

ACCREDITATION COMMITTEE – PERFUSION EDUCATION ACCREDITATION PROCESS

For Programs with Continuing Accreditation

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The information provided here is an overview and does not supplant or replace the provisions of the **Standards and Guidelines for the Accreditation of Educational Programs in Perfusion (Standards)**. Accreditation is a voluntary process. Evaluation of a perfusion program is undertaken only with specific authorization from the chief executive officer (CEO) of the sponsoring institution.

I. STATEMENT ON STUDENTS

Students will be considered graduates of a CAAHEP accredited perfusion program if they are enrolled in the program anytime while the program is accredited. There is no grandfather clause of retroactive recognition for CAAHEP accreditation. CAAHEP accreditation covers all students who have successfully completed a program, which has been granted any accreditation status at any time during their enrollment.

II. CONTINUING ACCREDITATION

A. Annual Report

All programs with continuing accreditation are required to submit an Outcomes Based Accreditation (OBA) annual report. The annual report will be due approximately 120 days following the completion of each academic year. In the case that a program completes more than one class a year, one completion month will be selected by the AC-PE and the annual report will be due approximately 120 days following the completion of the selected month. Definitive due dates will be assigned by the AC-PE based on reported completion dates and are subject to change.

B. Annual Report Review

Upon submission of the annual report, AC-PE staff will review the report to identify missing or incomplete information. Once the report is determined to be complete, it is placed on the next meeting agenda of the AC-PE.

1. If all outcomes meet the established thresholds, the program is placed on a consent agenda.
2. If any of the outcomes are below the established thresholds, the annual report will be thoroughly reviewed by the committee.
3. Upon review of the report, the AC-PE will either: 1) accept the report, in which case no additional information will be required prior to submission of the next annual report; 2) require a progress report or request additional documentation and clarification; 3) conduct a consultative site visit if there are major concerns that require immediate attention; and/or 4) recommend a change in accreditation status. (ie, putting a program on or taking a program off probation.)

C. Site Visit

Each program will receive **at least one (1)** site visit within a ten year period. The program may be visited under one of two conditions.

1. The visit may be a random site visit. Random site visits are determined annually by the Chair and Executive Director of the AC-PE, with input from the Committee. Selection may be based on the date of the program's last site visit or the AC-PE's desire to visit a program based on activity/changes taking place within the program. Programs will be given 90 days notice prior to arrival on site.
2. In the case that a program is consistently unable to demonstrate compliance with the **Standards**, a consultative visit will be performed to identify, verify, and clarify any specific areas of non-compliance. Programs will be notified in advance and a site visit will be scheduled that accommodates both the AC-PE and the program.

D. Selection of the Site Visit Team

Site visit teams will consist of one or two site visitors, depending on the type of the site visit, and determined at the discretion of the AC-PE. All site visitors are qualified by education and experience.

E. Site Visit Agenda

The AC-PE will provide a copy of the annual report, supporting information and a copy of the **Standards** to each member of the site visit team. Before their arrival at a program, site visitors are expected to be thoroughly familiar with the program's reported information and all supporting documentation provided by the applicant program to the AC-PE.

A suggested schedule will be prepared by the on-site evaluation team chair, in cooperation with the program director. The focus of each visit will be to verify and clarify information reported on the annual report and verify information required in the **Standards**. The schedule may or may not require the presence of key administration, faculty, clinical affiliation staff and students. Schedules may be subject to change based on the site visitors' findings during the visit. A thorough and accurate evaluation of the perfusion program can be conducted within a period of approximately 1 ½ - 2 days.

F. Report of Findings

The site visit report is submitted to the AC-PE office, where it is developed into the report of findings by AC-PE staff. Once site visitors confirm accuracy of the report, it is transmitted to the chief executive officer, dean, program director, and medical director. The report defines any area of the **Standards** in which the site visit team found the program to be deficient at the time of the site visit.

A response to the report of findings, including the signature of the chief executive officer of the sponsoring institution, is required by all programs. If no deficiencies are cited, receipt of the report of findings must be acknowledged. The response may also include comments on the site visit, site visitors or the accreditation process.

