA Update Announcement). Review of feedback received via the call for comments, and further revisions made in response, is reflected in Exhibit 013 – June 2020 Full Council Meeting Minutes (ref. PDF pg. 3).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must amend its policies so that 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.

**Analyst Remarks to Narrative:**

The agency’s standard revision process is included in the sections entitled Standards for Accreditation: Development, Adoption, And Revision, and Validity, Reliability, and Relevancy of the Council’s Standards and Criteria located within the agency’s Accreditation Policies and Procedures (Exhibit 003, pp. S-10-12 and pp. V-1-3). The agency’s systematic standards review process occurs every five years, though the agency may revise the standards at any time as needed. This systematic review of the agency’s standards includes the call for comments from the agency’s community of interest on a variety of topics as it relates to the applicability and relevance of the agency’s standards and policies. Following this systematic review, the Council determines whether any major or minor revisions are necessary (Exhibit 003, pp. V-1-3).

The agency holds three types of standards revisions: major revisions, minor revisions, and editorial revisions. Minor revisions are subject to comment by the agency’s communities of interest. Major revisions are subject to a review process, open hearing, and comment by communities of interest. Editorial revisions are the purview of the Council and do not require input. The determination on the level of the revision is made by the Council. Adopted standards are to be implemented by programs within one year (Exhibit 003, pp. S-10-12).
For minor revisions, recommendations for such revision are considered by the Council. If it is determined that changes need to be made, action is initiated with 12 months to undertake the minor revision. However, the agency has no similar timeline for major revisions. The agency should either amend its policies regarding changes to standards to ensure that for any situation in which changes are determined to be necessary action is initiated within 12 months to begin the process of amending the standards or amend the agency’s systematic review of standards policies to ensure that any standards changes determined to be necessary as a result of the systematic review has action initiated with 12 months.

The agency has provided narrative and documentation to support its policies and processes for initiating action, providing notices to constituencies regarding standards revision and related documentation, and enabling meaningful opportunity for comment (Exhibits 013, 80-85).

During the virtual file review in March 2022, Department staff reviewed the most recent documentation of the review and adoption of the revised standards in 2021, including communication with external entities and minutes of meeting in which new standards were developed, reviewed, and approved.

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

No files uploaded

Response:

The COA provided an example of its process for major revisions to its Standards as part of its initial Petition response—please refer to Exhibit 081 – Master Summary – All COA Calls for Comment. This enclosure reflects the major revision conducted following the work of the Full Scope of Practice Competency Task Force, a group convened to make evidence-based recommendations intended to continue to prepare nurse anesthesia graduates to meet the needs of their practice setting. This group shared a report of its findings—including recommendations for revisions to COA Standards and policies—in September 2019. As noted in Enclosure 081, the COA immediately began its review of the recommendations and initiated the process of making major revisions to its Standards within eight months (i.e., May 2020).

Although COA procedure has been to initiate major revision within 12 months of the determination of a need for revision, review of the Staff Report indicated a need to clarify this practice in policy. In response to the Staff Report, the COA’s Standards and Policies committee proposed revisions to the “Standards for Accreditation: Development, Adoption, and Revision” policy (see Exhibit 38 – Revised Policy and Procedure Mark-Ups - November 2022, PDF pg. 28). These proposed revisions were
offered to the Full Council in November 2022, and consisted of adding language to policy item #2a1, which states:

“The Council is responsible for determining the need for major changes in the Standards for Accreditation of Nurse Anesthesia Educational Programs and/or Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate, and for initiating such actions. Recommendations for a major revision will be considered by the Council from appropriate persons, councils, programs, or institutions.”

The Standards and Policies committee proposed adding, as the final sentence of item #2a1, “Action will be initiated within 12 months to undertake a major revision.”

The above-described revisions were proposed by the COA’s Standards and Policies Committee in November 2022. The COA reviewed the proposed revisions and approved them for release as part of a Call for Comments conducted between December 5, 2022 and January 6, 2023 (ref. Exhibit 40 – COA Meeting Minutes Excerpt – November 2022, PDF pg. 4 and Exhibit 41 – Call for Comments Documentation). Following closure of the Call for Comments, the members of the Standards and Policies Committee reviewed the results from the community of interest and presented the revised policies to the Full Council during the COA’s January 26-28, 2023 meeting. During this meeting, the COA granted final approval to the policy revisions (Exhibit 42 – COA Meeting Minutes Excerpt – January 2023). The revisions were announced to program administrators in the February 2023 edition of the Program Directors’ Update (Exhibit 43); a current copy of the Accreditation Policies and Procedures Manual reflecting final approval and implementation of the policy revisions has been appended to this narrative response (see Exhibit 1, PDF pgs. 180-182).

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the Draft Analysis, the agency amended the section on Standards for Accreditation: Development, Adoption, and Revision in the COANAEP Accreditation Policies and Procedures document. Specifically, the agency added language related to major revisions wherein action will be initiated within 12 months of the identification of such a need (Exhibit 42 S-11, 2.a.1.).

The agency notified program directors of these changes in February 2023 (Exhibit 43). As noted in the agency’s initial submission and response, the agency’s practices
already involved the initiation of action with 12 months when a need to change standards was identified (Exhibit 081).

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

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### Criteria: 602.22(a)(1)(i)

**Description of Criteria**

(a)

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

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

**Narrative:**

As noted in the COA’s “Major Programmatic Change” (M-1) policy, the Council must review all substantive changes to programs and institutions and be assured that any substantive changes will not adversely affect the capacity of the program to continue to meet accreditation Standards (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 108). This policy is clear in stating that programs are required to attain Council approval prior to implementing any major programmatic change (Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 109). One example of each type of major programmatic change reviewed by the Council during the Recognition period has been provided in support of the agency’s response to 602.22 (see Exhibit 086 – MPC, Change in Academic Affiliate; Exhibit 087 – MPC, Change in Conducting Institution; Exhibit 088 – MPC, Curricular Changes; and Exhibit 089 – MPC, Inactive Admissions).

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

#### Analyst Review Status:

Meets the requirements of this section

#### Analyst Remarks to Narrative:

As the agency accredits both programs and institutions, the agency has clear and comprehensive policies regarding substantive change that hold additional requirements when applied to institutions holding accreditation. The agency’s policies for substantive change found in section M-1 of the agency’s Accreditation Policies and Procedures require that approval for substantive changes must be sought prior to implementation and the agency must be assured that the substantive change will not adversely affect the capacity of the accredited entity to continue to meet accreditation standards (Exhibit 003, pp. M-1-5).

The agency included in its petition four examples of substantive change, termed by the agency as major programmatic changes, regarding, respectively, changes in academic affiliation, conducting institution, curriculum, and admissions status all of which include the action taken by the Council following review of the substantive change (Exhibit 086, 087, 088, and 089).

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

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Analyst Worksheet - Response

**Analyst Review Status:**

Not Reviewed

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**Criteria: 602.22(a)(1)(ii)(A-F)**

**Description of Criteria**

(ii) The agency’s definition of substantive change covers high-impact, high-risk changes, including at least the following:

(A) Any substantial change in the established mission or objectives of the institution or its programs.

(B) Any change in the legal status, form of control, or ownership of the institution.

(C) The addition of programs that represent a significant departure from the existing offerings or educational programs, or method of delivery, from those that were offered or used when the agency last evaluated the institution.

(D) The addition of graduate programs by an institution that previously offered only undergraduate programs or certificates.

(E) A change in the way an institution measures student progress, including whether the institution measures progress in clock hours or credit-hours, semesters, trimesters, or quarters, or uses time-based or non-time-based methods.

(F) A substantial increase in the number of clock hours or credit hours awarded, or an increase in the level of credential awarded, for successful completion of one or more programs.

**Narrative:**

The Council’s “Major Programmatic Change” (M-1) policy states that major programmatic changes requiring Council review and approval prior to implementation include, but are not limited to, the following:

- A substantial change in the established mission or objectives of the institution or program.
- Change in the legal status or form of control or ownership of a conducting institution, a nurse anesthesia program, or a single-purpose institution.
• Didactic and/or clinical curriculum changes that represent a significant departure of either the content or method of delivery.
• Acquisition of a clinical site that represents a significant change in clinical learning opportunities (see Clinical Sites-Acquisition policy and procedure).
• Substantial increase in program length (an aggregate change of 25% or more of the clock hours, credit hours, or content of a program since the program’s most recent accreditation review).
• Change in degree offered at a degree level different from that which was offered when the Council last accredited the program.
• Change in acting or permanent CRNA program administrator and/or CRNA assistant program administrator.
• Decision not to accept students (inactive admissions process).
• Change in primary academic affiliations.
• Change in the way an institution measures student progress, including whether the institution measures progress in clock hours or credit hours, semesters, trimesters, or quarters, or uses time-based or non-time-based methods.
• Addition of CRNA completion degree program. (ref. Exhibit 003 — Accreditation Policies and Procedures, PDF pgs. 108-109).

The “Major Programmatic Change” policy also defines certain changes pertaining to single-purpose institutions and programs relying on the Council’s accreditation to participate in Title IV, HEA programs:

• The entering into a contract under which an institution or organization not certified to participate in the Title IV, HEA programs, offers more than 25% of one or more of the accredited institution’s program.
• The establishment of an additional location or branch campus at which the institution offers at least 50% of an educational program.
• The addition of an additional location or branch campus.
• The addition of a permanent location at a site at which the institution is conducting a teach-out for students of another institution that has ceased operating before all students have completed their program of study.
• The acquisition of another institution or the acquisition of a program or location of another institution. (ref. Exhibit 003 — Accreditation Policies and Procedures, PDF pg. 109).

Exhibit 030 is a compilation of all Council Report of Actions documents distributed to the Council’s community of interest during the current Recognition period. The enclosure reflects Council review of the following major programmatic changes between 2018 and the present:

• Changes in academic affiliate and academic unit
• Changes in control and ownership
• Changes in conducting institution
• Significant curricular changes, including a change in credit hour distribution, substantial curricular restructuring, and development of an experimental/innovative offering
• Changes to inactive admissions status

Please refer to Exhibit 086 – MPC, Change in Academic Affiliate, Exhibit 090 – Change in Control Approval and Onsite Review, Exhibit 087 – MPC, Change in Conducting Institution, Exhibit 088 – MPC, Curricular Changes, and Exhibit 089 – MPC, Inactive Admissions.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must provide examples in the petition of substantive changes specifically
related to regulation in 602.22(a)(1)(ii)(E-I) or attest that such substantive changes have not occurred in the recognition period.

**Analyst Remarks to Narrative:**

The agency provided information regarding its substantive change policies found in Section M of the agency’s Accreditation Policies and Procedures that includes all types of substantive change required in this section with the exception of 602.22(a)(1)(ii)(D) which is not applicable as the agency does not accredit undergraduate only institutions or programs (Exhibit 003, pp. M-1-5). In addition to the Secretary’s requirements, the agency’s published policies offer various further requirements ensuring that accredited institutions and programs undergoing substantive change continue to meet the agency’s standards.

The agency included in its petition four examples of substantive change, termed by the agency as major programmatic changes, regarding, respectively, changes in academic affiliation, conducting institution, curriculum, and admissions status all of which include the action taken by the Council following review of the substantive change (Exhibit 086, 087, 088, and 089). The agency also included multiple years of notifications to the Department regarding actions taken by the Council regarding substantive change (Exhibit 030). The agency must provide examples in the petition of substantive changes related to 602.22(a)(1)(ii)(E-I) or attest that such substantive changes have not occurred in the recognition period.

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

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**Response:**

The COA attests that no substantive changes of the type described in 602.22(a)(1)(ii)(E-I) have occurred during the current Recognition period.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the Draft Analysis, the agency attested in its petition that no situation arose in the recognition period that would require the operationalization of policies and procedures related to this criterion. This satisfies the requirements of the
List of Document(s) Uploaded by Analyst - Response

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

Description of Criteria

(G) The acquisition of any other institution or any program or location of another institution.

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

Narrative:

The Council’s “Major Programmatic Change” (M-1) policy includes among the list of changes defined as “major programmatic changes” the change in form of control or ownership of a conducting institution, a nurse anesthesia program, or a single-purpose institution, as well as the addition of an additional location or branch campus for single-purpose institutions (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pgs. 108-109). The Accreditation Policies and Procedures manual also includes a separate policy, “Change in Control, Ownership, or Conducting Institution” (C-8) which governs changes in control and the addition of educational locations and/or branch campuses (Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 42). This policy is clear in requiring any change of control or ownership of a nurse anesthesia program, a single purpose institution, or a conducting institution to be reviewed by the Council prior to such change being implemented. The policy also states that accreditation will not be transferred to a new program or institution and the number of accredited programs or institutions cannot be increased as a result of a change in organizational structure. If in reviewing the proposed changes the Council determines that the change in control results in the establishment of a new program or single-purpose institution, the Council will direct the program or single-purpose institution to begin the capability process for seeking initial accreditation.

The “Major Programmatic Change” policy additionally includes a section specific to single-purpose institutions and programs relying on the Council’s accreditation to participate in Title IV, HEA programs (see Exhibit 003 – Accreditation Policies and Procedures, PDF pgs. 109-110). One of the defined major programmatic changes
requiring Council review and approval prior to implementation is “the addition of a permanent location at a site at which the institution is conducting a teach-out for students of another institution that has ceased operating before all students have completed their program of study” (Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 109). This section also notes that the acquisition of another institution or the acquisition of a program or location of another institution is a major programmatic change requiring Council review and approval. The Council has not received any notifications regarding acquisition of a permanent teach-out location 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 provided information regarding its substantive change policies found in Section M of the agency’s Accreditation Policies and Procedures that includes all types of substantive change required in this section (Exhibit 003, pp. M-1-5). The language in the agency’s policies mirrors that of the requirements in this section and requires an accredited institution to submit such changes and receive approval prior to implementation. The agency also included information regarding change in control, ownership, or the conducting institution and the requirements to initiate such activities for programs or institutions (Exhibit 003, pp. C-8-9).

The agency included in its petition four examples of substantive change, termed by the agency as major programmatic changes, with the change of conducting institution, specifically applicable to this section and showing that the agency follows its policies in this regard (Exhibit 087). The agency also provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies related to 602.22(a)(1)(ii)(h) and therefore could not provide documentation to verify implementation of its policies and procedures.

**List of Document(s) Uploaded by Analyst - Narrative**
(I) The addition of a new location or branch campus, except as provided in paragraph (c) of this section. The agency's review must include assessment of the institution's fiscal and administrative capability to operate the location or branch campus, the regular evaluation of locations, and verification of the following:

(1) Academic control is clearly identified by the institution.

(2) The institution has adequate faculty, facilities, resources, and academic and student support systems in place.

(3) The institution is financially stable.

(4) The institution had engaged in long-range planning for expansion.

Narrative:

The Council has not been notified of any additional locations or branch campuses during the Recognition period; however, the “Major Programmatic Change” (M-1) policy clearly defines ‘branch campus,’ ‘independence’ (in regard to branch campuses), and ‘additional location’ (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 108). Per the policy, a branch campus is an additional location of a nurse anesthesia institution that is geographically separate and independent from the institution’s main campus and has its own separate administrative structure, services, and facilities where the institution offers at least 50 percent of an educational program. A branch campus is considered to be independent of the main campus if the location (1) is permanent in nature; (2) offers courses in educational programs that lead to a degree or certificate; (3) has its own faculty and administrative or supervisory organization; and (4) has its own budgetary and hiring authority. A facility that is geographically apart from the main campus of the institution and at which the institution offers at least 50% of a program is considered an additional location.
Although the Council has not received any major programmatic change applications regarding the addition of locations or branch campuses during the Recognition period, the “Major Programmatic Change” policy identifies several items that must be noted in any application that is received. Single-purpose institutions or programs responsible for administering Title IV HEA programs that want to establish an additional location must provide adequate notice to the Council of the establishment of an additional location or branch campus to facilitate scheduling of an onsite review before implementation (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 110). The single-purpose institution or Title IV program must also submit a letter that: clearly identifies academic control; describes the educational program to be offered; outlines plans for regular evaluation of the location; details projected revenue, expenditures, and cash flow at the additional location or branch campus to evidence financial stability; lists operation, management, and physical resources at the additional location or branch campus; indicates adequate faculty, facilities, resources and academic and student support services; and reflects long range planning for any expansion (Exhibit 003 – Accreditation Policies and Procedures, PDF pgs. 110-111).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency provided information regarding its substantive change policies found in Section M of the agency’s Accreditation Policies and Procedures that includes the requirements in this section (Exhibit 003, pp. M-1-5). The language in the agency’s policies mirrors that of the requirements in this section and requires an accredited institution to submit such changes and receive approval prior to implementation verifying the noted criteria in 602.22(a)(1)(ii)(I)(1-4).

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to
verify implementation of its policies and procedures.

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

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

**Criteria: 602.22(a)(1)(ii)(J-K)**

**Description of Criteria**

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

(K) Addition of each direct assessment program.

**Narrative:**

Although the COA has not received any requests for review/approval of the types of changes identified in 602.22a1iiJ and 602.22a1iiK, the “Major Programmatic Change” (M-1) policy does account for review and approval of such changes. Policy item 2b notes that for requests to enter into a contract under which an institution or organization not certified to participate in the Title IV, HEA programs offers between 25% and 50% of one or more of the accredited institution’s programs, the Council will make a decision within 90 days of receipt of a materially complete request unless the Council determines that significant circumstances related to the change require additional review, in which case such review shall be completed within 180 days of the materially complete request (see Exhibit 003 – Accreditation Policies and Procedures: “Major Programmatic Change” [M-4], PDF pg. 111). Changes of this kind are also noted in the list of programmatic or institutional changes requiring Council review and approval at the beginning of the “Major Programmatic Change” policy (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 109).

To date, the Council has not received any programmatic or institutional requests for the addition of competency-based education or direct assessment programs. The list of programmatic or institutional changes requiring Council review and approval does
account for “change[s] in the way an institution measures student progress, including whether the institution measures progress in clock hours or credit hours, semesters, trimesters, or quarters, or uses time-based or non-time-based methods” (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 109).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency provided information regarding its substantive change policies found in Section M of the agency’s Accreditation Policies and Procedures that includes all necessary requirements related to 602.22(a)(1)(ii)(J) (Exhibit 003, pp. M-1-5). The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.

The agency also provided an attestation in its petition that no requests have been received regarding direct assessment program and that the agency does not accredit programs offered through direct assessment at this time.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed
Criteria: 602.22(a)(2)(i-ii)

Description of Criteria

(2)

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

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

Narrative:

(i) The Council’s “Major Programmatic Change” policy (M-1) does not address the designation of the Council’s senior staff to approve or disapprove substantive changes. Only the Council’s decision-making body reviews and renders decisions regarding substantive change requests (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pgs. 108-112).

(ii) For requests to enter into a contract under which an institution or organization not certified to participate in the Title IV, HEA programs offers between 25% and 50% of one or more of the accredited institution’s programs, the Council will make a decision within 90 days of receipt of a materially complete request unless the Council determines that significant circumstances related to the change require additional review, in which case such review shall be completed within 180 days of the materially complete request (ref. Exhibit 003 – Accreditation Policies and Procedures: “Major Programmatic Change” [M-4], PDF pg. 111).