G. Reviewing the Program Response

The report of findings and the program's response are reviewed by the AC-PE at its next scheduled meeting. A recommendation for appropriate accreditation action is forwarded to the Commission on Accreditation of Allied Health Education Programs (CAAHEP). CAAHEP determines the accreditation status of the program and notifies the sponsoring institution and program of its action in writing, promptly after each meeting.

H. Developing and Submitting a Progress Report

A progress report is sometimes required of a program, at a time specified by the AC-PE, to document progress in resolving problems of compliance with the **Standards** or associated administrative requirements. A program may submit its progress report earlier than requested; prior approval from AC-PE staff is necessary if a delay in submission is anticipated.

I. Length of Accreditation

Continuing accreditation is ongoing and does not expire. Accreditation may be voluntarily withdrawn by the program or withdrawn by CAAHEP. (Please see guidelines *under Withdrawal of Accreditation*.)

III. ACCREDITATION CATEGORIES

A. Initial Accreditation

Initial accreditation is the first status of accreditation granted to a program that has demonstrated substantial compliance with CAAHEP Standards. Initial accreditation is granted for a period of five (5) years. At the conclusion of the 5-year award, the AC-PE can: 1) recommend continuing accreditation; 2) recommend probationary accreditation; or 3) take no action, in which case the program's accreditation will expire. A program may request reconsideration of the AC-PE's decision to allow initial accreditation to expire. However, the AC-PE's final decision cannot be appealed.

B. Continuing Accreditation

For programs with initial accreditation: Accreditation is recommended after submission of at least one (1) annual report with satisfactory outcomes data or at the conclusion of the 5-year initial accreditation award. Continuing or probationary accreditation should be granted prior to expiration of initial accreditation. If accreditation is not granted and initial accreditation is allowed to expire (due to unsatisfactory outcomes data or non-compliance with the **Standards**) the program must start over and re-apply for initial accreditation if it wishes to pursue accreditation again.

For programs with continuing accreditation: Continuing accreditation is granted to a program when it is re-evaluated at specified intervals. Once continuing accreditation is granted, it does not expire. Continuing accreditation is ongoing and can be ended only with an involuntary or voluntary withdraw of accreditation.

C. Probationary Accreditation

Probationary accreditation is a temporary status of accreditation granted when a program continuously does not meet accreditation **Standards**, but should be able to meet them within the specified time.

Recommendations of probationary accreditation can be based on evidence substantiated by a site visit or documentation submitted through a progress report or annual report.

The CAAHEP accreditation letter contains a clear statement of each deficiency contributing to the failure to be in substantial compliance with the **Standards**. The letter also indicates that (1) a progress report is required by a specific date; (2) failure to come into substantial compliance with the **Standards** may result in the withdrawal of accreditation and (3) currently enrolled students and those seeking admission must be advised that the program is on probation.

CAAHEP awards of probationary accreditation are final and are not subject to appeal. During a period of probationary accreditation, programs are recognized and listed as being accredited. The probationary status of a program is disclosed to the public in response to telephone or written inquiries.

Reconsideration

The AC-PE provides an opportunity for reconsideration of its recommendation for probationary accreditation prior to CAAHEP action. The AC-PE letter to the program, following committee action, contains a clear statement of each deficiency contributing to the failure of the program to be in substantial compliance with the **Standards**. The letter also contains instructions for the program to follow when requesting committee reconsideration of a recommendation of probationary accreditation. The request for reconsideration must include a concise rationale and documentation to support reconsideration.

D. Probationary Accreditation - Administrative

Probationary accreditation - administrative may be granted when the perfusion program does not comply with one or more of the administrative requirements for maintaining accreditation, which include but are not limited to the following:

1. Submitting the annual or self-study report or a required progress report within a reasonable period of time as determined by the AC-PE.
2. Agreeing to a reasonable site visit date.
3. Informing the AC-PE within a reasonable period of time of changes in the perfusion program personnel, as required by the **Standards**.
4. Paying the AC-PE accreditation fees and charges within a reasonable period of time, as determined by the AC-PE.

Probationary accreditation - administrative is an accreditation category that is not subject to CAAHEP appeal. However, the program may request that the AC-PE provide an opportunity for reconsideration prior to CAAHEP action. During a period of probationary accreditation - administrative, programs are recognized and listed as being accredited; their probationary status is not publicized.

E. Withhold of Accreditation

Accreditation may be withheld from a program seeking initial accreditation if the program is not in substantial compliance with the **Standards**. Before transmitting a recommendation to withhold accreditation, the AC-PE provides the program an opportunity to: 1) request AC-PE reconsideration; or 2) decide to voluntarily withdraw from the accreditation system before CAAHEP considers the recommendation.

If after reconsideration the AC-PE proceeds with the recommendation to withhold accreditation, and CAAHEP acts upon this recommendation, CAAHEP will notify the appropriate officials that accreditation has been withheld from the program and include a letter with clear statements of each deficiency. Institutions sponsoring programs from which accreditation is withheld may appeal the decision. The CAAHEP letter also informs the sponsoring institution that it may apply for accreditation as a new applicant whenever the program is believed to be in substantial compliance with the **Standards** and with administrative requirements for maintaining accreditation.

F. Withdrawal of Accreditation

Students enrolled in a program at the time the sponsoring institution is notified that accreditation has been withdrawn may complete the requirements for graduation and be considered graduates of a CAAHEP-accredited program.

1. Accreditation withdrawn - voluntary (at request of the sponsoring institution).
2. Accreditation withdrawn - involuntary (for failure to be in substantial compliance with the **Standards** or with administrative requirements). The perfusion program may request reconsideration by the AC-PE of this recommendation to CAAHEP.

Accreditation may be involuntarily withdrawn from a program with probationary accreditation if, at the conclusion of the specified probationary period, the AC-PE process confirms that the program is not in substantial compliance with the **Standards** or with the administrative requirements for maintaining accreditation.

The CAAHEP letter notifying the appropriate officials that the perfusion program has received accreditation withdrawn - involuntary indicates that the institution may appeal the decision. A copy of the CAAHEP appeals procedures for accreditation withheld or withdrawn accompanies the letter of notification.

The appropriate official is provided with a clear statement of each deficiency and is informed that the sponsoring institution may apply for accreditation as a new applicant whenever the perfusion program is believed to be in substantial compliance with the **Standards** or with administrative requirements for maintaining accreditation.

G. Inactive Status

The sponsoring institution may request inactive accreditation status for a perfusion program that does not enroll students for a period of up to two years. Such programs must continue to pay annual fees to the AC-PE. While the program will not be required to file an annual report during inactive status, the program will be responsible for acquiring all outcomes information from the last active class and will need to report that information on the next annual report, if/when the program is reactivated. After being inactive for two consecutive years, programs must decide to: 1) reactivate the program; or 2) voluntarily withdraw accreditation. If the program takes no action, CAAHEP may withdraw accreditation.

VI. FEE SCHEDULE

Candidacy Status

Application Fee	\$1500
Consult Visit	actual cost (approximately \$1000-\$1500)

Initial Accreditation

Application Fee	\$1500
Site Visit	actual cost (approximately \$2000-\$2500)
Annual Fee *	\$1750

* The annual fee is charged after Initial accreditation has been granted. Programs receiving Initial accreditation in the spring are responsible for payment of the total annual fee. Programs receiving accreditation in the fall are responsible for payment of 50% of the annual fee. Following the initial invoice for the annual fee, programs are invoiced in January of each year for the annual fee.

Continuing Programs

Annual Fee*	\$1750
Site Visit	◆ all site visit expenses are covered by the AC-PE

* Programs are invoiced in January of each year for the annual fee.

* Programs notifying the AC-PE (in writing) of an intention to discontinue prior to July 1 of a given year are invoiced 50% of the annual fee for that year. Programs discontinuing July 1 or later in a given year are responsible for payment of the total annual fee.

* Inactive accredited programs must pay the annual fee to maintain accreditation.

◆ Policy: The AC-PE will pay expenses for two (2) site visits within a 10-year period for each program. Programs are responsible for paying the actual cost of any subsequent visits required within the same 10-year period.

Clinical Site Recognition

Application Fee	\$100 per site
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An additional 5% charge is assessed when payment is not received within 60 days of the invoice date.

FEES ARE NOT REFUNDABLE