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

Analyst Remarks to Narrative:

Although the agency has noted an understanding of the regulation that allows the Council to designate senior staff to approve or disapprove an institution’s substantive change request as noted in 602.22.(a)(2)(i), the agency has left all authority for such changes with the agency’s decision making body, as noted in the agency’s policy on major programmatic change in Section M of the agency’s Accreditation Policies and Procedures (Exhibit 003, pp. M-1-5).

In Section M of the agency’s Accreditation Policies and Procedures, the agency also holds policies that align with the time limit requirements noted in 602.22(a)(2)(ii) for request regarding the review of entry into written agreements noted in 602.22(a)(1)(ii)(J) (Exhibit 003, pp. M-1-5). The agency provided an attestation in its petition under Section 602.22(a)(1)(ii)(J-K) that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.

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

Analyst Worksheet - Response

Analyst Review Status:
Not Reviewed

Criteria: 602.22(b)

Description of Criteria

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

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

(3) The development of customized pathways or abbreviated or modified courses or programs to—

   (i) Accommodate and recognize a student's existing knowledge, such as knowledge attained through employment or military service; and

   (ii) Close competency gaps between demonstrated prior knowledge or competency and the full requirements of a particular course or program.

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

Narrative:

Per COA policy, an institution that is currently on probation or subject to an adverse accreditation decision, has been subject to such decisions by the Council over the prior three academic years, or (for single-purpose institutions) is provisionally-certified by the U.S. Department of Education to participate in Title IV student financial aid programs must receive prior COA approval to enter into a written agreement under which a non-Title IV institution or organization offers up to 25% of a program (ref. Exhibit 003 – Accreditation Policies and Procedures: “Major Programmatic Change” [M-1], PDF pg. 109). The COA’s “Major Programmatic Change” policy states that programs must attain Council approval prior to implementing any change identified as a major programmatic change. It also identifies the following as changes that are considered major programmatic changes requiring COA review and approval: didactic and/or clinical curriculum changes that represent a significant departure of either the content or method of delivery; substantial increase in program length (an aggregate change of 25% or more of the clock hours, credit hours, or content of a program since the program’s most recent accreditation review); change in the way an institution measures student progress, including whether the institution measures progress in clock hours or credit hours, semesters, trimesters, or quarters, or uses time-based or non-time-based methods.

To date, the COA has not reviewed any programmatic or institutional requests related to competency-based education or the addition of direct assessment programs.
The agency provided information regarding its substantive change policies found in Section M of the agency’s Accreditation Policies and Procedures that notes that all institutions, regardless of status, must receive prior approval for changes in method of delivery and aggregate changes reaching 25 percent for clock hours, credit hours, or content of a program since the agency’s most recent accreditation review (Exhibit 003, pp. M-1-5). The agency holds a specific policy regarding institutions currently on probation, subject to an adverse decision, or having provisional certification needing prior approval for entering into a written arrangement under which a non-Title IV institution or organization offers up to 25% of a program.

The agency also provided an attestation in its petition that no requests have been received regarding competency based or direct assessment programs. In its petition, the agency confirms that it does not accredit competency based or direct assessment programs at this time.

The agency provided an attestation in its petition in section 602.26 regarding statuses that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.

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

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed
Description of Criteria

(c) Institutions that have successfully completed at least one cycle of accreditation and have received agency approval for the addition of at least two additional locations as provided in paragraph (a)(1)(ii)(I) of this section, and that have not been placed on probation or equivalent status or been subject to a negative action by the agency over the prior three academic years, and that are not under a provisional certification, as provided in 34 CFR 668.13, need not apply for agency approval of subsequent additions of locations, and must report these changes to the accrediting agency within 30 days, if the institution has met criteria established by the agency indicating sufficient capacity to add additional locations without individual prior approvals, including, at a minimum, satisfactory evidence of a system to ensure quality across a distributed enterprise that includes—

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

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

Narrative:

(c) The COA policy “Major Programmatic Change” (M-1) requires for single purpose institutions and programs relying on Council’s accreditation to participate in Title IV, HEA programs that all additional locations be reviewed and approved by the Council as a major programmatic change prior to implementation. (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 112).

Currently the COA accredits no single purpose institutions or programs administering Title IV funds with branch campuses or additional locations.

(d) The COA policy “Major Programmatic Change” (M-1) requires that the COA establish a schedule of regular onsite reviews to the branch campus or additional location following the approval of a branch campus or the additional location (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 112).
Currently the Council accredits no single purpose institutions or programs administering Title IV funds with branch campuses or additional locations.

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**Analyst Worksheet - Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

In its petition, the agency confirms that it has not implemented the optional exceptions noted in 602.22(c) and that the agency’s decision-making body reviews all additional locations (Exhibit 003, pp. M-1-5). Following the approval of any branch campus or addition location, the agency’s policies in Section M of the agency’s Accreditation Policies and Procedures require the Council to establish a schedule of regular onsite reviews (Exhibit 003, pp. M-1-5).

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.

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

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**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

Criteria: 602.22(e)
(e) The agency may determine the procedures it uses to grant prior approval of the substantive change. However, these procedures must specify an effective date, on which the change is included in the program's or institution's grant of accreditation or preaccreditation. The date of prior approval must not pre-date either an earlier agency denial of the substantive change, or the agency's formal acceptance of the application for the substantive change for inclusion in the program's or institution's grant of accreditation or preaccreditation. An agency may designate the date of a change in ownership as the effective date of its approval of that substantive change if the accreditation decision is made within 30 days of the change in ownership. Except as provided in paragraphs (d) and (f) of this section, an agency may require a visit before granting such an approval.

Narrative:

The COA’s policies “Major Programmatic Change” (M-1) and “Change in Control, Ownership, or Conducting Institution” (C-8) do not include language regarding retroactive effective dates. COA policy “Major Programmatic Change” states that programs must attain Council approval prior to implementing the major programmatic change (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 109 and Exhibit 049 – MPC approved).

COA policy “Change in Control, Ownership, or Conducting Institution” requires that a change of control or ownership of a nurse anesthesia program, a single purpose institution, or a conducting institution must be reviewed by the Council prior to such change being implemented. Failure to obtain prior approval of such change from the Council may result in a lapse of accreditation for the program or institution. Further, programs are required to notify the Council of proposed changes at least 60 days before a regularly scheduled meeting of the Council (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 42).

For a change in control of a single purpose institution accredited by the Council, programs are required to provide adequate notice to facilitate the scheduling of an onsite review as soon as practicable but no later than six months after the change and complete an onsite review. The Council approved one change in control of a single purpose institution which was acquired by a regionally accredited university. The Council approved the change on July 16, 2018 and conducted an onsite review October 29-30, 2018. (see Exhibit 090 – Change Control Application, Decision, Onsite Review Report).
In its petition, the agency confirmed that it does not grant prior approval of substantive change (major programmatic change). All applications must be submitted prior to the implementation of the change, including applications related to change in control (Exhibit 003, pp. M-1-5 and pp. C-9-10). The agency included in its petition a decision letter related to major programmatic change as well as a change of control application that confirms that the agency does not grant prior approval of substantive change as noted in this criterion.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

Criteria: 602.22(f)(1)

Description of Criteria

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

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

(i) Has a total of three or fewer additional locations;

(ii) Has not demonstrated, to the agency’s satisfaction, that the additional location is meeting all of the agency’s standards that apply to that additional location; or

(iii) Has been placed on warning, probation, or show cause by the agency or is subject to some limitation by the agency on its accreditation or preaccreditation status;

Narrative:

The COA’s policy “Major Programmatic Change” (M-1) requires an onsite visit within six months any time a single purpose institution or program responsible for administering Title IV HEA programs adds an additional location that offers at least 50% of an educational program (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 112).

To date, neither the single purpose institution or the program responsible for administering Title IV HEA programs accredited by the Council have an additional location.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**
The agency must modify its policies to ensure that a visit is included within the required time of six months for the approval of an additional location of an institution if conditions align with 602.22(f)(1)(i-iii).

**Analyst Remarks to Narrative:**

The agency maintains clear policies that require any additional location where at least 50% of an educational program is offered to be visited, though the agency’s requirements do not include a specific timeline for when the visit must occur. The agency does require a visit for all additional locations, which goes beyond the Secretary’s requirements in this section (Exhibit 003, p. 112). The agency must modify its policies to ensure a visit within six months for the approval of an additional location of an institution if conditions align with 602.22(f)(1)(i-iii). Given that the agency's policies for evaluation go beyond what is required in this criterion, should the agency amend its policies to ensure a visit is required within six months of its current evaluative process, this criterion would be met.

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.

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

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Response:

Following receipt of the Staff Report, revisions were made to the COA policy, “Major Programmatic Change” to ensure compliance with this regulation. The timeframe “within 6 months” was added to the requirement for an onsite visit to a new additional location or branch campus under policy items d.1, d.3, and d.4. (see Exhibit 46 - Revised Policy and Procedure Mark-Ups - March 2023, PDF pg.14). This revision was approved by the COA Board on March 24, 2023 (see Exhibit 47 - COA Full Council Email Vote - March 24, 2023) and was communicated to programs and onsite reviewers on April 4, 2023 (see Exhibit 48 - Notice to Programs and Onsite Reviewers - March 2023 Policy Revisions). The final revised policy was published in the Accreditation Policies and Procedures Manual; a copy of the Manual has been appended as evidence of implementation of the policy revisions (see Exhibit 1 - Accreditation Policies and Procedures Manual, revised April 2023, PDF pgs. 180-182).
In response to the Draft Analysis, the agency amended section M-1 of the COANAEP Accreditation Policies and Procedures related to Major Programmatic Change to align with the requirements of this criterion. Specifically, the agency clarified that any single purpose institution or program responsible for administering Title IV HEA programs wanting to establish an additional location where at least 50% of an educational program is offered or a branch campus must hold a comprehensive evaluation including a complete self-study and a comprehensive onsite review within six months (Exhibit 55, M-1 1.d.). The agency notified program administrators, assistant program administrators, and onsite reviewers of this change in policy by email on April 4, 2023 (Exhibit 55).

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.22(f)(2)

Description of Criteria

(2) A mechanism for conducting, at reasonable intervals, visits to a representative sample of additional locations of institutions that operate more than three additional locations; and

Narrative:

The COA’s policy “Major Programmatic Change” (M-1) requires that the COA, following approval of a branch campus or an additional location that is not a branch campus where at least 50% of an educational program is offered, “Establish a schedule of regular onsite reviews to the branch campus.” (see Exhibit 003 - Accreditation Policies and Procedures, PDF pg. 112).

To date, the COA does not accredit a single purpose institution or program responsible for administering Title IV HEA programs with an additional location.
Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency maintains clear policies that require any additional location, regardless of number, where at least 50% of an educational program is offered, to be visited. The approval of the location also requires the Council to establish a schedule of regular onsite reviews to the location (Exhibit 003, pp. M-1-5).

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.

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

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**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

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**Criteria: 602.22(f)(3)**

Description of Criteria

(3) A mechanism, which may, at the agency's discretion, include visits to additional locations, for ensuring that accredited and preaccredited institutions that experience rapid growth in the number of additional locations maintain education quality.
Narrative:

The COA’s policy “Major Programmatic Change” (M-1) requires that the COA, following approval of a branch campus or an additional location that is not a branch campus where at least 50% of an educational program is offered, “Conduct an onsite review if there is a rapid growth in number of additional locations to determine educational quality” (see Exhibit 003 - Accreditation Policies and Procedures, PDF pg. 112).

To date, the COA does not accredit a single purpose institution or program responsible for administering Title IV HEA programs with an additional location or branch campus.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency maintains clear policies that require any additional location, regardless of number, where at least 50% of an educational program is offered, be visited. The agency also requires an onsite review if there is a rapid growth in the number of additional locations to determine educational quality (Exhibit 003, pp. M-1-5).

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.

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

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**Analyst Worksheet - Response**

**Analyst Review Status:**
Criteria: 602.22(g)

Description of Criteria

(g) The purpose of the visits described in paragraph (f) of this section is to verify that the additional location has the personnel, facilities, and resources the institution claimed it had in its application to the agency for approval of the additional location.

Narrative:

The COA’s policy “Major Programmatic Change” (M-1) states that the purpose of these reviews will be to verify that there are sufficient personnel, facilities and resources as claimed in the application prior to the approval of a branch campus or the additional location (See Exhibit 003 - Accreditation Policies and Procedures, PDF pg. 112).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency maintains clear policies that note that the supplemental onsite review must verify that there are sufficient personnel, facilities, and resources as claimed in the institution’s application prior to considering approval of an additional location.

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to
verify implementation of its policies and procedures.

Criteria: 602.22(h)

Description of Criteria

(h) The agency's substantive change policy must define when the changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution.

Narrative:

The COA’s policy “Major Programmatic Change” (M-1) states that the establishment of a branch campus or an additional location that is not a branch campus where at least 50% of an educational program is offered has been identified as extensive enough to affect the nature of the institution, its mission and objectives, and the allocation of resources to require a comprehensive evaluation of the whole institution. Additionally, a change in control or ownership of a single purpose institution per policy, will require a comprehensive evaluation of the whole institution including an onsite review within six months of the change of control (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 112).

The Council conducted an onsite review to one single purpose institution with a change in control in 2018. The single purpose institution was acquired by a regionally accredited university. The Council approved the change on July 16, 2018 and conducted an onsite review October 29-30, 2018. The program submitted a response to the citations from the onsite review for the Council’s review at its January 2019 meeting. The Council granted the programs four years of continued accreditation at its January 2019 meeting with a progress report on unresolved items (see Exhibit 090 - Change Control Application, Decision, Onsite Review Report Summary).

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

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

Though the agency offered information regarding two specific substantive change situations that would necessitate a new comprehensive evaluation of an accredited institution, the agency must provide its policy that defines when the changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institution. The agency must amend its policies to ensure that the agency allows for a new comprehensive evaluation of the institution when changes are sufficiently extensive. The new comprehensive evaluation would include a self-study, site visit, and decision on accreditation by the agency’s decision-making body.

**Analyst Remarks to Narrative:**

The agency has specified in its petition and in Section M of the agency’s Accreditation Policies and Procedures, two situations that would require the agency to conduct a new comprehensive evaluation of an accredited institutions: 1) the establishment of a branch campus or an additional location that is not a branch campus where at least 50% of an educational program is offered, and 2) a change in control or ownership of a single purpose institution (Exhibit 003, p. 112). However, it is not clear that the agency maintains a policy that enables it to require a new comprehensive evaluation of the institution when changes are sufficiently extensive. The agency must provide its policy that defines when the changes made or proposed by an institution are or would be sufficiently extensive to require the agency to conduct a new comprehensive evaluation of that institutions. The agency must amend its policies to ensure that the agency allows for a new comprehensive evaluation of
the institution when changes are sufficiently extensive. The new comprehensive evaluation would include a self-study, site visit, and decision on accreditation by the agency’s decision-making body.

The agency included in its petition its sole example of an applicable situation in the most recent recognition cycle during which an institution undergoing an acquisition underwent an additional visit and comprehensive evaluation as part of the process in accordance with the agency’s policies and the applicable regulation (Exhibit 090).

Following receipt of the Staff Report, the COA reviewed its Accreditation Policies and Procedures manual to identify any areas in need of revision to ensure compliance with this regulation. It was noted that reorganization of some information already in the policy, “Major Programmatic Change” and some clarifying statements were needed to ensure it was clear that there are two situations that would require the agency to conduct a new comprehensive evaluation of an accredited institution: 1) the establishment of a branch campus or an additional location that is not a branch campus where at least 50% of an educational program is offered, and 2) a change in control or ownership of a single purpose institution. Additionally, revisions were made to clarify that this would include a program’s completion of a Self Study and conducting of an onsite visit (see Exhibit 46 - Revised Policy and Procedure Mark-Ups - March 2023, PDF pg.14). This revision was approved by the COA Board on March 24, 2023 (see Exhibit 47 - COA Full Council Email Vote - March 24, 2023) and was communicated to programs on April 4, 2023 (see Exhibit 48 - Notice to Programs and Onsite Reviewers - March 2023 Policy Revisions). The final revised policy was published in the Accreditation Policies and Procedures Manual, a copy of which is appended as evidence of the policy revisions’ implementation (see Exhibit 1 - Accreditation Policies and Procedures Manual, revised April 2023, PDF pgs. 105-110).
Accreditation Policies and Procedures related to Major Programmatic Change to align with the requirements of this criterion. Specifically, the agency clarified that comprehensive evaluations are required for changes “identified as extensive enough to affect the nature of the institution, its mission and objectives, and the allocation of resources” and further identified two specific examples: 1) a change in control or ownership of a single purpose institution and 2) the establishment of a branch campus or an additional location where at least 50% of an educational program is offered (Exhibit 55, M-1 1.d.4 and 1.e.). The agency notified program administrators, assistant program administrators, and onsite reviewers of this change in policy by email on April 4, 2023 (Exhibit 55).

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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 Council makes available to the public upon written request, written materials describing the types of accreditation it awards, the procedures that programs must follow when they apply for accreditation and the standards and procedures it uses to arrive at accreditation decisions. Programs are provided with a web link (https://www.coacrna.org/accreditation/accreditation-standards-policies-and-procedures-and-guidelines/) that gives them access to current copies of the Standards and Policies and Procedures manual. The Council also publishes an official list of its accredited programs containing the names and academic and professional qualifications of the members of its policy and decision-making body (Board of Directors), and its principal administrative staff. This list is available in hard copy upon request. In addition, the Council maintains a searchable database called CRNA School Search. The website provides the public with reliable information such as tuition costs, admission requirements, class size, certification pass rates and programs’ attrition. It also allows for side-by-side comparison of programs (ref. Exhibit 120 - Screenshot Standards and Policies; Exhibit 006 - List of Accredited Educational Programs, June 2021; and Exhibit 091 - Screenshot CRNA School Search).

The Council has a written policy that states that it will make the following information public: Accreditation standards; policies and procedures; accreditation decisions; the dates of programs' review for accreditation; identification of information and qualifications of Council members and principal administrative staff; plans to undertake a major review/change of its accreditation Standards; upon the specific reasons for any accreditation review that results in probation, denial, or revocation of accreditation. It may also make public data obtained from the public information section of its programs' Annual Reports. The Council also notifies the Secretary of the U.S. Department of Education and appropriate accrediting agencies no later than 30 days after an accreditation decision is made. The Council requires that programs publicly disclose their accreditation statuses accurately. Programs are required to routinely provide reliable data and information to the public about their academic quality and student achievement. The Council requires public correction of incorrect or misleading information released by an accredited program or a program applying for accreditation (ref. Exhibit 003 — Accreditation Policies and Procedures: “Public Disclosure of Accreditation Decisions and Performance Data” [P-27], PDF pg. 156).

(a)(1): The Council awards three types of accreditation to applicant programs (ref. Exhibit 003 – Accreditation Policies and Procedures: “Decisions for Accreditation”
Accreditation: awarded when the program demonstrates reasonable assurances that it can and will continue to substantially comply with the Council’s Standards for Accreditation. Once a new program is accredited, it can begin to admit students ([D-4], PDF pg. 67); (2) Deferral of accreditation: rendered when the Council believes that it needs additional information about a program before it can consider awarding accreditation ([D-6], PDF pg. 69); (3) Denial of Accreditation: conferred when the proposed program has not demonstrated reasonable assurance that it can conduct an accredited program ([D-5], PDF pg. 68). The program may request the Council to reconsider a denial of accreditation and may also appeal the decision to the Council’s appellate body if the decision is upheld after reconsideration. Applicant programs granted accreditation will be considered for continued accreditation after the graduation of the first class of students ([D-5], PDF pg. 68).

The Council awards three types of accreditation to established programs: Continued accreditation, probation, and revocation of accreditation. Continued accreditation is awarded to programs found to be in substantial compliance with the Council’s Standards (ref. Exhibit 003 – Accreditation Policies and Procedures: “Decisions for Accreditation” [D-3], PDF pg. 68). Established programs can also be awarded continued accreditation with a progress report(s) submitted to the Council that provides additional information and indicates progress in improving substantial compliance with the Standards for Accreditation (ref. Exhibit 092 – Letter 4 Years Continued Accreditation). Continued accreditation of established programs can also be deferred to the next regularly scheduled meeting to consider additional documentation (ref. Exhibit 093 - Letter Initial Accreditation Deferred). The program’s current accreditation is not altered during this period of deferral (ref. Exhibit 003 – Accreditation Policies and Procedures: “Decisions for Accreditation” [D-6], PDF pg. 69).

An established program can also be given notice that it is being placed on probation (ref. Exhibit 121 – Probation Decision). Probation cannot exceed one year (ref. Exhibit 003 – Accreditation Policies and Procedures: “Decisions for Accreditation” [D-6], PDF pg. 69). Finally, established programs can have their accreditation revoked by the Council when evidence indicates that the number and/or severity of deficiencies cannot be corrected before the next class of students is admitted into the program (ref. Exhibit 003 – Accreditation Policies and Procedures, “Decisions for Accreditation” [D-6], PDF pg. 69).

The Council has designed five documents to assist programs applying for initial or continued accreditation. The first document determines a program’s eligibility for accreditation. It outlines the requirements for both applicant and established programs and the actions the Council may take following receipt of the document (ref. Exhibit 003 – Accreditation Policies and Procedures: “Eligibility for Accreditation” [E-1], PDF pgs. 86-88). The second document assists a program in preparing a capability study in preparation for applying for accreditation. It describes
eleven steps the program must complete, the assistance the Council will provide and actions that the Council will take (ref. Exhibit 003 – Accreditation Policies and Procedures: “Capability Review for Accreditation” [C-1], PDF pgs. 35-36). The Council has developed a companion document that provides a schematic, sequential presentation of the various steps that both the proposed program and Council must complete before granting accreditation (ref. Exhibit 003 – Accreditation Policies and Procedures: “Applicant Program Capability Study and Accreditation Review” chart [C-3], PDF pg. 37). The fourth document is its policy on accreditation review of established programs that outlines eight steps a program must follow and the assistance available to programs while they are undergoing accreditation review. It also lists the actions that the Council can take throughout the review process (ref. Exhibit 003 – Accreditation Policies and Procedures: “Accreditation Review for Established Programs” [A-3], PDF pgs. 9-10). The fifth document provides programs with a Self-Study Handbook that programs use to demonstrate their program’s compliance with the Council’s Standards and their specific Criteria. The Accreditation Policies and Procedures are available on the Council’s website. The Self-Study Handbook is provided to programs when beginning the development of their respective Self Studies (ref. Exhibit 059 – Self Study Handbook).

(a)(4-5): The Council maintains a searchable database of its accredited educational programs on its website, CRNA School Search. The database is updated following each meeting where accreditation decisions are made. It lists the date of the last review and the date of the next review for every program as well as other details regarding each program. CRNA School Search is available to the public on the Council’s website at https://www.coacrna.org/programs-fellowships/crna-school-search/ (ref. Exhibit 091 – Screenshot CRNA School Search).

The Council also publishes an official List of Accredited Educational Programs that is updated following each meeting where accreditation decisions are made. It lists the date of the last review and the date of the next review for every program. This list also includes the names, academic titles, and professional addresses of every Council director as well as the communities of interest they represent on the Council. It also lists the name, title, academic credentials and professional address of the Chief Executive Officer. The official List of Accredited Educational Programs is available to the public on the Council’s website at https://www.coacrna.org/programs-fellowships/list-of-accredited-programs/ (ref. Exhibit 006 – List of Accredited Educational Programs, June 2021).

In addition, a listing of the Council directors and Council staff can be found on the COA’s website at https://www.coacrna.org/about-coa/staff/ (ref. Exhibit 094 – Directors and Staff – Council on Accreditation).
The agency maintains and makes available to the public all of the written materials described and required by this section on the agency's website (Exhibits 003, 006, 059, 091, and 120). Department staff verified that the information reported by the agency and required by this section is available on the agency's website with one exception based on the agency's submitted materials. Department staff notes was unable to locate information as specified in 602.23(5)(ii) regarding the agency’s principal administrative staff in the agency’s petition (Exhibit 094). However, the
The Council’s policy on third party presentations supports interested third parties who wish to file written statements or present oral statements before the Council when a program is scheduled for consideration of an accreditation decision (ref. Exhibit 003 – Accreditation Policies and Procedures: “Third-Party Presentation” [T-3], PDF pg. 189). The policy states that the Council will publish a list of programs to be reviewed and identifies a deadline for submitting requests by third parties who wish to make oral presentations or submit written documents. Both applicant and established programs are listed. (ref. Exhibit 032 – COA Announcement of Program Reviews, PDF pg. 18). The Council’s policy on third parties also describes the procedures for presenting oral or written testimony, the criteria for submitting a request and the sequence of the presentations at the Council meeting if oral presentation is planned. The month and year that each program will be reviewed by the Council is also published in the Council’s List of Accredited Educational Programs which is available upon request and posted on the website (ref. Exhibit 006 – List of Accredited Educational Programs, June 2021). The Council has not received or acted upon third party comments since the last USDE review.
The agency maintains clear policies related to third-party comments that are found in section T-3 of the agency’s Accreditation Policies and Procedures (Exhibit 003, pp. T-3-5). The agency enables third parties to present information in both written and oral form for institutions/programs being considered for accreditation. Specific timelines, formats, and requirements are included in the noted section of the agency’s policies. Additionally, institutions/programs undergoing the accreditation process do receive sufficient time to provide a response to any third-party comment for consideration by the Council. The agency also provided in its petition information regarding how third-party comments are solicited as well as documentation that public notice is provided in various formats (Exhibits 006 and 032).

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.
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:

(c)(1): The Council gives appropriate and timely attention to complaints received that specifically relate to noncompliance of nurse anesthesia programs with the Council’s Standards or its policies or procedures. Complaints may be brought to the Council from students, faculty, individuals associated with the nurse anesthesia program or other individuals who have knowledge of the program. The Council requires all programs to publish the contact information for the Council, including the name, address and telephone number of the accrediting agency (see Exhibit 003 – Accreditation Policies and Procedures: “Public Disclosure of Accreditation Decisions and Performance Data” [P-27], PDF pg.156). When the Council is contacted regarding a complaint against a nurse anesthesia program, the Council will send the complainant information on filing a complaint which includes the mailing address for the complaint (see Exhibit 058 – Complaint Against a Program). Anonymous complaints will not be considered unless a complaint suggests a risk of harm to the program director, staff, patients, or others (Exhibit 003 – Accreditation Policies and Procedures: “Complaints Against Nurse Anesthesia Programs” [C-18], PDF pg. 52). The Council’s Chief Executive Officer will alert the program to that risk and request that the issue be investigated. The Council will not adjudicate individual disputes between individuals and the nurse anesthesia programs. There is no language in the
complaint policy that prevents the Council from considering complaints against an institution/program if the institution/program is the subject of a pending action by another accrediting body (see Exhibit 003 – Accreditation Policies and Procedures: “Complaints Against Nurse Anesthesia Programs” [C-16], PDF pgs. 50 – 53).

The Council's policy and procedures on complaints: (1) outlines the responsibilities of the individual lodging the complaint including the options available to them which depend on their relationship to the program and the information that must be filed along with the complaint; (2) describes the responsibilities that a program owes the complainant and the actions it must take to investigate the complaint once it receives notice that the complaint has been filed with the Council. Programs are given adequate time to conduct a timely investigation which includes responding to alleged violations of accreditation standards or Council policies and/or procedures within 30 days; (3) identifies the Council’s actions in evaluating a complaint; (4) outlines the rules for appearance before the Council and rules under which the Council will conduct the meeting to discuss the complaint; (5) lists the actions the Council can take after hearing the complaint; and (6) describes how files associated with the complaint will be maintained (see Exhibit 003 – Accreditation Policies and Procedures: “Complaints Against Nurse Anesthesia Programs” [C-16], PDF pgs. 50 – 53). The Council has developed a companion timeline document to ensure that complaints are processed in a timely manner, which includes 30 days for the program to respond to the COA about the alleged areas of compliance, 30 days following that date for the COA to review both the complaint and the program’s response prior to making a decision, and 30 days following that date for the program to notify both the complainant and the program of the COA’s decision (see Exhibit 003 – Accreditation Policies and Procedures: “Timeline for Complaints Against a Nurse Anesthesia Program” [AA-39], PDF pg. 239). The Council reviewed a complaint against a program September 20, 2018. Pertinent correspondence related to the complaint is included to demonstrate the Council’s timely processing of the complaint. The program was notified on October 5, 2018. The COA reviewed the complaint and the program’s response on November 15, 2018. The program and complainant were notified on December 3rd and 21, 2018 respectively (See Exhibit 058 – Complaint Against a Program, PDF pg. 16).

(c)(2): The Council’s policy and procedures on complaints requires that the Council make one of the following deliberations (or other actions not listed in the policy): 1) Take no action and dismiss the complaint; 2) Conduct a supplemental onsite review; 3) Defer consideration until the next routinely scheduled onsite review; or 4) Make a decision affecting the current accreditation status of the program. The Council must notify the program director, or other appropriate institutional personnel, and the complainant of the Council’s decision within 30 days of the time the decision is made (see Exhibit 003 – Accreditation Policies and Procedures: “Complaints Against Nurse Anesthesia Programs” [C-19], PDF pg. 53). The Council reviewed a complaint against a program in 2018 that required the program to provide the Council with a
(c)(3): The Council has a policy and procedure for complaints initiated against the agency. The policy is designed to answer complaints against the Council related to the Council’s Standards, criteria, procedures, or conduct (see Exhibit 003 – Accreditation Policies and Procedures: “Complaints Initiated Against the Council” [C-20], PDF p. 54). The policy specifies that a complainant should contact the Chief Executive Officer to discuss the complaint and determine whether it can be resolved quickly. If the complaint cannot be resolved in a timely and informal fashion, the complainant must notify the Council of the complaint in writing within 90 days of the occurrence and identify specifically how the Council is alleged to have violated its practices. The program is also required to submit documentation to support the complaint and the complainant must sign and date the complaint. Following receipt of a complaint, the Council is required to forward it to the Council chair within 10 days. The Chair is required to appoint a special committee consisting of the AANA Education Committee Chair, the public representative to the Council and at least one other Council director to study the complaint within five working days of being notified of the complaint. A summary of the special committee’s findings is presented to the Council no later than 30 days after the committee has reported its findings. The complainant is notified in writing of the outcome of the Council’s investigation, including action taken, within 30 days of completion of the investigation. Decisions are only delayed for valid reasons (see Exhibit 003 – Accreditation Policies and Procedures: “Complaints Initiated Against the Council” [C-20], PDF p. 54 and “Timeline for Resolution of Complaints against the Council” [AA-40], PDF p. 240).

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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 complaint received against the agency or attest in its petition that no complaints were received against the agency during the period of recognition. It is also not clear which policies are followed if the agency determines a submitted complaint to be ineligible. The agency must provide information regarding the policy it follows should the complaint be found to be ineligible, including the timeline for the agency’s response.

**Analyst Remarks to Narrative:**

The agency holds clear complaint policies that enable it to review complaints against accredited institutions/programs that relate to the agency’s standards or procedures (Exhibit 003, pp. C-16-19). The agency's process provides clear instructions in answering the complaint and defines each step of the process to ensure that the review of complaints against institutions/programs and itself is undertaken in a fair and equitable manner. The policies noted ensure the institution or program has sufficient opportunity to provide a response and enable the agency to take follow-up action, including enforcement action, based on the results of its review. The agency has also provided a published timeline that notes that optimal conclusion of the complaint process against accredited institutions/programs occurs within 100 days when appropriate (Exhibit 003, p. AA-39).

When a complaint is submitted against an accredited institution/program, the agency first verifies that the complaint is eligible in accordance with the agency’s procedures. It is not clear which policies are followed if the agency determines a submitted complaint to be ineligible. The agency must provide information regarding the policy it follows should the complaint be found to be ineligible, including the timeline for the agency’s response. Should the complaint be determined to be related to a possible violation of agency standards, policies, and/or procedures, and should agency requirements be satisfied regarding the submission of the complaint, the agency will acknowledge the complaint and continue the process, in which the next step is to gather information from the relevant program within 30 days followed by consideration by the Council within the following thirty days. The Council has the ability to take a broad set of actions as appropriate and necessary resultant from the complaint. The Council then notifies the program director, other institutional personnel as appropriate, and the complainant of the decision within 30 days.

The agency provided a sample complaint against an accredited institution/program in its petition which demonstrates that the agency resolves complaints in accordance with its policies and in a timely manner (Exhibit 050).

The agency also holds clear policies with regard to the review of complaints against itself, and requires the review to occur in a timely, fair, unbiased, and equitable
manner (Exhibit 003, p. C-20) For such complaints, the agency is able to take follow-up action, as appropriate, based on the results of its review. The agency has also provided a published timeline that notes that optimal conclusion of the complaint process against accredited institutions/programs occurs within 75 days when appropriate (Exhibit 003, p. AA-40) Complaints against the agency are reviewed by a special committee appointed by the Council President that consists of the AANA Education Committee Chair, a public representative, and at least one other Council director with any agency personnel or Council member against whom the complaint is lodged being excluded from participating in the final decision making. The full Council reviews the findings of the special committee no later than 30 days after the committee has been appointed and notifies the complainant in writing within 30 days of completion of its investigation. However, the agency did not provide documentation of a complaint against itself and therefore Department staff was unable to review the agency’s implementation of its policies. The agency must provide a complaint received against the agency or attest in its petition that no complaints were received against the agency during the period of recognition.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

The COA attests that no complaints against the COA have been received during the period of recognition.

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the Draft Analysis, the agency provided an attestation that no complaints against the agency itself were received during the period of recognition.

The agency holds policies regarding ineligible complaints that note the following: “If upon review, the complaint has not satisfied submission requirements, is determined to not relate to possible violations of Council standards and/or policies and procedures, or if internal procedures available within the nurse anesthesia program have not been exhausted, the Council will inform the complainant within 10 business days of receipt that the complaint is ineligible and that the complaint will not be processed. If upon review, the complaint is determined to relate to possible violations
of Council standards and/or policies and procedures, and if internal procedures available within the nurse anesthesia program have been exhausted, the Council acknowledges the complaint and the process continues” (Exhibit 52, C-15, 3.b.3). The agency’s policies demonstrate that all complaints are reviewed in a timely manner with replies offered that provide confirmation of review.

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:

The Council’s policy on public disclosure of accreditation decisions and performance data requires programs to publicly disclose their accreditation status accurately. Programs are also required to routinely provide reliable data and information to the public about their academic quality and student achievement. The policy also requires public correction of incorrect or misleading information released by an accredited program or a program applying for accreditation (ref. Exhibit 003 - Accreditation Policies and Procedures: “Public Disclosure of Accreditation Decisions and Performance Data” [P-27], PDF pg. 156).

This policy specifically requires programs to make public the following program information: certification examination pass rates for first time takers, employment of graduates within six months of graduation, attrition for the most recent graduating class, the accreditation status of the program, and the name, address and telephone number of the accrediting agency (ref. Exhibit 003 – Accreditation Policies and Procedures: “Public Disclosure of Accreditation Decisions and Performance Data” [P-27], PDF pgs. 156-157).

The Council’s Standards also requires programs to publicly disclose their accreditation status accurately. The program’s 2004 master’s Standard V, Criterion E3 states, “The program annually publishes accurate information about its
programmatic accreditation status, the specific academic program covered by the accreditation status, the name, address and telephone number of the Council; and for the most recent graduating class the attrition, employment of graduates within six months of graduation, and the certification examination pass rate for first time test takers” (ref. Exhibit 002 – 2004 Standards for Accreditation: Standard V, Criterion E3, PDF pg. 20). The Council’s Practice Doctorate Policy Standards G.3.3.1-4 also contain these same requirements for the publication of the same specific accurate information (ref. Exhibit 001 – Practice Doctorate Standards: Policy Standards G.3.3.1-4, PDF pg. 24). A sample of an accredited program’s public disclosure, which includes the required information, is included as an exhibit (ref. Exhibit 096 – Screenshot Public Disclosure by Program).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency requires accredited institutions and programs to publicly disclose information regarding accreditation status, including the specific academic or instructional programs covered by that status and the name and contact information for the agency. The agency’s policies in Section P of the agency’s Accreditation Policies and Procedures and related sections in Standard V of the 2004 Standards for Accreditation and Standard G in the Practice Doctorate Policy Standards ensure that such published information is reviewed by the agency for accuracy (Exhibit 001, p. 24; Exhibit 002, p. 20; and Exhibit 003, pp. P-27-31). The agency specifically
requires that accredited institutions/programs must publish online at a minimum 1) the program’s accreditation status, 2) specific academic program covered by the accreditation status, 3) name, address, and telephone number of the Council, 4) attrition for the most recent graduating class, 5) employment of graduates within six months of graduation, 6) certification examination pass rate for first time takers, and 7) program length. The agency also includes in its Accreditation Policies and Procedures a sample accreditation status for use by accredited institutions/programs (Exhibit 003, pp. P-27-31).

During the virtual file review in March 2022, Department staff reviewed documentation that demonstrated the review of relevant information by the agency.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:
Not Reviewed

Criteria: 602.23(e)

Description of Criteria

(e) The accrediting agency must provide for the public correction of incorrect or misleading information an accredited or preaccredited institution or program releases about--

(1) The accreditation or preaccreditation status of the institution or program;

(2) The contents of reports of on-site reviews; and

(3) The agency's accrediting or preaccrediting actions with respect to the institution or program.

Narrative:

The COA’s policy “Public Disclosure of Accreditation Decisions and Performance Data” (P-27) requires that programs publicly disclose their accreditation status accurately. Programs are required to routinely publish reliable data and information to the public about their academic quality and student achievement. The Council requires public correction of incorrect or misleading information that is released by an
accredited program or a program applying for accreditation. The policy further states that it is expressly against Council policy for programs or their institutional hosts to distort, take out of context, misquote the official statement of their accreditation and/or anything an onsite review team and the Council have said or put in writing that would in effect tend to mislead the public and provide an advantage to the program, institution, or an individual within the program or institution.

When an accredited nurse anesthesia program conducts its affairs in a manner that becomes a matter of public concern and/or misrepresents its actual accreditation or any communication of the Council or its onsite review team, the Council will take action. The policy includes the option for the Council to make its actions public (i.e., publish the summary report of the onsite review and its letter communicating the accreditation decision and the basis for that decision).

Following an investigation confirming a program inaccurately disseminated information, the program will be instructed to immediately make a public retraction and correct all misleading statements. The Council will also publicly release the appropriate accrediting information to correct the record. In the event the program fails to respond in the same time frame requested by the director and/or fails to retract the statement appropriately as requested, the Council will furnish notice to the program at the same time it releases the material for publication. Failure to do so may adversely affect the program's accreditation. (see Exhibit 003 - Accreditation Policies and Procedures, PDF pgs. 157-159).

Since its last review, the COA has not had a program or institution publish misleading information about its accreditation or preaccreditation status, the contents of reports of on-site reviews or the COA’s accreditation actions with respect to the institution or program.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**
The agency holds policies that allow for the agency to publicly correct incorrect or misleading information an accredited institution or program releases regarding accreditation status, information regarding the on-site review and report, and actions taken by the agency. The agency’s policies in Section P of the agency’s Accreditation Policies and Procedures confirm that the agency is able to publicly correct any incorrect or misleading information released by an accredited institution/program or institution/program applying for accreditation, including information related to accreditation decisions, statements made by the onsite review team, and the program or institutions accreditation status (Exhibit 003, pp. P-27-31). As part of the agency’s process for correcting information, the Chief Executive Officer, at the direction of the Executive Committee, investigates the information released and gives the institution/program 10 days to explain the situation in writing. The agency’s policies further enable the Council to require the institution/program to “immediately make a public retraction and correct all misleading statements in the same manner and in the same publications it used previously” or enables the agency to “publicly release the appropriate accrediting information to correct the record.” In the case of the agency needing to release information due to the institution’s/program’s failure to take appropriate action to correct any incorrect or misleading information, the institution/program is then provided with a show cause letter.

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.

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<td>Description of Criteria</td>
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<td>(g) The agency may establish any additional operating procedures it deems appropriate. At the agency's discretion, these may include unannounced inspections.</td>
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The Council’s policy on supplemental on-site reviews reserves the right of the Council to conduct an unannounced on-site review at the expense of the program. A decision for an unannounced review will be based on the Council’s belief that there may be areas of noncompliance with the Council’s standards, policies, and procedures that could have a significant impact on the quality of student education or patient safety. The Council has not conducted an unannounced onsite review during this recognition period (see Exhibit 003 – Accreditation Policies and Procedures: “On-Site Review: Unannounced” [O-6], PDF pgs. 122 - 123).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

In accordance with the regulatory guidance offered in 602.23(g), the agency has elected to establish additional or more specific operating procedures. In particular, the agency has provided information regarding the ability of the agency to conduct unannounced on-site reviews at the expense of the institution/program should there be areas of potential noncompliance that could affect the educational program or patient safety (Exhibit 003, pp. O-6-7).

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.

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

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**Analyst Worksheet - Response**

**Analyst Review Status:**
Criteria: 602.24(a)

Description of Criteria

If the agency is an institutional accrediting agency and its accreditation or preaccreditation enables those institutions to obtain eligibility to participate in title IV, HEA programs, the agency must demonstrate that it has established and uses all of the following procedures:

(a) Branch campus.

The agency must require the institution to notify the agency if it plans to establish a branch campus and to submit a business plan for the branch campus that describes—

1. The educational program to be offered at the branch campus; and

2. The projected revenues and expenditures and cash flow at the branch campus.

Narrative:

The Council’s accreditation enables one program to participate in Title IV HEA programs (see Exhibit 007 - COA Based Eligibility for HEA Title IV and Non-HEA Title VIII). The program does not have locations that meet the definition of a branch campus; however, the Major Programmatic Change policy and procedure addresses the addition of a branch campus if it should be needed (See Exhibit 003 – Accreditation Policies and Procedures: “Major Programmatic Change” [M-1], PDF pgs. 108 – 109).

The policy defines a branch campus as "An additional location of a nurse anesthesia institution that is geographically separate from the institution's main campus and has its own separate administrative structure, services, and facilities where the institution offers at least 50 percent of an educational program." The procedure requires the Council to consider extending accreditation to a branch campus at a Council meeting following the completion of an on-site review before the branch campus is implemented. Accreditation will not be extended to a branch campus until the Council evaluates the business plan, self-study, and assesses the adequacy of educational program, financial (i.e., projected revenue, expenditures and cash flow), operational, management, and physical resources, adequate faculty, facilities, resources and support services, and long-range planning for any expansion (See Exhibit 003 – Accreditation Policies and Procedures: “Major Programmatic Change” [M-1], PDF pgs. 110 - 112).
The agency holds policies regarding requirements for an institution to notify the agency if it plans to establish a branch campus and submit a business plan for the branch campus that includes the information noted in 602.24(a)(1-2) (Exhibit 003 — pp. M-1-5). Specifically, Section M of the agency’s Accreditation Policies and Procedures requires the institution to notify the agency with enough advance notice to schedule a site visit, together with a review of a self-study focused on the branch campus, no later than six months prior to the establishment of the branch campus. In addition the requirements in 602.24(a)(1-2), the self-study must contain information related to academic control, operations, faculty, and long range planning.

The agency provided information in its narrative confirming that the program establishing eligibility to participate in title IV, HEA programs through the agency’s accreditation does not have any branch campuses and therefore no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation.
Criteria: 602.24(b)

Description of Criteria

(b) Site visits.

The agency must undertake a site visit to a new branch campus or following a change of ownership or control as soon as practicable, but no later than six months, after the establishment of that campus or the change of ownership or control.

Narrative:

For a change in control or ownership, the COA’s Policy “Change in Control, Ownership, or Conducting Institution” (C-8) requires that single purpose institutions 1) provide adequate notice to facilitate the scheduling of an onsite review as soon as practicable but no later than six months after the change, 2) complete an onsite review. The policy requires that the Council conduct an onsite review of a single purpose institution within 6 months of the change of control (see Exhibit 003 – Accreditation Policies and Procedures: “Change in Control, Ownership, or Conducting Institution” (C-8), PDF pg. 42).

The COA conducted a site visit for one change in control of a single purpose institution. In this instance, the single purpose institution was acquired by a regionally accreditation university. The change of control was effective on July 16, 2018. The COA conducted the onsite review October 29-30, 2018 (see Exhibit 090 - Change Control Application, Decision, Onsite Review Report Summary).

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Analyst Worksheet- Narrative

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

**Analyst Remarks to Narrative:**

The agency holds policies regarding requirements for a site visit to a new branch campus or following a change or ownership or control as soon as practicable, but no later than six months, after the establishment of that campus or the change of ownership of control. With regard to branch campuses, the agency, in Section M of the agency’s Accreditation Policies and Procedures, requires comprehensive information together with a site visit at least six months prior to the starting date of the branch campus (Exhibit 003, pp. M-1-5). With regard to change of ownership or control, the agency, in Section C and Section M of the agency’s Accreditation Policies and Procedures, requires information and a site visit as soon as practicable, but within six months of the change (Exhibit 003, pp. C-8-9 and p. M-1-5).

The agency provided a sample change of ownership application which included the agency’s reply and a site visit with six months of the change of ownership (Exhibit 090). The agency provided information in its narrative regarding 602.24(a) confirming that the program establishing eligibility to participate in title IV, HEA programs through the agency’s accreditation does not have any branch campuses.

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

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

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**Criteria: 602.24(c)(1-2)**

**Description of Criteria**

(c) *Teach-out plans and agreements.*

(1) The agency must require an institution it accredits to submit a teach-out plan as defined in 34 CFR 600.2 to the agency for approval upon the occurrence of any of the following events:

(i) For a nonprofit or proprietary institution, the Secretary notifies the agency of a determination by the institution’s independent auditor expressing doubt about
the institution's ability to operate as a going concern or indicating an adverse opinion or a finding of material weakness related to financial stability.

(ii) The agency acts to place the institution on probation or equivalent status.

(iii) The Secretary notifies the agency that the institution is participating in title IV, HEA programs under a provisional program participation agreement and the Secretary has required a teach-out plan as a condition of participation.

(2) The agency must require an institution it accredits or preaccredits to submit a teach-out plan and, if practicable, teach-out agreements (as defined in 34 CFR 600.2) to the agency for approval upon the occurrence of any of the following events:

(i) The Secretary notifies the agency that it has placed the institution on the reimbursement payment method under 34 CFR 668.162(c) or the heightened cash monitoring payment method requiring the Secretary's review of the institution's supporting documentation under 34 CFR 668.162(d)(2).

(ii) The Secretary notifies the agency that the Secretary has initiated an emergency action against an institution, in accordance with section 487(c)(1)(G) of the HEA, or an action to limit, suspend, or terminate an institution participating in any title IV, HEA program, in accordance with section 487(c)(1)(F) of the HEA.

(iii) The agency acts to withdraw, terminate, or suspend the accreditation or preaccreditation of the institution.

(iv) The institution notifies the agency that it intends to cease operations entirely or close a location that provides one hundred percent of at least one program, including if the location is being moved and is considered by the Secretary to be a closed school.

(v) A State licensing or authorizing agency notifies the agency that an institution's license or legal authorization to provide an educational program has been or will be revoked.

Narrative:

The COA policy “Program Closures and Teach-Out Plans and Agreements” (P-12) requires that programs or institutions closing voluntarily submit teach-out plans to be reviewed by the Council to ensure that students graduate from an accredited program in a timely manner. The COA also requires that programs submit teach-out agreements when the Council acts to place the program on probation (teach-out plan required) or when the Council acts to revoke the accreditation of a program or institution (teach-out plan and teach-out agreement required). See Exhibit 003 – Accreditation Policies and Procedures: “Program Closures and Teach-Out Plans and
The policy also requires single purpose institution and programs responsible for administering Title IV HEA programs to submit a teach out plan for the circumstances outlined in 602.24(c)(i-iii) (see Exhibit 003 – Accreditation Policies and Procedures: “Program Closures and Teach-Out Plans and Agreements” (P-12), PDF pgs. 142-143). Included is an example of a teach out plan submitted for a program voluntarily closing and documentation of COA approval. In this case, the program is teaching out all remaining students prior to voluntary closure. Refer to Exhibit 097 – Teach Out Plan Review and Approval.

The COA policy, “Program Closures and Teach-Out Plans and Agreements” also requires that single purpose institutions and programs responsible for administering Title IV HEA programs to submit a teach out plan (and in some circumstances, a teach-out agreement) for approval for the circumstances outlined in 602.24(c)(2i-v). See Exhibit 003 – Accreditation Policies and Procedures: “Program Closures and Teach-Out Plans and Agreements” [P-12], PDF pgs. 142-143.

To date, the Council has not received notification that any of the above circumstances have occurred that would necessitate implementation of this portion of the policy.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency’s policies ensure that it requires an institution it accredits to submit a teach-out plan, and, if practicable, teach-out agreement, to the agency for approval upon occurrence of the events listed in 602.24(c)(1-2) including if the agency acts to place a program on probation. In Section P of the agency’s Accreditation Policies and
Procedures, the agency offers information regarding the various situations for which the agency requires either the submission of a teach-out plan or a teach-out plan and teach-out agreement in alignment with the requirements in 602.24(c)(1-2) (Exhibit 003, pp. P-12-15).

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures. The agency did provide a sample teach-out plan in its petition, though it was not submitted as a result of any of the events listed in 602.24(c)(1-2).

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<td>Description of Criteria</td>
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<td>(3) The agency must evaluate the teach-out plan to ensure it includes a list of currently enrolled students, academic programs offered by the institution, and the names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the institution.</td>
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Narrative:

The COA policy “Program Closures and Teach Out Plans and Agreements” (P-12) requires that teach out plans include a list of all current students and the program requirements that each student has completed and a plan for closure outlining how currently enrolled students will be provide with sufficient didactic and clinical experiences to meet accreditation and graduation requirements including the names of potential teach-out partner institutions if applicable (see Exhibit 003 – Accreditation Policies and Procedures: “Program Closures and Teach Out Plans and Agreements,” PDF pg. 141). Attached is documentation that this information was included in approval of a teach out plan. The documentation regarding student progression was not initially submitted, at which time the COA did not approve the teach-out plan.
The documentation was subsequently submitted, and after review, the COA approved the teach out plan. Please see Exhibit 097 – Teach Out Plan Review and Approval, PDF pgs. 4, 6 and 10.

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Substantially Compliant

**Staff Determination:**

The agency must amend its policies to reflect its practice of requesting the names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the institution submitting the teach-out plan.

**Analyst Remarks to Narrative:**

The agency’s policies regarding the evaluation of teach-out plans may be found in Section P of the agency’s Accreditation Policies and Procedures (Exhibit 003, pp. P-12-15). The agency includes in its requirements the review of information regarding both didactic and clinical experiences. Teach-out plans must include a list of currently enrolled students. However, the agency only requires the names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the institution, if applicable to the program’s submission of the teach-out plan (ex. the program is closing prior to all students completing the degree). The agency must amend its requirements in this regard to ensure all teach-out plans include the names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the institution. In its petition, the agency provided an example of an approved teach-out plan to demonstrate the implementation of its policies to meet the requirements of this section (Exhibit 097). The agency must amend its policies to reflect its practice of requesting the names of other institutions
that offer similar programs and that could potentially enter into a teach-out agreement with the institution submitting the teach-out plan.

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

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Response:

Following receipt of the Staff Report, the COA reviewed its *Accreditation Policies and Procedures* manual to identify any areas in need of revision to ensure compliance with this regulation. Following review, language was revised in the COA policy, “Program Closures and Teach-Out Plans and Agreements” item 1.e. to clarify the requirement that all programs’ teach-out plans include the names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the institution, consistent with the COA’s practice of requiring this information as part of a teach-out plan (see Exhibit 38 – Revised Policy and Procedure Mark-Ups – November 2022, PDF pg. 30).

The above-described revisions were proposed by the COA’s Standards and Policies Committee in November 2022. The COA reviewed the proposed revisions and approved them for release as part of a Call for Comments conducted between December 5, 2022 and January 6, 2023 (see Exhibit 40 – COA Meeting Minutes Excerpt – November 2022, PDF pg. 4 and Exhibit 41 – Call for Comments Documentation). Following closure of the Call for Comments, the members of the Standards and Policies Committee reviewed the results from the community of interest and presented the revised policies to the Full Council during the COA’s January 26-28, 2023 meeting. During this meeting, the COA granted final approval to the policy revisions (Exhibit 42 – COA Meeting Minutes Excerpt – January 2023). The revisions were announced to program administrators in the February 2023 edition of the *Program Directors’ Update* (ref. Exhibit 43).

After further consideration, the COA determined that the words “if applicable” also should have been removed from item 1.e. of the policy (see Exhibit 46 - Revised Policy and Procedure Mark-Ups – March 2023, PDF pg. 19). This editorial revision was approved by the COA Board on March 24, 2023 (see Exhibit 47 - COA Full Council Email Vote - March 24, 2023) and was communicated to programs and onsite reviewers on April 4, 2023 (see Exhibit 48 - Notice to Programs and Onsite Reviewers - March 2023 Policy Revisions). The final revised policy was published in the Accreditation Policies and Procedures Manual; a copy of this manual has been appended here as evidence of the revised policy’s implementation (see Exhibit 1 - Accreditation Policies and Procedures Manual, revised April 2023, PDF pgs. 142-145).
Analyst Worksheet - Response

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Response

In response to the Draft Analysis, the agency amended the section on Program Closures and Teach-Out Plans and Agreements in the COANAEP Accreditation Policies and Procedures document to align with the requirements of this criterion. Specifically, the agency amended the requirements for the contents of the teach-out plans submitted to the agency and also removed language that would make such requirements applicable only in certain situations. Though the agency uploaded copy of the Accreditation Policies and Procedures Manual does not reflect this final change, the published version of the Accreditation Policies and Procedures Manual does reflect this change (Exhibit 52 P-12, l.e. and Analyst Exhibit 69). Department staff communicated with agency staff who confirmed the clerical error in the uploaded version of the document.

The agency notified program administrators, assistant program administrators and onsite reviewers of the final version of the changes in April 2023 (Exhibit 43). In response to a Department staff request, the agency provided confirmation by email that no opportunity arose since the implementation of the new policy that would require its operationalization (Exhibit 72).

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.24(c)(4)

Description of Criteria

(4) If the agency approves a teach-out plan that includes a program or institution that is accredited by another recognized accrediting agency, it must notify that accrediting agency of its approval.

Narrative:

The COA Policy “Program Closures and Teach Out Plans and Agreements” (P-12) requires that the Council notify other accrediting agency(s) when a teach out plan is approved if the institution/program is accredited by other agencies (see Exhibit 003 -

During the Recognition period, none of the teach out plans approved by the Council included another program or institution that was participating in the teach out plan. Each program did or currently is teaching out its own remaining students.

### Document(s) for this Section

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency’s policies regarding notification requirements of approval of teach-out plans may be found in Section P of the agency’s Accreditation Policies and Procedures (Exhibit 003, pp. P-12-15). Specifically, upon approval of a teach-out plan by the Council, the agency must “notify other accrediting agency(s) when a teach-out plan is approved if the institution/program is accredited by other agency(s).”

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures. In particular, the agency confirmed that, though there were program closures, all programs were able to teach-out their own programs and therefore no notifications to other recognized accrediting agencies were necessary. In addition, teach-out plans were only approved for programs holding accreditation by the agency. No institutions required a teach-out plan in the most recent period of recognition.

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

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**Analyst Worksheet - Response**
Criteria: 602.24(c)(5-6)

Description of Criteria

(5) The agency may require an institution it accredits or preaccredits to enter into a teach-out agreement as part of its teach-out plan.

(6) The agency must require a closing institution to include in its teach-out agreement—

(i) A complete list of students currently enrolled in each program at the institution and the program requirements each student has completed;

(ii) A plan to provide all potentially eligible students with information about how to obtain a closed school discharge and, if applicable, information on State refund policies;

(iii) A record retention plan to be provided to all enrolled students that delineates the final disposition of teach-out records (e.g., student transcripts, billing, financial aid records);

(iv) Information on the number and types of credits the teach-out institution is willing to accept prior to the student's enrollment; and

(v) A clear statement to students of the tuition and fees of the educational program and the number and types of credits that will be accepted by the teach-out institution.

Narrative:

The COA policy “Program Closures and Teach Out Plans and Agreements” (P-12) indicates that the COA may require an institution to enter into a teach out agreement. COA requirements for teach out agreements include all the requirements of 6i-6v (see Exhibit 003 - Accreditation Policies and Procedures: “Program Closures and Teach Out Plans and Agreements,” PDF pgs. 141-142).

Since its last submission, the COA has approved three voluntary program closures. In each instance, the programs’ teach out plans included the program teaching out all the remaining students in the program. As such, no teach out agreements were required.
The agency must ensure that a closing institution includes in its teach-out agreement a clear statement to students of the tuition and fees of the educational program and the number and types of credits that will be accepted by the teach-out institution.

**Analyst Remarks to Narrative:**

The agency’s policies regarding the agency requirement of entry into a teach-out agreement as part of a teach-out plan and requirements for teach-out agreements are maintained in Section P of the agency’s Accreditation Policies and Procedures (Exhibit 003, pp. P-12-15). The agency may require institutions and programs it accredits to enter into a teach-out agreement as part of its teach-out plan for voluntary and involuntary closures and for other agency defined reasons. The agency requires that all teach-out agreements must include all requirements found in 602.24(c)(6) with the exception of 602.24(c)(6)(v). The agency’s requirements note that the teach-out agreement requires “the number and types of credits the teach-out institution will accept before the student enrolls, and a clear statement of the tuition and fees of the program at the teach-out institution” (Exhibit 003, pp. P-12-15). However, it is not clear that the agency requires the program to provide such information to students as noted in 602.24(c)(6)(v). The agency is asked to provide clarity in this regard.

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures. In particular, the agency confirmed that, though there were program closures, all programs were able to teach-out their own programs and therefore no teach-out agreements were necessary. In
addition, teach-out plans were only approved for programs holding accreditation by the agency. No institutions required a teach-out plan in the most recent period of recognition.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

Following receipt of the Staff Report, the COA reviewed its Accreditation Policies and Procedures manual to identify any areas in need of revision to ensure compliance with this regulation. Following review, language was revised in the COA policy, “Program Closures and Teach Out Plans and Agreements” item 2.e. to state that documentation must be provided to evidence that students have been provided with information related to transfer credits and tuition and fees at the teach-out institution (see Exhibit 38 – Revised Policy and Procedure Mark-Ups – November 2022, PDF pg. 31).

The above-described revisions were proposed by the COA’s Standards and Policies Committee in November 2022. The COA reviewed the proposed revisions and approved them for release as part of a Call for Comments conducted between December 5, 2022 and January 6, 2023 (see Exhibit 40 – COA Meeting Minutes Excerpt – November 2022, PDF pg. 4 and Exhibit 41 – Call for Comments Documentation). Following closure of the Call for Comments, the members of the Standards and Policies Committee reviewed the results from the community of interest and presented the revised policies to the Full Council during the COA’s January 26-28, 2023 meeting. During this meeting, the COA granted final approval to the policy revisions (Exhibit 42 – COA Meeting Minutes Excerpt – January 2023). The revisions were announced to program administrators in the February 2023 edition of the Program Directors’ Update (see Exhibit 43). The revised policy was published in the Accreditation Policies and Procedures Manual; a copy of the current manual is appended to this response as evidence of the revised policy’s final approval and implementation (see Exhibit 1 - Accreditation Policies and Procedures Manual, revised April 2023, PDF pgs. 142-145).

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response
In response to the Draft Analysis, the agency amended the section on Program Closures and Teach-Out Plans and Agreements in the COANAEP Accreditation Policies and Procedures document. Specifically, the agency added language regarding notification to students to bring the agency’s policies into alignment with 602.24(c)(6)(v) noting that “Documentation must be provided to evidence that students have been provided with information related to transfer credits and tuition/fees at the teach-out institution” (Exhibit 52 P-13, 2.b.e.).

The agency notified program directors of these changes in February 2023 (Exhibit 43). In response to a Department staff request, the agency provided confirmation by email that no opportunity arose since the implementation of the new policy that would require its operationalization (Exhibit 72).

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.24(c)(7-10)

Description of Criteria

(7) The agency must require an institution it accredits or preaccredits that enters into a teach-out agreement, either on its own or at the request of the agency, to submit that teachout agreement for approval. The agency may approve the teachout agreement only if the agreement meets the requirements of 34 CFR 600.2 and this section, is consistent with applicable standards and regulations, and provides for the equitable treatment of students being served by ensuring that the teachout institution—

(i) Has the necessary experience, resources, and support services to provide an educational program that is of acceptable quality and reasonably similar in content, delivery modality, and scheduling to that provided by the institution that is ceasing operations either entirely or at one of its locations; however, while an option via an alternate method of delivery may be made available to students, such an option is not sufficient unless an option via the same method of delivery as the original educational program is also provided;

(ii) Has the capacity to carry out its mission and meet all obligations to existing students; and

(iii) Demonstrates that it—
(A) Can provide students access to the program and services without requiring them to move or travel for substantial distances or durations; and

(B) Will provide students with information about additional charges, if any.

(8) Irrespective of any teach-out plan or signed teach-out agreement, the agency must not permit an institution to serve as a teach-out institution under the following conditions:

(i) The institution is subject to the conditions in paragraph (c)(1) or (2) of this section.

(ii) The institution is under investigation, subject to an action, or being prosecuted for an issue related to academic quality, misrepresentation, fraud, or other severe matters by a law enforcement agency.

(9) The agency is permitted to waive requirements regarding the percentage of credits that must be earned by a student at the institution awarding the educational credential if the student is completing his or her program through a written teach-out agreement or transfer.

(10) The agency must require the institution to provide copies of all notifications from the institution related to the institution's closure or to teach-out options to ensure the information accurately represents students' ability to transfer credits and may require corrections.

Narrative:

The COA policy “Program Closures and Teach Out Plans and Agreements” (P-12) indicates that the COA may require programs to enter into a teach out agreement. COA requirements for teach out agreements include all the requirements listed in 602.24c7-0 (ref. Exhibit 003 – Accreditation Policies and Procedures: “Program Closures and Teach Out Plans and Agreements,” PDF pgs. 141-142).

Since its last submission, the COA has approved three voluntary program closures. In each instance, the programs’ teach out plans included the program teaching out all the remaining students in the program. As such, no teach out agreements were required. The COA has had no single purpose institutions close since its last review.
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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

It is not clear that the agency requires that an agency-required teach-out agreement provides for the equitable treatment of students being served by ensuring that the teach-out institution may only offer an option via an alternate method of delivery from the original program if the same method of delivery as the original educational program is also provided. The agency must clarify its policies regarding delivery methods for teach-out agreements.

**Analyst Remarks to Narrative:**

The agency’s policies regarding the requirement of submission of teach-out agreements and teach-out agreement approval are maintained in Section P of the agency’s Accreditation Policies and Procedures. The agency requires that any teach-out agreement must meet the conditions in 602.24(d)(7-10) with two exceptions (Exhibit 003, pp. P-12-15). Firstly, it is not clear that the agency requires that the teach-out agreement provides for the equitable treatment of students being served by ensuring that the teach-out institution may only offer an option via an alternate method of delivery from the original program if the same method of delivery as the original educational program is also provided as required in 602.24(c)(7)(i). The agency must clarify its policies regarding delivery methods for teach-out agreements. Secondly, noting that this is an optional criterion to implement, the agency does not appear to have requirements regarding the percentage of credits that must be earned by a student at the institution awarding the educational credential and therefore 602.24(c)(9) is not applicable.

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures. In particular, the agency
confirmed that, though there were program closures, all programs were able to teach-out their own programs and therefore no teach-out agreements were necessary. In addition, teach-out plans were only approved for programs holding accreditation by the agency. No institutions required a teach-out plan in the most recent period of recognition.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

Following receipt of the Staff Report, the COA reviewed its Accreditation Policies and Procedures manual to identify any areas in need of revision to ensure compliance with this regulation. Certain revisions to the “Program Closures and Teach-Out Plans and Agreements” policy were proposed, released for comment in November 2022, and approved by the Council in January 2023. However, after further review it was determined that additional clarifying language should be added to item 2.b. of the COA policy, “Program Closures and Teach-Out Plans and Agreements” to ensure compliance with this regulation (see Exhibit 46 - Revised Policy and Procedure Mark Ups - March 2023, PDF pg. 20). This additional revision reflects that teach-out agreements must contain evidence that the accredited teach-out institution or program has the necessary experience, resources, and support services to provide an educational program that is of acceptable quality and reasonably similar in content, delivery modality, and scheduling to that provided by the institution or program that is ceasing operations. The revised language also states that while an option via alternate method of delivery may be made available to students, such an option is not sufficient unless an option via the same method of delivery as the original educational program is also provided.

This revision was approved by the COA Board on March 24, 2023 (see Exhibit 47 - COA Full Council Email Vote - March 24, 2023) and was communicated to programs and onsite reviewers on April 4, 2023 (see Exhibit 48 - Notice to Programs and Onsite Reviewers - March 2023 Policy Revisions). The final revised policy was published in the Accreditation Policies and Procedures Manual; a copy of the manual has been appended to this response as evidence of the revisions’ final approval and implementation (see Exhibit 1 - Accreditation Policies and Procedures Manual, revised April 2023, PDF pgs. 142-145).

Regarding 602.24(c)(9), this is not applicable. The COA does not have requirements regarding the percentage of credits that must be earned by a student at the institution awarding the educational credential.
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the Draft Analysis, the agency amended the section on Program Closures and Teach-Out Plans and Agreements in the COANAEP Accreditation Policies and Procedures document. Specifically, the agency amended its teach-out review and submission policies to align with the requirements of this criterion (Exhibit 52 P-13, 2.b.a.)

The agency notified program administrators, assistant program administrators, and onsite reviewers of these changes in April 2023 (Exhibit 43). In response to a Department staff request, the agency provided confirmation by email that no opportunity arose since the implementation of the new policy that would require its operationalization (Exhibit 72).

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.24(d)

Description of Criteria

(d) Closed institution. If an institution the agency accredits or preaccredits closes without a teach-out plan or agreement, the agency must work with the Department and the appropriate State agency, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without additional charges.

Narrative:

The COA policy “Program Closures and Teach Out Plans and Agreements” (P-12) states at the end of the policy, “If a single purpose institution or program closes without a teach-out plan or agreement, the Council will cooperate with the U.S. Department of Education and the appropriate state agency, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without additional charge.” (See Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 144).

To date, the COA has not had a program or institution close resulting in students being unable to complete their education.
Section P of the agency’s Accreditation Policies and Procedures, notes that if a single purpose institution or program closes without a teach-out plan or agreement, the agency will work with the Department and the appropriate State agency, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without additional charge (Exhibit 003, pp. P-12-15).

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.
initial accreditation or preaccreditation, or renewal of accreditation, that the institution has transfer of credit policies that—

(1) Are publicly disclosed in accordance with § 668.43(a)(11); and

(2) Include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.

(Note: This criterion requires an accrediting agency to confirm that an institution's teach-out policies are in conformance with §668.43(a)(11), which reads:

"A description of the transfer of credit policies established by the institution, which must include a statement of the institution's current transfer of credit policies that includes, at a minimum –

(i) Any established criteria the institution uses regarding the transfer of credit earned at another institution and any types of institutions or sources from which the institution will not accept credits;

(ii) A list of institutions with which the institution has established an articulation agreement; and

(iii) Written criteria used to evaluate and award credit for prior learning experience including, but not limited to, service in the armed forces, paid or unpaid employment, or other demonstrated competency or learning")

Narrative:

Standard III, Criterion C16 in the 2004 Standards and Practice Doctorate Standard A.4 require "The amount of advanced standing or transfer credits awarded by the degree granting institution is clearly stated and publicized." Accredited institutions are required to comply with this requirement. The Council confirms during its review of an institution that it has publicly disclosed its transfer of credit policies. Evidence of compliance is provided in site teams’ summary reports from onsite reviews of programs (see Exhibit 002 – 2004 Standards for Accreditation: Standard III, Criterion C16, PDF pg. 14; Exhibit 001 – Practice Doctorate Standards: Standard A.4, PDF pg. 11; Exhibit 046 – Capability Program Review File, PDF pg. 138; Exhibit 047 – Established Doctoral Program Review File, PDF pg. 345; and Exhibit 048 – Established Master Program Review File, PDF pgs. 245-246).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must clarify its requirements regarding transfer of credit policies to ensure that accredited institutions publish all information required in § 668.43(a)(11) and include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.

**Analyst Remarks to Narrative:**

For all institutions and programs seeking initial accreditation and renewal of accreditation, the agency ensures, through its published standards, that “the amount of advanced standing or transfer credits awarded by the degree granting institution is clearly stated and publicized” which aligns with 602.24(e)(1) (Exhibit 001, p. 11 and Exhibit 002, p. 14). However, the agency’s requirement does not appear to require the accredited institution or program to provide all information as noted in § 668.43(a)(11). The agency must clarify its requirements regarding transfer of credit policies to ensure that accredited institutions publish all information required in § 668.43(a)(11) and include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.
In its petition, the agency provided an initial accreditation program review, established doctoral program review, and established master program review that verify that programs provide, and the agency reviews, information regarding transfer of credit policies (Exhibits 046, 047, and 048).

The agency has also provided documentation of an institution’s credit hour review (Exhibit 90) conducted by the Council to demonstrate implementation of its standard to meet the requirements of this section.

During the virtual file review in March 2022, Department staff reviewed additional examples of the agency’s review of transfer of credit policies.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

The COA has clarified in its policy the requirements for accredited institutions and programs to provide all information noted in § 668.43(a)(11). The revised Credit Hour Assignment for Institutions policy requires disclosure of (1) established criteria used to determine the amount of advanced standing or transfer credits it awards for prior learning experiences (including, but not limited to, service in the armed forces, paid or unpaid employment, or any other demonstrated competency or learning), (2) public disclose any type of institution or sources from which it will not accept credits, and (3) to make available a list of institutions with which the institution has established any articulation agreements (see Exhibit 46 - Revised Policy and Procedure Mark-ups - March 2023, PDF pg.9). This revision was approved by the COA Board on March 24, 2023 (see Exhibit 47 - COA Full Council Email Vote - March 24, 2023) and was communicated to programs and onsite reviewers on April 4, 2023 (see Exhibit 48 - Notice to Programs and Onsite Reviewers - March 2023 Policy Revisions). The final revised policy was published in the Accreditation Policies and Procedures Manual; a copy of the Manual has been appended as evidence of implementation of the policy revisions (see Exhibit 1 - Accreditation Policies and Procedures Manual, revised April 2023, PDF pgs. 60-62). As of the submission of the COA’s response to the draft staff analysis it has not had an opportunity to apply the policy revision.

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response
In response to the Draft Analysis, the agency amended its requirements regarding transfer of credit policies to ensure that accredited institutions publish all information required in §668.43(a)(11) and include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education to align with the requirements of this criterion (Exhibit 52, C-28 1.g.). The agency notified program administrators, assistant program administrators, and onsite reviewers of this change in policy by email on April 4, 2023 (Exhibit 55). Given the recency of this amendment as well as the timing of the submission, the agency also confirmed in its petition that it has not yet had an opportunity to operationalize the new policy.

Criteria: 602.24(f)

Description of Criteria

(f)

(1) Adopt and apply the definitions of “branch campus” and “additional location” in 34 CFR 600.2;

(2) On the Secretary’s request, conform its designations of an institution’s branch campuses and additional locations with the Secretary’s if it learns its designations diverge; and

(3) Ensure that it does not accredit or preaccredit an institution comprising fewer than all of the programs, branch campuses, and locations of an institution as certified for title IV participation by the Secretary, except with notice to and permission from the Secretary.

Narrative:

Consistent with 34 CFR 600.2, the COA policy “Major Programmatic Change” (M-1) defines a ‘branch campus’ as “an additional location of a nurse anesthesia institution that is geographically separate and independent from the institution’s main campus and has its own separate administrative structure, services, and facilities where the institution offers at least 50 percent of an educational program.” Further, the policy notes that a branch campus is considered to be ‘independent’ of the main campus if the location: (1) is permanent in nature; (2) offers courses in educational programs
that lead to a degree or certificate; (3) has its own faculty and administrative or supervisory organization; and (4) has its own budgetary and hiring authority” (see Exhibit 003 – Accreditation Policies and Procedures: “Major Programmatic Change” [M-1], PDF pg. 108)

The policy defines ‘additional location’ as “a facility that is geographically apart from the main campus of the institution and at which the institution offers at least 50% of a program.”

To date, none of the single purpose institutions or programs relying on Council’s accreditation to participate in Title IV, HEA programs have learning sites that meet the definition of “branch campus” or “additional location.”

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

Section M of the agency’s Accreditation Policies and Procedures, maintains definitions for “branch campus” and “additional location” that align with the regulatory definitions in 34 CFR 600.2.

In its petition, the agency provided an attestation that no situations arose in the most recent recognition cycle that would enable the agency to provide evidence of its accrediting practice related to the applicable regulation.

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

No files uploaded

**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:

(a): The Council has several policies and procedures pertaining to the process for accreditation. Charts provide an overview of the process (see Exhibit 003 – Accreditation Policies and Procedures: “Applicant Program Capability Study and Accreditation Review” [C-3], PDF pg. 37; “Accreditation Process for New Programs” [A-2], PDF pg. 8; and “Accreditation Process for Established Programs” [A-5], PDF pg. 11). Please note that the process for “new programs” applies to programs completing their initial term of accreditation.

The policy “Capability Review for Accreditation” [C-1] applies to programs seeking initial accreditation and describes the policies and procedures to be followed (see Exhibit 003 – Accreditation Policies and Procedures, PDF pgs. 35-36). Upon receipt of a letter of intent to start a nurse anesthesia program, the Council sends a letter describing the steps in the process and providing links to the Standards and Accreditation Policies and Procedures manual. The letter includes a timeline of activities for the capability review which must be signed and returned by the program (see Exhibit 046 – Capability Program Review File, PDF pgs. 1 and 6).
The policy “Accreditation after Graduation of First Class of Students” (A-1) applies to programs completing their initial term of accreditation and describes the policies and procedures to be followed (see Exhibit 003 – Accreditation Policies and Procedures, PDF p. 7). The policy “Accreditation Review for Established Programs” (A-3) applies to programs completing their second term of accreditation or more, and describes the policies and procedures to be followed (see Exhibit 003 – Accreditation Policies and Procedures, PDF pgs. 9-10). Approximately one year before the onsite visit, these programs are sent a letter which includes a timeline for the continued accreditation process (see Exhibit 047 - Established Doctoral Program Review File, PDF pg. 1).

(b)-(e): The Council has written policy and procedures that govern due process. If a program does not permit review by the Council, misses deadlines, or demonstrates serious deficiencies in meeting the accreditation requirements, a program may be asked to show cause as to why it should continue to be accredited. The program is given a reasonable period of time to submit information and documentation (see Exhibit 003 – Accreditation Policies and Procedures: “Show Cause” [S-8], PDF pg. 177 and Exhibit 125 – Show Cause Letter, PDF pp. 1 and 6).

According to policy, a program is notified in writing of adverse accreditation decisions. Adverse decisions are denial or revocation of accreditation (see Exhibit 003 - Policies and Procedures: Decisions for Accreditation of Nurse Anesthesia Educational Programs, PDF p. 66, D-3 and Revocation Procedure, PDF pp. 168-169, R-8-R-9). The affected program is provided with reasons for actions taken by the Council based on accreditation standards. Documentation is enclosed to demonstrate how the Council explains: (1) reasons for an adverse decision; (2) how a program can ask the Council to reconsider its decision; and (3) that a program has the right to appeal an adverse decision following the reconsideration process (see Exhibit 079 – Letters Regarding Revocation and Teach Out, PDF pp. 1-2 and 7).

A program is allowed up to 30 days following the receipt of an adverse accreditation decision to request the Council to reconsider. Reconsideration of an adverse decision provides the program an opportunity to ask the Council to change its original decision based on new and/or expanded information. A program may present new information during the reconsideration process that would be shared with the appeal body in the event of an appeal (see Exhibit 003 - Policies and Procedures: Reconsideration, PDF pp. 163-165, R-3–R-5).

The Council has not rendered a decision for denial of accreditation since its last re-recognition in 2018.
In accordance with 602.25(a), the agency provides written specification of its requirements, including clear standards, for an institution/program to be accredited. The agency maintains separate sets of standards for nurse anesthesia institutions/programs awarding the master’s degree for entry into anesthesia practices (2004 Standards for Accreditation of Nurse Anesthesia Educational Programs) and nurse anesthesia institutions/programs awarding the doctoral degree for entry into practice (Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate) (Exhibits 001 and 002). The standards offer the basis on which all COA determinations are made with regard to compliance while the agency’s Accreditation Policies and Procedures document offers the specific requirements for procedures and protocols.

The agency’s procedures provide adequate timeframes to ensure that institutions/programs have sufficient opportunity to respond to any agency requests for information, and, in addition, provide detailed timelines for the various application processes (Exhibit 003). As part of any accreditation decision, site visitors prepare a visit report in which any deficiencies are clearly and specifically identified. The institution/program under review has a specified, appropriate period of time to
respond to the visit report (Exhibit 003). The agency then prepares, through a review of all information, including a staff analysis of the existing dossier, a decision letter that provides an official determination, and, if appropriate, a timeline for response by the institution/program (Exhibit 003). Should the agency take any adverse action or make a determination of noncompliance, including show cause or probation, written notice that includes the basis for the action, to include any deficiencies, is provided.

The agency provided documentation of its written notifications and accreditation policies and procedures in the petition and additional documentation was reviewed during the virtual file review conducted in March 2022. The Department has received no complaints from the agency’s accredited programs to indicate that its due process policies and procedures are insufficient.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

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:

(1) An adverse accreditation decision may be appealed only after the program has
requested reconsideration and the Council has upheld its initial decision. The request
must be filed within 30 days of the program’s receipt of notice of the Council’s
reconsideration decision (see Exhibit 003: Accreditation Policies and Procedures:
“Appellate Review” [A-14], PDF pg. 20).

The appellate body for the Council is the Accreditation Appeal Panel (AAP). AAP
members are not current Council directors. In the event of an appeal, it is heard by a
Hearing Panel (HP) comprised of five AAP members in accordance with the Rules
for Appellate Review policy. HP members are subject to the applicable portions of the
COA’s Conflicts of Interest policy (see Exhibit 003 — Accreditation Policies and
Procedures: “Rules for Appellate Review” [A-17], PDF pg. 23).

The HP can affirm, amend, or remand the decision of the Council. Further, “If
affirmed, the COA’s accrediting decision becomes final and is published and
implemented as described by COA policies and procedures. If amended, the HP’s
accrediting decision becomes final, and is published and implemented as described by
COA policies and procedures. In a decision to remand the adverse action to the COA
for
further consideration, the HP shall identify specific issues that the COA must address.
The COA shall act in a manner consistent with the HP’s decisions or instructions. The
COA’s decision following remand becomes final, is not subject to appeal, and is
published and implemented as described by COA policies and procedures” (see
Exhibit 003 — Accreditation Policies and Procedures: “Rules for Appellate Review”
[A-21], PDF pg. 27).

(2) Both the program and the Council have the right to be represented by legal
counsel who may present on behalf of their clients during an appeal (see Exhibit 003
— Accreditation Policies and Procedures: “Rules for Appellate Review” [A-20], PDF
pg. 26).
As noted in Section A of the agency’s Accreditation Policies and Procedures, the agency provides an opportunity, upon written request of an institution/program, for an institution/program to appeal any adverse action prior to the action becoming final (Exhibit 003, pp. A-17-22). Prior to the appeal being undertaken, the agency first requires the institution/program to submit a request for reconsideration, which allows the initial decision-making body to determine if an error was made or if substantial information that has since arisen would have changed the original decision, as noted in Section R (Exhibit 003, pp. R-3-5). The institution/program must initiate the process within 30 calendar days of receipt of the reconsideration determination (Exhibit 003, pp. A-17-22).

The agency’s appeal panel (Accreditation Appeal Panel) consists of at least twelve members, including at least two educators, practitioners, public members, and administrators. The appeal panel consists of members that did not take the initial adverse action. When an appeal is set in motion, conflict of interest is determined by the Chief Executive Office, appeal panel members, and the appellant institution/program. From the individuals remaining, while ensuring that all regulatory categories are satisfied, the agency selects five individuals from the appeal panel to serve as the “Hearing Panel” for the specific appeal. The hearing panel has the ability to affirm, amend, or remand the original adverse action. Should the hearing panel decide to affirm or amend the decision, the decision becomes final. Decisions to remand the adverse action are returned to the initial decision-making body, together with the identification of specific issues that the initial decision-making body must address in its considerations (Exhibit 003, pp. A-17-22).

The agency recognizes the right of the institution/program to employ counsel to represent the program during its appeal, including the possibility of counsel
presenting on behalf of the institution/program (Exhibit 003, pp. A-17-22).

During the virtual file review in March 2022, the agency provided an attestation that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:
Not Reviewed

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:

The Council’s “Rules for Appellate Review” include a section on notification which states, “The HP shall send the written decision, including the reasons for the decision, to the program and the COA by e-mail, overnight delivery, or by registered or certified mail. Such notice shall be sent no later than 15 calendar days after the conclusion of the proceedings before the HP. The HP’s decision is effective immediately upon receipt of notice by the program” (see Exhibit 003 – Accreditation Policies and Procedures: “Rules for Appellate Review” [A-21], PDF pg. 27). The Council has not had any appeals since implementation of the current policy in 2015.

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Analyst Worksheet- Narrative

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:

Section A of the agency’s Accreditation Policies and Procedures requires that the agency notify the appellant institution or program in writing of the result of its appeal and the basis for that result not later than 15 days after the appeal panel has concluded its proceedings (Exhibit 003, pp. A-17-22).

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.

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

Analyst Worksheet - Response

Analyst Review Status:
Not Reviewed

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:

The Council’s “Rules for Appellate Review” include a footnote delineating a program’s ability to seek the review of new financial information, in accordance with the provisions described in this portion of the recognition criteria (see Exhibit 003 – Accreditation Policies and Procedures: “Rules for Appellate Review” [A-18], PDF pg. 24).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

Section A of the agency’s Accreditation Policies and Procedures indicate that the agency limits materials reviewed for appeals panels to materials submitted by the institution/program, the report of the onsite review, written statements by third parties, and transcripts of the institution's/program’s appearance before the agency that were considered by the agency in the decision-making process. The agency does not allow for “modifications, plans, improvements, or development’s occurring after the COA’s reconsideration determination” in the appeal, with the exception that, prior to reaching a final decision, the institution/program may seek review of new financial information if all criteria in 602.25(h) are met (Exhibit 003, pp. A-17-22).
The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.

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

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**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

**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:**

The COA does not award pre-accreditation; however, the Council’s “Notification of the Council’s Accreditation Decisions” (N-2) policy requires the Council to inform the Secretary and other agencies of accreditation decisions (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 115). Per this policy, the Council will notify the Secretary of Education, appropriate state agencies, appropriate accrediting agencies, and the public of decisions to award accreditation to a program no later than 30 days after an accreditation decision is made (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 115). This includes decisions for both new and
accredited programs. The enclosed Exhibit 098 – May 2021 Disclosures reflects announcement of initial and continued accreditation decisions to the USDE, accreditors and other state authorization agencies, and the public within 30 days of the Council’s May 19-21, 2021 meeting.

The Council’s “Public Disclosure of Accreditation Decisions” (P-27) policy additionally stipulates that the Council will publicly disclose accreditation decisions to the Secretary, appropriate state licensing or authorizing agencies, and accrediting agencies, and the public (see Exhibit 003 – Accreditation Policies and Procedures, PDF pgs. 156 and 158). The public is informed within 30 days after decisions have been made through posting on the Council’s website. Public notification on accreditation of new programs and established programs is also accomplished through information published in a List of Accredited Educational Programs (ref. Exhibit 098 – May 2021 Disclosures, PDF pgs. 12-25 and Exhibit 006 – List of Accredited Educational Programs, June 2021).

The publications that provide public notice of the Council’s accredited programs are further identified in Council policy (see Exhibit 003 – Accredited Policies and Procedures: “Program Listings” [P-16], PDF pg. 145). Six items are identified in the procedure that must be published. The items are: (1) Invitation for third party testimony regarding programs to be reviewed; (2) Official List of Accredited Educational Programs; (3) List of Accredited Educational Programs in the AANA Essentials; (4) Notice of newly accredited programs in the AANA Essentials; (5) Notice of a program’s voluntary withdrawal from accreditation in the AANA Essentials; and (6) Notice of adverse accreditation decisions and probation decisions in the AANA Essentials.

Exhibit 031 reflects the following COA notifications in the May 2020 AANA NewsBulletin publication: call for comments on proposed revisions to the Standards and policies; newly accredited programs; new programs seeking accreditation; call for third party comments on programs under review; notice of voluntary closure; upcoming COA meeting dates (including identification of open sessions); and posting of the Council’s List of Accredited Programs (ref. PDF pgs. 20-21). Exhibit 032 is a January 2020 edition of the AANA NewsBulletin in which the Council announced upcoming accreditation reviews for the period October 2020 through May 2021 (see PDF pgs. 17-18).

The AANA discontinued publication of its NewsBulletin following the July 2020 edition. The Council’s “Program Listings” policy was therefore revised as above to reflect announcement of program reviews and other accreditation actions in the Essentials online newsletter.
Sections N and P in the agency’s Accreditation Policies and Procedures require that the agency provide written notice to the Department, appropriate State licensing/authorizing agencies, relevant accrediting bodies, and the public no later than thirty days following a decision to grant initial accreditation or reaffirm accreditation (Exhibit 003, pp. N-2-3 and pp. P-27-31). The agency included in its petition disclosure and notification information that confirms that the agency follows its policies (Exhibit 098).

Department staff additionally reviewed the agency’s web publications, written publications, written notification to the Department, and DAPIP listings to verify the currency and timeliness of information submitted (Exhibits 031 and 032).
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:

As of July 1, 2020, the COA no longer considers probation actions to be “adverse decisions”—there are therefore separate policies and procedures for probation decisions and the adverse actions revocation of accreditation and denial of accreditation.

The COA’s “Probation Procedure” (P-8) details the circumstances that might result in a probation decision as well as the COA’s guidelines for providing notification of a final probation decision to accredited nurse anesthesia programs, the public, the USDE, and other state licensing, authorizing, or accrediting agencies as appropriate (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pgs. 137-138). Per this policy, the Council may put a program on probation at any time for noncompliance with Council standards, policies, or procedures. Programs may not admit new students during a period of probation, and the “Probation Procedure” requires programs to provide current and prospective students with written notice of any final probation action within seven business days of receipt of the COA notice of probation (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 137, item 1a).

Though the COA has not made any decisions for probation during the Recognition period, the “Probation Procedure” includes specific processes for notifying the COA’s community of interest of any such actions. The COA will notify the Secretary of the Department of Education and other appropriate federal agencies, the appropriate state licensing or authorizing agency, and the appropriate accrediting agencies at the same time that it notifies the institution or program of a final probation decision. The public will also receive written notice of a final probation decision within 24 hours of notice to the institution or program. The COA will release an additional probation announcement to the anesthesia community at large in the first available edition of the AANA E-ssentials e-newsletter published after the establishment of the action and all appeals have been exhausted. Within 60 days of a final probation decision, the COA will release a brief statement regarding the reasons for the probation decision and any
official comments from the affected institution or program (or evidence that the institution/program has been offered the opportunity to comment). This statement will be provided to the Secretary of the Department of Education and other appropriate federal agencies, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public. The COA will adhere to the above procedures for notification of probation actions only when such decisions are final and all appeals mechanisms have been exhausted—it will not disclose initiated probation actions.

The COA does, however, disclose both initiated and final decisions for revocation or denial of accreditation (i.e., adverse decisions). While the COA has not made any adverse decisions for revocation or denial of accreditation during the Recognition period, general procedures for disclosure of the COA’s decisions are detailed in the “Notification of the Council’s Accreditation Decisions” and “Public Disclosure of Accreditation Decisions and Performance Data” policies (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pgs. 115 and 156). Per the “Notification of the Council’s Accreditation Decisions” policy, the COA will notify the Secretary of Education, appropriate state agencies, appropriate accrediting agencies, and the public of adverse accreditation decisions on the same day the COA sends notification to the program and within 30 days after all appeal mechanisms become final (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 115, item 2a2). Similar to the “Probation Procedure” described above, the COA will also provide a summary of any review that results in denial or revocation of accreditation to the Secretary of Education, appropriate state agencies, appropriate accrediting agencies, and the public no later than 60 days after a decision is made (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 115, item 2b1). These procedural steps are restated in the “Public Disclosure of Accreditation Decisions and Performance Data” policy (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 158, items 2e-f).

More specific requirements for notification and disclosure of revocation decisions are noted in the “Probation Procedure” (Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 168). This COA policy requires programs to provide current and prospective students with written notice of revocation of accreditation, including initiated revocation actions subject to reconsideration or appeal as well as final revocation actions, within seven business days of receipt of notice from the COA (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 168, item 1a). Admission of students must cease, or else students must be clearly informed that they will not graduate from an accredited program and will therefore be ineligible for certification by the National Board of Certification and Recertification for Nurse Anesthetists. Programs are further required to accurately portray the accredited status as being revoked within seven business days of receipt of the notice from the COA.

Per policy items 2c and 2d of the “Revocation Procedure” (R-8) the COA will notify the Secretary of the Department of Education and other appropriate federal agencies,
the appropriate state licensing or authorizing agency, and the appropriate accrediting agencies at the same time that it notifies the program of the decision, whether it is an initiated or final revocation decision (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 169). Written notice of an initiated or final revocation decision will be provided to the public within one business day of notice to the institution or program. The “Revocation Procedure” also includes a clause regarding provision of a summary of the reasons for the revocation decision and program comments (if submitted) within 60 days of a final decision (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 169, item 2e).

### 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 amend its policies and procedures to ensure that it provides written notice of any and all initiated adverse actions, regardless of reconsideration status, to the Secretary, appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution/program of the decision.

**Analyst Remarks to Narrative:**

The agency maintains policies in Section P of the agency’s Accreditation Policies and Procedure related to written notice of final decisions regarding probation that confirm that such actions are communicated in writing to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time the agency notifies the institution/program of the decision and institution/requirements the program to disclose such an action within seven business days of receipt to all current and prospective students (Exhibit 003, pp. P-8-10).

The agency maintains policies in Section R of the agency’s Accreditation Policies and
Procedure, specifically identifying revocation procedures, related to written notice of initiated and adverse actions that confirm that such actions are communicated in writing to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time the agency notifies the institution/program of the decision and requires the institution/program to disclose such an action within seven business days of receipt to all current and prospective students (Exhibit 003, pp. R-8-9). These sections specifically confirm that all adverse actions, both initiated and final, require written notice to all entities specified in 602.27(b). Section P details both revocation and denial of initial accreditation in terms of notice but only refers to final decisions and notes that such notice is sent following a request for reconsideration and appellate review (Exhibit 003, pp. P-27-31). Section N also notes that the agency will provide to the Secretary and the public a summary of any review that results in a final decision of denial of initial accreditation or revocation of accreditation and that all entities are notified with regard to “adverse accreditation decisions (consisting of denial or revocation), on the same day the COA sends notification to the program and within 30 days after all appeal mechanisms become final” (Exhibit 003, pp. N-2-3). Therefore, it would appear that the agency does not hold policies that require written notification in accordance with the applicable regulation for initiated action related to denial of initial accreditation. The agency must amend its policies and procedures to ensure that it provides written notice of any and all initiated adverse actions to the Secretary, appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the program of the decision. Department staff suggests that the agency amend all sections to be consistent for both final and initiated actions related to any and all adverse actions.

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures. However, Exhibit 090 and Exhibit 079 show evidence of an institution that has received notification of an adverse action and then undergone the agency’s process for reconsideration. Department staff notes a submission of a request for reconsideration will “stay the effect of the Council's decision” (Exhibit 003, Section R). The agency must ensure that written notice for any initiated adverse action is provided in accordance with the applicable regulation, regardless of reconsideration potential or possibility. As a reminder to the agency, on occurrence, these types of notification must also be entered into the Database of Accredited Institutions and Programs (DAPIP).
In response to feedback received in the Staff Report, the COA has revised several policies related to disclosure of adverse accreditation decisions. For example, within the “Public Disclosure of Accreditation Decisions and Performance Data” policy, policy item #2e now states the Council will “[p]ublish initiated and final decisions on revocation, denial for accreditation, and closures in the AANA E-ssentials and on the COA website” (ref. Exhibit 38 – Revised Policy and Procedure Mark-Ups – November 2022, PDF pg. 40). Similarly, policy items #2j and #2j2 have been revised so as to remove language related to disclosure only after reconsideration and appeal—it now reads:

“2j. The Council notifies the Secretary of the UDE, appropriate accrediting agencies, appropriate state licensing or authorizing agencies, and the public no later than 30 days after the following decisions have been made. In the case of an adverse decision, the public will be informed by written notice within 24 hours of the notice to the institution or program through posting on the Council’s website, currently found at http://coacrna.org.

2. Initiated or final decision to deny or revoke accreditation. The Secretary of Education will be notified on the same day the program is notified. No longer than 60 days after a final decision the Secretary, appropriate accrediting agencies, and the public will be provided with a brief statement called a Public Disclosure Notice summarizing the specific reasons for the Council’s denial or withdrawal of the program’s accreditation, along with any comments the program may wish to make.”

Similar revisions have been made to the COA’s “Notification of the Council’s Accreditation Decisions” policy, which now states that the Council will notify the Secretary of Education, appropriate state agencies, appropriate accrediting agencies, and the public of the following information no later than 30 days after an accreditation decision is made: “Adverse accreditation decisions (consisting of denial or revocation), on the same day the COA sends notification to the program.” Language that referenced “all appeals mechanisms becom[ing] final” has been removed (see Exhibit 38 - Revised Policy and Procedure Mark-Ups – November 2022, PDF pg. 36).

The COA’s “Revocation Procedure” was revised in 2020 in response to changing USDE Recognition Criteria, and therefore already refers to disclosure of both initiated and final adverse accreditation decisions.

The above-described revisions were proposed by the COA’s Standards and Policies Committee in November 2022. The COA reviewed the proposed revisions and approved them for release as part of a Call for Comments conducted between December 5, 2022 and January 6, 2023 (see Exhibit 40 – COA Meeting Minutes Excerpt – November 2022, PDF pg. 4 and Exhibit 41 – Call for Comments
Documentation). Following closure of the Call for Comments, the members of the Standards and Policies Committee reviewed the results from the community of interest and presented the revised policies to the Full Council during the COA’s January 26-28, 2023 meeting. During this meeting, the COA granted final approval to the policy revisions (ref. Exhibit 42 – COA Meeting Minutes Excerpt – January 2023). The revisions were announced to program administrators in the February 2023 edition of the Program Directors’ Update (Exhibit 43); a current copy of the Accreditation Policies and Procedures Manual reflecting final approval and implementation of these policy revisions has been appended to this response (Exhibit 1 – Accreditation Policies and Procedures Manual, revised April 2023, PDF pgs. 116-117 and 157-161).

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the Draft Analysis, the agency amended sections related to Public Disclosure of Accreditation Decisions and Performance Data as well as Notification of the Council’s Accreditation Decisions in the COANAEP Accreditation Policies and Procedures document to align with the requirements of this criterion. Specifically, the agency eliminated policy language that would have enabled the agency to hold notification in accordance with the policy until any reconsideration or appeal would have been finalized (Exhibit 52 P-29, 2.e., 2.j.2. and N-2, 2.a.2). This amendment ensures that the agency holds policies that require it to provide written notice of any and all initiated adverse actions, regardless of reconsideration status, to the Secretary, appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution/program of the decision.

The agency notified program directors of these changes in February 2023 (Exhibit 43). In response to a Department staff request, the agency provided confirmation by email that no opportunity arose since the implementation of the new policy that would require its operationalization (Exhibit 72).

**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:

Please note that the COA has not made any adverse decisions (i.e., denial or revocation of accreditation) or taken any probation actions during the Recognition period.

Per the COA’s Accreditation Policies and Procedures, the Council considers denial of initial accreditation and revocation of accreditation to be adverse actions. An additional accreditation action—probation—is significant to programs and institutions as it effectively suspends their admission of students, but the COA does not define probation as “adverse.” In addition to general policies on notification and disclosure (“Notification of the Council’s Accreditation Decisions” [N-2] and “Public Disclosure of Accreditation Decisions and Performance Data” [P-27]) the COA also publishes policies and procedures specific to both revocation and probation (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pgs. 115, 156, 137, and 168, respectively). Procedural requirements related to denial of accreditation, revocation of accreditation, and probation are also noted in the COA’s “Decisions for Accreditation of Nurse Anesthesia Educational Programs” (D-3) policy (see Exhibit 003 – Accreditation Policies and Procedures, PDF pgs. 68-69).

According to the “Notification of the Council’s Accreditation Decisions” policy, the COA will notify the Secretary of Education, appropriate state agencies, appropriate accrediting agencies, and the public of adverse accreditation decisions on the same day the COA sends notification to the program and within 30 days after all appeal mechanisms become final (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 115, item 2a2). In cases of probation decisions (which the COA does not define as “adverse actions”), the COA will similarly notify the Secretary of the Department of Education and other appropriate federal agencies, the appropriate state licensing or authorizing agency, and the appropriate accrediting agencies at the same time that it notifies the institution or program of a final probation decision (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 138).
The agency maintains two types of adverse actions: denial of initial accreditation and revocation of accreditation. The agency’s policies in Section D, N, P, and R of the agency’s Accreditation Policies and Procedures confirm that the agency provides written notice of adverse actions to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies on the same day the agency sends notification to the program, and within 30 days of reaching the decision (Exhibit 003, pp. N-2-3, P-27-31, and R-8-9).

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures. As a reminder to the agency, on occurrence, these types of notification must also be entered into the Database of Accredited Institutions and Programs (DAPIP).
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:

The COA has not made any decisions for probation, revocation of accreditation, or denial of accreditation during the Recognition period; however, the Accreditation Policies and Procedures manual includes policy language that governs how public disclosures of such decisions will be made.

General guidelines for providing public notice of accreditation decisions are noted in the COA’s “Public Disclosure of Accreditation Decisions and Performance Data” (P-27) policy (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 156). Item 2j of that policy states that in the case of an adverse accreditation decision, the public will be informed by written notice within 24 hours of the notice to the institution or program through posting on the Council’s website, currently found at coacrna.org (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 158). The COA’s “Revocation Procedure” (R-8) similarly notes that the COA will provide written notice to the public of a revocation decision, whether it is an initiated or final revocation decision, within one business day of its notice to the institution or program (Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 169). In the case of final probation decisions, the COA also provides written notice to the public within 24 hours of notice to the institution or program (Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 138).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**
The agency must amend its policies in the section Confidentiality and Disclosure of Information to refer to initiated adverse actions in addition to final adverse actions in order to meet the requirements of this criterion.

**Analyst Remarks to Narrative:**

The agency’s policies in Section P and R of the agency’s Accreditation Policies and Procedures confirm that the agency holds policies to provide written notice to the public of final decisions of probation and initiated and final adverse actions within one business day of the agency’s notice to the program (Exhibit 003, pp. P-8-10, P-27-31, and R-8-9). The agency uses its website to notify the public within 24 hours. However, the agency’s policies on Confidentiality and Disclosure of Information notes that the Council is responsible for disclosing public information on final adverse accreditation decisions rather than initiated adverse accreditation decisions. The agency must amend its policies in the section Confidentiality and Disclosure of Information to refer to initiated adverse actions in addition to final adverse actions in order to meet the requirements of this criterion and to align with the agency's other policies.

While the agency provided a decision letter related to an initiated decision of probation prior to the relevant change in regulation, the agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures (Exhibit 121). As a reminder to the agency, on occurrence, these types of notification must also be entered into the Database of Accredited Institutions and Programs (DAPIP).

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

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Response:

The COA’s “Confidentiality and Disclosure of Information” policy was recently revised to ensure clarity in the Council’s current process for disclosing both initiated and final adverse actions. To that end, policy item #2e3 now states that the COA will disclose “initiated and final adverse accreditation decisions in accordance with the Council’s policies on public notice and notification of accreditation decisions” (see Exhibit 38 - Revised Policy and Procedure Mark-Ups – November 2022, PDF pg. 35). This language is consistent with disclosure requirements stated in the COA’s “Notification of the Council’s Accreditation Decisions,” “Public Disclosure of Accreditation Decisions and Performance Data,” and “Revocation Procedure.”
The above-described revisions were proposed by the COA’s Standards and Policies Committee in November 2022. The COA reviewed the proposed revisions and approved them for release as part of a Call for Comments conducted between December 5, 2022 and January 6, 2023 (see Exhibit 40 – COA Meeting Minutes Excerpt – November 2022, PDF pg. 4 and Exhibit 41 – Call for Comments Documentation). Following closure of the Call for Comments, the members of the Standards and Policies Committee reviewed the results from the community of interest and presented the revised policies to the Full Council during the COA’s January 26-28, 2023 meeting. During this meeting, the COA granted final approval to the policy revisions (ref. Exhibit 42 – COA Meeting Minutes Excerpt – January 2023). The revisions were announced to program administrators in the February 2023 edition of the Program Directors’ Update (Exhibit 43); a current copy of the Accreditation Policies and Procedures Manual has been provided as evidence of the policy revisions’ final approval and implementation (see Exhibit 1, PDF pgs. 54-55).

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the Draft Analysis, the agency amended the section related to Confidentiality and Disclosure of Information in the COANAE窨 Accreditation Policies and Procedures document to align with the requirements of this criterion. Specifically, the agency amended the previous language that only referred to final adverse accreditation decisions to include initiated decisions and thus align the language with the sections previously deemed as compliant (Exhibit 52 C-22, 2.e.3.).

The agency notified program directors of these changes in February 2023 (Exhibit 43). In response to a Department staff request, the agency provided confirmation by email that no opportunity arose since the implementation of the new policy that would require its operationalization (Exhibit 72).

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

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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:

The COA has not made any final decisions to deny, withdraw, suspend, revoke, or terminate the accreditation of any institution or program during the Recognition period. Per COA policy, decisions considered “adverse” by the COA include denial of accreditation and revocation of accreditation.

Should the COA make an adverse accreditation decision in the future, it will adhere to its current policies on disclosure and notification, which state that the Council will provide a summary of any review that results in denial or revocation to the Secretary of Education, appropriate state agencies, appropriate accrediting agencies, and the public (ref. Exhibit 003 – Accreditation Policies and Procedures: “Notification of the Council’s Accreditation Decisions” [N-2], PDF pg. 115 and Exhibit 003 – Accreditation Policies and Procedures: “Public Disclosure of Accreditation Decisions and Performance Data” [P-29], PDF pg. 156). This summary will be provided no longer than 60 days after a final adverse decision. Programs will also be given the opportunity to submit comments regarding the adverse decision; these, too, will be provided to the Secretary of Education, appropriate state agencies, appropriate accrediting agencies, and the public no later than 60 days after a decision is made (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 115). Programs facing an adverse decision have the right to decline an offer to provide a response to such decisions (Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 158).

Furthermore, the COA’s “Revocation Procedure” (R-8) requires programs to provide current and prospective students with written notice of revocation of accreditation, including initiated revocation actions subject to reconsideration or appeal and final revocation actions, within seven business days of receipt of notice from the COA (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 168).
The agency holds policies regarding notification of adverse actions in Section N and Section R of the agency’s Accreditation Policies and Procedures. Section N indicates that the agency notifies the Department, appropriate State agencies, recognized accrediting agencies, and the public with a summary of any review that results in denial or revocation of accreditation not later than 60 days after a decision is made (Exhibit 003, pp. N-2-3). Section R offers the agency’s revocation procedures which includes the notification of the Department, other federal agencies, the appropriate state licensing or authorizing agency, and the appropriate agency of a revocation action, whether it is an initiated or final revocation decision, and requires the same 60-day time limit on ensuring a brief statement is sent to the appropriate parties in the noted regulation (Exhibit 003, pp. R-8-9).

Section R of the agency’s Accreditation Policies and Procedures requires institutions/programs to provide current and prospective students with written notice of revocation of accreditation, including initiated revocation actions subject to reconsideration or appeal and final revocation actions, within seven business days of receipt (Exhibit 003, pp. R-8-9).

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures. As a reminder to the agency, on occurrence, these types of notification must also be entered into the Database of Accredited Institutions and Programs (DAPIP).
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:

The COA’s “Lapse of Accreditation” (L-1) policy defines the program requirements and Council actions for programs seeking an inactive admissions process or that notify the Council that they lack an interest in accrediting activities (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 107). Additionally, the “Major Programmatic Change” (M-1) policy lists a decision not to accept student (i.e., inactive admissions) among the major programmatic changes requiring Council review and approval (see Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 109). The “Public Disclosure of Accreditation Decisions and Performance Data” (P-27) policy states that the COA will disclose decisions by programs to: 1) withdraw voluntarily from the Council’s accreditation activity or 2) allow their present accreditation to lapse (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 159). Such disclosures will be made to the Secretary of the USDE, appropriate accrediting agencies, appropriate state licensing or authorizing agencies, and the public no later than 30 days after the decisions.

Following review of the major programmatic change application and assuming approval of the inactive admissions process, the COA will announce the inactive admissions as part of its notification to the USDE, the appropriate state licensing or authorizing agencies, other accrediting agencies, and the public. Exhibit 089 – MPC, Inactive Admissions reflects Council review of such a program request at the Council’s most recent (i.e., May 2021) meeting; notification to the USDE and other
agencies noted above is demonstrated by Exhibit 098 – May 2021 Disclosures (ref. highlighted items on PDF pgs. 11 and 15).

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency must modify its policies to ensure that it notifies the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public if an accredited institution/program 1) decides to withdraw voluntarily from accreditation, within 10 business days of receiving notification from the institution/program that it is withdrawing voluntarily from accreditation; or 2) lets its accreditation lapse, within 10 business days of the date on which accreditation lapses.

**Analyst Remarks to Narrative:**

The agency provided its current policy in Section P of the agency’s Accreditation Policies and Procedures which states that: “The Council notifies the Secretary of the USDE, appropriate accrediting agencies, appropriate state licensing or authorizing agencies, and the public no later than 30 days after the following accreditation decisions have been made...

4) Decision by an accredited program to withdraw voluntarily from the Council's accreditation activity.
5) Decision by an accredited program to allow its present accreditation to lapse” (Exhibit 003, pp. P-27-31).

The agency must modify its policies to ensure that it notifies the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public if an accredited institution/program 1) decides to withdraw voluntarily from accreditation, within 10 business days of receiving notification from the institution/program that it is withdrawing voluntarily from accreditation; or 2) lets its accreditation lapse, within 10 business days of the date on which accreditation lapses.

The agency also provided information about its decision-making body and related notification times, particularly as it relates to substantive changes in the context of no longer admitting students (Exhibit 003, Section M and Exhibit 089). The agency is asked to note that the information provided is not applicable to the noted regulation but is reviewed in section 602.22.

In its petition, the agency provided evidence that notification occurs of substantive change within 30 days, though no notification was provided with regard to voluntary withdrawal from accreditation by an accredited program.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

The COA has revised its existing “Notification of the Council’s Accreditation Decisions” and “Public Disclosure of Accreditation Decisions and Performance Data” policies in order to ensure alignment with this recognition criterion. In both policies, language was added to the “Council Actions” section to clarify the notification and disclosure processes for voluntary closures and lapses of accreditation. In the “Notification of the Council’s Accreditation Decisions” policy, item #2a4 (regarding a decision by an accredited program to withdraw voluntarily from accreditation) now states that “[i]n such circumstances, the Council will notify the Secretary of Education, the appropriate accrediting agencies, and the public within 10 business days of receiving notification from the program that it is withdrawing voluntarily from accreditation.” Item #2a5 in the same policy (regarding a decision by an accredited program to let its accreditation lapse) similarly now states, “[i]n such circumstances, the Council will notify the Secretary of Education, the appropriate accrediting agencies, and the public within 10 business days of the date on which accreditation lapses” (Exhibit 38 - Revised Policy and Procedure Mark-Ups – November 2022, PDF pgs. 36). Identical language has been added to policy items
#2j4 (regarding voluntary closure) and #2j5 (regarding lapse of accreditation) in the “Public Disclosure of Accreditation Decisions and Performance Data” policy (Exhibit 38 - Revised Policy and Procedure Mark-Ups – November 2022, PDF pg. 41).

The above-described revisions were proposed by the COA’s Standards and Policies Committee in November 2022. The COA reviewed the proposed revisions and approved them for release as part of a Call for Comments conducted between December 5, 2022 and January 6, 2023 (see Exhibit 40 – COA Meeting Minutes Excerpt – November 2022, PDF pg. 4 and Exhibit 41 – Call for Comments Documentation). Following closure of the Call for Comments, the members of the Standards and Policies Committee reviewed the results from the community of interest and presented the revised policies to the Full Council during the COA’s January 26-28, 2023 meeting. During this meeting, the COA granted final approval to the policy revisions (see Exhibit 42 – COA Meeting Minutes Excerpt – January 2023). The revisions were announced to program administrators in the February 2023 edition of the Program Directors’ Update (Exhibit 43). A current copy of the manual has been appended here as evidence of the policy revisions’ final approval and implementation (see Exhibit 1 – Accreditation Policies and Procedures Manual, revised April 2023, PDF pgs. 116-117 and 157-161).

**Analyst Worksheet - Response**

**Analyst Review Status:**

Substantially Compliant

**Staff Determination:**

The agency is substantially compliant with the requirements of this criterion.

Though the agency's practices include the application of policies in accordance with this criterion, the agency must make minor modifications to its policies to reflect its generally compliant practices. Specifically, the agency must submit a monitoring report within twelve months demonstrating compliance by amending its policies at 2.a.4. and 2.a.5. in the Notifications of the Council's Accreditation Decisions and 2.j.4. and 2.j.5. in the Public Disclosure of Accreditation Decisions sections of the Accreditation Policies and Procedures Manual related to this criterion to include language that confirms that the policy is also applicable to institutions accredited by the agency.

**Analyst Remarks to Response**
In response to the Draft Analysis, the agency amended sections related to Public Disclosure of Accreditation Decisions and Performance Data as well as Notification of the Council’s Accreditation Decisions in the COANAEP Accreditation Policies and Procedures document to align with the requirements of this criterion. Specifically, the agency amended the section Public Disclosure of Accreditation Decisions and Performance Data to read “Decision by an accredited program to withdraw voluntarily from the Council's accreditation activity. In such circumstances, the Council will notify the Secretary of Education, the appropriate accrediting agencies, and the public within 10 business days of receiving notification from the program that it is withdrawing voluntarily from accreditation” and “Decision by an accredited program to allow its present accreditation to lapse. In such circumstances, the Council will notify the Secretary of Education, the appropriate accrediting agencies, and the public within 10 business days of the date on which accreditation lapses” (Exhibit 52, P-29-30, 2.j.4.-5.) In addition, the agency amended the section on Notification of the Council’s Accreditation Decisions to read “A decision by an accredited program to withdraw voluntarily from accreditation. In such circumstances, the Council will notify the Secretary of Education, the appropriate accrediting agencies, and the public within 10 business days of receiving notification from the program that it is withdrawing voluntarily from accreditation” and “A decision by an accredited program to let its accreditation lapse. In such circumstances, the Council will notify the Secretary of Education, the appropriate accrediting agencies, and the public within 10 business days of the date on which accreditation lapses” (Exhibit 52, N-2, 2.a.4.-5. Each of these sections hold a heading that notes that “The Council will notify the Secretary of Education, appropriate state agencies, appropriate accrediting agencies, and the public of the following information...”. However, the agency must make minor modifications to its policies to reflect its generally compliant practices. Specifically, the agency must ensure its policies at 2.a.4. and 2.a.5. in the Notifications of the Council's Accreditation Decisions and 2.j.4. and 2.j.5. in the Public Disclosure of Accreditation Decisions sections of the Accreditation Policies and Procedures Manual related to this criterion include language that confirms that the policy is also applicable to institutions accredited by the agency.

Department staff further suggests that the agency may wish to include the language regarding “appropriate state agencies” in the body of each subsection to ensure clarity in the application of the policy.

The agency notified program directors of these changes in February 2023 (Exhibit 43). In response to a Department staff request, the agency provided confirmation by email that no opportunity arose since the implementation of the new policy that would require its operationalization (Exhibit 72).
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:

(1) The policy and procedure on “Notification of the Council’s Accreditation Decisions” (N-3) requires that the U.S. Department of Education be supplied with a current list of accredited programs (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 116). Enclosed is a copy of a letter providing evidence of the Council’s compliance with this requirement (ref. Exhibit 099 - Cover Letter USDE LOAP).

(2) The Council’s policy and procedure on disclosure of information provides for the release of public information from the annual report database as long as the identities of individual programs are not released (ref. Exhibit 003 – Accreditation Policies and Procedures: “Confidentiality and Disclosure of Information” [C-21], PDF pg.55 and Exhibit 100 - Summary of 2020 Annual Report Data for Public Posting). Another policy and procedure specifically stipulates that the Council will provide a copy of its annual report to the U.S. Secretary of Education (ref. Exhibit 003 – Accreditation Policies and Procedures: “Notification of the Council’s Accreditation Decisions” [N-
(3) Changes in the Council’s policies, procedures, or accreditation standards are made when needed to comply with the Secretary’s criteria for recognition. The Council is very careful not to make changes that would interfere with its responsibility to comply with the U.S. Secretary of Education’s requirements for accrediting agencies. Major revisions to the accreditation policies and procedures that might alter Council’s scope of recognition or compliance with recognition criteria or standards must be sent to the U.S. Department of Education with a request for comment prior to adoption (ref. Exhibit 003 – Accreditation Policies and Procedures: “Notification of the Council’s Accreditation Decisions” [N-3], PDF pg. 116; “Policies and Procedures for Accreditation: Development, Adoption and Revision” [P-3], PDF pg. 132; and “Standards for Accreditation: Development, Adoption, and Revision” [S-10], PDF pgs. 179-181). Major revisions include extensive feedback from the community of interest through Call for Comment.

An example of the Council undergoing revisions of its accreditation standards leading to adoption by the Council is a result of the recommendations by the Full Scope of Practice Competency Taskforce. The Council’s procedures for revising its Standards includes multiple hearings and Calls for Comment. An Executive Summary of the Calls for Comment on the Full Scope of Practice Competency Taskforce Recommendations outlines the activities undertaken by the Council in proposing revisions to the accreditation standards (ref. Exhibit 081 – Master Summary – All COA Calls for Comment).

The Council has also developed new standards for post-graduate fellowships. The Standards for Accreditation of Post-Graduate CRNA Fellowships were adopted on January 24, 2014 with the most recent revisions dated April 2018. The COA does not believe the fellowship programs will have a federal link to non-HEA programs, at least in the foreseeable future. Therefore, the COA does not anticipate asking for fellowships to be added to its scope of accreditation (ref. Exhibit 105 – Post-Graduate CRNA Fellowship Standards).

(4) On August 15, 2007, Secretary of Education Margaret Spellings notified the Council that she granted the agency’s request for an expansion of scope to include accreditation of programs offered via distance education (ref. Exhibit 102 – Letter from Spellings). The Council does not accredit programs that offer correspondence courses. The Council does not plan to seek an expansion of its scope of recognition to include correspondence courses.

Document(s) for this Section
The agency’s policies in Section C, N, P, and S of the agency’s Accreditation Policies and Procedures require that the agency provide notice to the Department in accordance with the requirements of 602.27(a)(1-4) (Exhibit 003, pp. C-21-22, N-2-3, P-3-5, and S-10-12). The agency’s polices require that information be disclosed to the Department and other appropriate state or regulating agencies, as required by federal law and/or regulation, with information redacted that would identify individuals or programs not essential to Department review (Exhibit 003, pp. C-21-22).

The agency included in its petition 1) sample notification to the Department of a list of accredited institutions/programs (Exhibit 099), 2) a summary of the agency’s major accrediting activities and an annual data summary (Exhibits 100 and 101), and 3) information regarding recent standards and policies reviews (Exhibit 081).
The agency also noted its prior approval to offer accreditation of distance education programs (Exhibit 102) and confirmed that the agency does not review, and does not intend to review correspondence courses, and therefore seeks no expansion of scope related to correspondence education. The agency also confirmed that standards were developed for post-graduate fellowship programs, but that no expansion of scope of recognition is sought at this time in this regard. The agency has currently approved six fellowship programs.

Department staff reviewed the information provided on the Department’s Database of Accredited Postsecondary Institutions and Programs (DAPIP), noting the currency of information related to accredited programs.

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Criteria: 602.27 (a)(5-6),(b)

Description of Criteria

(5) The name of any institution or program it accredits that the agency has reason to believe is failing to meet its title IV, HEA program responsibilities or is engaged in fraud or abuse, along with the agency's reasons for concern about the institution or program; and

(6) If the Secretary requests, information that may bear upon an accredited or preaccredited institution's compliance with its title IV, HEA program responsibilities, including the eligibility of the institution or program to participate in title IV, HEA programs.

(b) If an agency has a policy regarding notification to an institution or program of contact with the Department in accordance with paragraph (a)(5) or (6) of this section, it must provide for a case-by-case review of the circumstances surrounding the contact, and the need for the confidentiality of that contact. When the Department determines a compelling need for confidentiality, the agency must consider that contact confidential upon specific request of the Department.
Narrative:

(5) There has never been an occasion when the Council became aware that a program had failed to meet its Title IV, HEA program responsibilities or had engaged in fraud or abuse. However, the Council’s procedure “Notification of the Council’s Accreditation Decisions” (N-2) requires that such information be shared with the U.S. Secretary of Education (ref. Exhibit 003 – Accreditation Policies and Procedures, PDF pg. 115).

(6) Upon request from the U.S. Secretary of Education, the Council will provide information regarding an accredited program’s compliance with its Title IV, HEA program responsibilities. The information would be released for the purpose of assisting the Secretary in resolving problems with the program’s eligibility or participation in federal programs (ref. Exhibit 003 – Accreditation Policies and Procedures: “Notification of the Council’s Accreditation Decisions” [N-3], PDF pg. 116).

(b) Not applicable. The Council does not have a policy regarding notification to an institution or program of contact with the Department.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency’s policies in Section N of the agency’s Accreditation Policies and Procedures confirm that the agency provides the name of any program that the agency has reason to believe is failing to meet its Title IV, HEA program responsibilities or is engaged in fraud or abuse, together with the agency’s reasons for concerns, and upon secretary request, information regarding an accredited program’s compliance with its Title IV, HEA program requirements, including its eligibility to participate in Title IV programs (Exhibit 003, pp. N-2-3).
Though the agency states in its petition that it has no policy regarding notification in accordance with 602.27(b), the agency’s Notification of the Council’s Accreditation Decisions, 2.c.2) notes that “Absent a specific request for confidentiality from the USDE, the Council may notify a program of inquiries it receives from the USDE as long as the Council has concluded, based on a careful consideration of the circumstances, that disclosure is appropriate” (Exhibit 003, pp. N-2-3). This aligns with the requirements in the applicable criterion.

The agency provided an attestation in its petition that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.

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

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### Analyst Worksheet - Response

**Analyst Review Status:**

Not Reviewed

### Criteria: 602.28 (a)

**Description of Criteria**

(a) If the agency is an institutional accrediting agency, it may not accredit or preaccredit institutions that lack legal authorization under applicable State law to provide a program of education beyond the secondary level.

**Narrative:**

The Council requires that an applicant institution or program submit evidence that the institution or program is legally authorized to be conducted prior to submitting a self-study. An applicant must demonstrate that the institution awarding the degree has formal authority from an appropriate government agency authorizing it to confer the degree. The same requirements are in effect for established nurse anesthesia institutions or programs. Council procedures require that they reaffirm that they have legal authorization to provide postsecondary education (ref. Exhibit 003 – Accreditation Policies and Procedures: “Eligibility for Accreditation” [E-1], PDF pgs. 86-88; Exhibit 103 – Eligibility Applicant Program; and Exhibit 104– Eligibility Established Program).
### Section E of the agency’s Accreditation Policies and Procedures notes that applicant institutions or programs must be able to provide “a charter and/or other formal authority from an appropriate government agency authorizing it to award the degree(s) conferred” (Exhibit 003, pp. E-1-3). The agency also requires that all institutions and/or programs maintain such authorization, as necessary, and will automatically require a teach-out plan and teach-out agreement to be submitted should a state licensing or authorizing agency notify the agency that the program’s license or legal authorization for the program or the institution has been or will be revoked (Exhibit 003, pp. P-12-15). The agency, in its annual report, ensures that notices regarding State licensure decisions are communicated to the agency (Exhibit 051).

During the virtual file review in March 2022, Department staff reviewed documentation that confirms the agency’s reviews State authorization documentation as required by the Department and the State.
Criteria: 602.28 (b)

Description of Criteria

(b) Except as provided in paragraph (c) of this section, the agency may not grant initial or renewed accreditation or preaccreditation to an institution, or a program offered by an institution, if the agency knows, or has reasonable cause to know, that the institution is the subject of--

(1) A pending or final action brought by a State agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education in the State;

(2) A decision by a recognized agency to deny accreditation or preaccreditation;

(3) A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation; or

(4) Probation or an equivalent status imposed by a recognized agency.

Narrative:

The Council has adopted a policy and procedure that takes into account actions conferred by states and other recognized agencies before it grants accreditation or continued accreditation to an institution or a nurse anesthesia program (ref. Exhibit 003 – Accreditation Policies and Procedures: “Recognized Accrediting Agencies” [R-1], PDF pg. 161). This means that a program is required to notify the Council if an institution or its nurse anesthesia program receives an adverse accreditation decision. The program must also explain how the adverse decision will affect compliance with accreditation standards. The Council then reviews the nurse anesthesia program to determine if the Council should also take an adverse action such as probation or send a show cause letter to the program (ref. Exhibit 119 – Recognized Accrediting Agency – Show Cause).
The agency must ensure that information it receives from accredited institutions/programs through the annual report includes all adverse actions by another recognized accrediting agency or placement of probation or an equivalent status by another agency in order for the COA to be able to make its own determination if it should also take adverse action or place the institution/program on probation or show cause.

**Analyst Remarks to Narrative:**

The agency’s policy in Section R of the agency’s Accreditation Policies and Procedures notes that the agency will not grant initial accreditation or renew accreditation of an institution/program if the institution/program or the program’s conducting institution is subject to “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, and 4) probation or an equivalent status imposed by a recognized accrediting agency (Exhibit 003, pp. R-1-2). The agency requires accredited programs to notify the agency regarding any of the listed actions in writing within 30 days of receipt together with an explanation on how the action will affect the program’s ability to maintain its compliance with the agency’s requirements and standards.

In addition to notification directly from other recognized accrediting agencies, COA regularly collects information regarding such actions to accredited programs through the annual report (Exhibit 051). The annual report questions relate to institutional and specialized accreditation and any actions from a state agency. However, the annual
The report asks only for information regarding “adverse decisions related to infractions in the anesthesia program” (Exhibit 051, p. 17). The agency must ensure that information it receives from accredited institutions/programs through the annual report relates to all adverse actions by another recognized accrediting agency or placement of probation or an equivalent status by another agency in order for the COA to be able to make its own determination if it should also take adverse action or place the program on institution/probation or show cause.

The agency provided in its petition a letter from the agency to an accredited program placed on show cause by the conducting institution’s institutional accreditor (Exhibit 119). However, the example does not demonstrate that the agency does not grant initial accreditation or renew accreditation for a program when it or its conducting institution are subject to a negative action listed in this section, rather the letter shows that the agency investigates further actions taken by other agencies.

During the virtual file review in March 2022, the agency stated that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

Based on feedback received in the Staff Report, the COA has revised its Annual Report to contain specific response items regarding review of recognition or accreditation by external agencies other than the Council. Separate response items have been developed to require the nurse anesthesia program to indicate if there have been any adverse decisions against the conducting institution such as probation or an equivalent status, or denial of recognition or accreditation by an institutional accreditor, specialized accreditor, or state agency. If the answer is yes, the program is asked to identify the agency that made the adverse decision, explain the infractions, and provide the current status of recognition or accreditation. The program’s responses to these questions (and by extension, any actions conferred by states and other recognized agencies) will be considered by the Council before it grants initial or continued accreditation to an institution or nurse anesthesia program.

A mark-up of the revised Annual Report questions has been appended as Exhibit 49. These questions will be included in the 2023 distribution of the Annual Report.

Analyst Worksheet - Response
In response to the Draft Analysis, the agency amended its Annual Report to ensure data is collected that allows the agency to satisfy the requirements of this criterion. Specifically, the agency amended Section C of the Annual Report to collect data related to institution-wide actions of the type noted in 602.28(b)(1-4). The agency provided a marked-up version of the Annual Report in its petition given the agency’s timeline for release of the Annual Report indicated that a final copy was not available at the time of submission (Exhibit 49).

In response to a Department staff request, the agency provided a final copy of the Annual Report that confirms the response of the agency and demonstrates alignment with this criterion (Analyst Exhibit 70).

List of Document(s) Uploaded by Analyst - Response

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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 Council grants accreditation to a program after considering the adverse actions of other accrediting agencies or state agencies, the Council will provide the U.S. Secretary of Education with a thorough explanation, consistent with its accreditation standards, as to why such an action does not preclude the Council’s grant of accreditation (ref. Exhibit 003 – Accreditation Policies and Procedures: “Recognized Accrediting Agencies” [R-2], PDF pg. 162). Since the Council’s last review for recognition, there have been no programs where this action has been necessary.
Section R of the agency’s Accreditation Policies and Procedures notes that if the agency grants accreditation to an institution/program that is subject to any action noted in 602.28(b), the agency will provide the Secretary with a thorough explanation, consistent with its accreditation standards, as to why the action of the other body does not preclude the agency’s grant of accreditation. The rationale is required to be mailed to the Secretary within 30 days of the agency’s action (Exhibit 003, pp. R-1-2).

The agency provided an attestation in its petition and in the virtual file review in March 2022 that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.

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

No files uploaded

**Analyst Worksheet - Response**

**Analyst Review Status:**

Not Reviewed

**Criteria: 602.28 (d)**

Description of Criteria
(d) If the agency learns that an institution it accredits or preaccredits, or an institution that offers a program it accredits or preaccredits, is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, the agency must promptly review its accreditation or preaccreditation of the institution or program to determine if it should also take adverse action or place the institution or program on probation or show cause.

Narrative:

The Council’s policy and procedure requires it to promptly review the accreditation of any program if another accrediting agency has given the program or its conducting institution an adverse accreditation decision (ref. Exhibit 003 – Accreditation Policies and Procedures: “Recognized Accrediting Agencies” [R-2], PDF pg. 162). The Council has not exercised this aspect of the policy during this recognition period.

The Annual Report contains response items regarding review of accreditation by external agencies other than the Council. Programs are routinely asked questions about whether there have been any adverse accreditation actions against the university, the program (by another specialized accreditor) or a state agency. If the answer is yes, a program would be asked to explain the infractions and give the current status of accreditation. These questions are used to monitor programs’ compliance with the requirement for programs to promptly notify the Council of adverse decisions by other accrediting agencies. This method of monitoring has not revealed any situations requiring the Council to take action as specified by the policy and procedure Recognized Accrediting Agencies (ref. Exhibit 051 – Annual Report, PDF pg. 17).

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Analyst Worksheet- Narrative

**Analyst Review Status:**

Does not meet the requirements of this section
**Staff Determination:**

The agency must ensure that information it receives from accredited institutions/programs through the annual report includes all adverse actions by another recognized accrediting agency or placement of probation or an equivalent status by another agency in order for the COA to be able to make its own determination if it should also take adverse action or place the institution/program on probation or show cause.

**Analyst Remarks to Narrative:**

The agency’s policy in Section R of the agency’s Accreditation policies and Procedures notes that “if another recognized agency places an institution in which a nurse anesthesia program resides on probation or revokes its accreditation, the Council will promptly review the program’s accreditation to determine if it should also take an adverse action such as probation or send a show cause letter to the program (Exhibit 003, pp. R-12). The agency also requires accredited institutions/programs to notify the agency if the program or institution is subject to adverse actions by state agencies and probation or an equivalent status and adverse actions by recognized accrediting agencies (pp. R-1-2). Such notification is required in writing within 30 days of receipt together with an explanation on how the action will affect the program’s ability to maintain its compliance with COA requirements and standards.

In addition to notification directly from other recognized accrediting agencies, COA regularly collects information regarding such actions to accredited programs through the annual report (Exhibit 051). The annual report questions relate to institutional and specialized accreditation and any actions from a state agency. However, the annual report asks only for information regarding “adverse decisions related to infractions in the anesthesia program” (Exhibit 051, p. 17) The agency should ensure that information it receives from accredited institutions/programs through the annual report includes all adverse actions by another recognized accrediting agency or placement of probation or an equivalent status by another agency in order for the COA to be able to make its own determination if it should also take adverse action or place the program on institution/probation or show cause.

The agency provided an attestation in its petition and in the virtual file review in March 2022 that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.

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Response:

Based on feedback received in the Staff Report, the COA has revised its Annual Report to contain specific response items regarding review of recognition or accreditation by external agencies other than the Council. Separate response items have been developed to require the nurse anesthesia program to indicate if there have been any adverse decisions against the conducting institution such as probation or an equivalent status, or denial of recognition or accreditation by an institutional accreditor, specialized accreditor, or state agency. If the answer is yes, the program is asked to identify the agency that made the adverse decision, explain the infractions, and provide the current status of recognition or accreditation. These questions will be used to monitor compliance with the requirement for programs to promptly notify the Council of adverse decisions by other accrediting or state agencies.

A mark-up of the revised Annual Report questions has been appended as Exhibit 49. These questions will be included in the 2023 distribution of the Annual Report.

**Analyst Worksheet - Response**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

In response to the Draft Analysis, the agency amended its Annual Report to ensure data is collected that allows the agency to satisfy the requirements of this criterion. Specifically, the agency amended Section C of the Annual Report to ensure data is collected that enables the agency to learn 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 provided a marked-up version of the Annual Report in its petition given the agency’s timeline for release of the Annual Report indicated that a final copy was not available at the time of submission (Exhibit 49).

In response to a Department staff request, the agency provided a final copy of the Annual Report that aligns with the response of the agency which demonstrates alignment with this criterion (Analyst Upload 70).

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

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(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 Council, upon request, will share with other appropriate recognized accrediting agencies and recognized state approval agencies information about the accreditation status of a program and any adverse actions it has taken against an accredited program (ref. Exhibit 003 – Accreditation Policies and Procedures: “Recognized Accrediting Agencies” [R-2], PDF pg. 162). No such requests have been received since the last review for continued USDE recognition.

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Analyst Worksheet- Narrative

**Analyst Review Status:**

**Analyst Remarks to Narrative:**

Section R of the agency’s Accreditation Policies and Procedures confirms that the agency shares, upon request, with other appropriate Secretary recognized accrediting agencies and State approval agencies, information about the accreditation status of an institution or program and any adverse actions it has taken against an accredited institution or program (Exhibit 003, pp. R-1-2). The agency does not have preaccreditation standards or grant preaccreditation status to any institution or program. The agency also maintains a directory of programs on its website that, among other
information, notes accreditation status, last and next review date, and most recent accreditation decision.

The agency provided an attestation in its petition and during the virtual file review in March 2022, that no situations arose in the most recent recognition cycle that would require the agency to operationalize its policies regarding the applicable regulation and therefore could not provide documentation to verify implementation of its policies and procedures.

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**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Response**

The status noted as “undefined” in the draft staff analysis should read Meets (M). The agency met the requirements of this criterion in the draft staff analysis.

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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.