

COMMITTEE ON ACCREDITATION FOR EDUCATION IN ELECTRONEURODIAGNOSTIC TECHNOLOGY

ACCREDITATION PROCESS

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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 an Accredited Educational Program in Electroneurodiagnostic Technology (Standards)**. Accreditation is a voluntary process. Evaluation of an educational program is undertaken only with specific authorization from the chief executive officer (CEO) of the sponsoring institution.

I. ACCREDITATION PROCESS

A. Self-study Report

Programs seeking initial accreditation can obtain application information on the CoA-END website, www.coa-end.org. Currently accredited programs will be sent reevaluation information one (1) year prior to the due date of the self-study. Once the self-study (initial and continuing) is received by the CoA-END, it is reviewed by a minimum of two (2) members of the Committee. A written assessment from each reviewer is presented to the Committee at a scheduled meeting. The Committee determines whether to proceed with a site visit or request further information from the applicant program.

B. Site Visit

Once the program is ready to proceed with the site visit process, a date for the site visit will be set for a mutually agreed upon date. A thorough and accurate evaluation of the END program can be conducted within a period of approximately 1-2 days.

A sponsoring institution may consider combining the site visits of multiple allied health educational programs. END educational program site visits may be combined with those of other allied health education programs. Contact the CoA-END office for further information.

C. Selection of the Site Visit Team

The site visit team minimally consists of a team chair and a team member. Every effort is made to appoint one technologist and one physician to each site visit team. All site visitors are qualified by education and experience. Site visitors are provided appropriate documentation by the CoA-END office to assure familiarity with the program being visited.

Appropriate program officials are notified of the names and institutional affiliation of the individuals assigned to the team prior to the site visit. The program is given the opportunity to reject a selected site visitor, within seven (7) days of notification, if any member of the team is unacceptable to sponsor representatives.

D. Site Visit Agenda

The site visit includes a review of the didactic and clinical segments of the program. The site visit team will meet with representatives from institutional administration, faculty, clinical education personnel, students, and graduates, if applicable. The site visit team will visit laboratories and education facilities. At the conclusion of the visit, site visitors will meet with institutional administration and program officials to review the findings.

The program director is responsible for developing the site visit agenda. Please see Section VI. for a site visit schedule outline.

E. Report of Findings

Site visitors submit the site visit report to the CoA-END office within fourteen (14) days following the site visit. The site visit report is developed into a report of findings by CoA-END staff. Once site visitors confirm accuracy of the report, it is sent to the chief executive officer, dean, program director, and medical director. It should take no longer than 30 days following the site visit for program officials to receive the report of findings. 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 within 30 days of receipt of the report of findings. 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.

F. Reviewing the Program Response

The report of findings and the program's response are reviewed by the CoA-END 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.

G. Site Visit Expenses

Once site visit arrangements are complete, the program is invoiced according to the fee schedule (see pages 7-8). Site visit expenses include airfare, lodging, meal reimbursement and other reasonable expenses incurred during travel.

H. Annual Report

Once a program receives accreditation, it is required to submit an outcomes-based accreditation annual report. Programs graduating classes between January-June will have an annual report due date of September 1st. Programs graduating classes between July-December will have an annual report due date of March 1st. There are some portions of the annual report that new programs cannot complete until outcomes data is acquired. However, programs are still required to complete as much of the report as possible and submit it by the assigned due date.

I. Annual Report Review

Upon submission of the annual report, CoA-END 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 CoA-END.

Upon review of the report, the CoA-END 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.)

J. Developing and Submitting a Progress Report

A progress report is sometimes required of a program, at a time specified by the CoA-END, 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 CoA-END staff is necessary if a delay in submission is anticipated.

II. 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 CoA-END 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 CoA-END's decision to allow initial accreditation to expire; however, the CoA-END's final decision cannot be appealed.

B. Continuing Accreditation

Continuing accreditation is ongoing accreditation based on compliance with the **Standards**. Review of annual reports and reevaluation at specified intervals (at least once every ten (10) years) assist the CoA-END in determining compliance with the **Standards**. 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. Probation

Probation is a temporary status of accreditation granted when a program continuously does not meet accreditation **Standards**, but should be able to meet them within a 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 CoA-END provides an opportunity for reconsideration of its recommendation for probation prior to CAAHEP action. The CoA-END letter to the program 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 probation. The request for reconsideration must include a concise rationale and documentation to support reconsideration.

If the CoA-END proceeds with a recommendation of probation, appropriate officials will receive a letter from CAAHEP. 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 probation 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 must be disclosed to the public in response to telephone or written inquiries.

D. Administrative Probation

Administrative probation may be granted when the END 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 CoA-END;
2. Agreeing to a reasonable site visit date;
3. Paying the CoA-END accreditation fees and charges within a reasonable period of time, as determined by the CoA-END.

Prior to forwarding a recommendation to CAAHEP, the CoA-END must first inform the program (twice in writing) that it is in danger of being placed on administrative probation if the specified requirements are not met.

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 CoA-END provides the program an opportunity to: 1) request CoA-END reconsideration; or 2) decide to voluntarily withdraw from the accreditation system prior to CAAHEP consideration.

If after reconsideration the CoA-END 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 - Voluntary

Voluntary withdrawal of accreditation is granted when a sponsoring institution requests that its END program be removed from CAAHEP. 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.

G. Withdrawal of Accreditation – Involuntary

Involuntary withdrawal of accreditation is conferred when a program is no longer in compliance with the **Standards**. Recommendations of involuntary withdrawal are typically conferred following a period of probationary accreditation. However in unusual circumstances, such as evidence of critical deficiencies that appear to be irremediable within a reasonable length of time or a documented threat to the welfare of current and potential students, the CoA-END may recommend that CAAHEP withdraw accreditation without first providing a period of probation.

The CoA-END provides an opportunity for reconsideration of its recommendation for withdrawal of accreditation prior to CAAHEP action. The CoA-END letter to the program 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 withdrawal of accreditation. The request for reconsideration must include a concise rationale and documentation to support reconsideration.

If the CoA-END proceeds with a recommendation to withdraw accreditation, appropriate officials will receive a letter from CAAHEP. The CAAHEP accreditation letter contains a clear statement of each deficiency contributing to the failure to be in substantial compliance with the **Standards**. The sponsoring institution is informed that it can apply for accreditation as a new applicant when the END program is believed to be in substantial compliance with the **Standards**. The sponsoring institution is also given the opportunity to appeal the decision. A copy of the CAAHEP appeals procedures accompanies the letter of notification.

H. Inactive Status

The sponsoring institution may request inactive accreditation status for an END program that does not enroll students for a period of up to two years. Such programs must continue to pay annual fees to the CoA-END and CAAHEP. 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 be required 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.

Programs with initial accreditation cannot request inactive status.

III. END PROGRAMS/PROGRAMS WITH PSG ADD-ON

Programs may be END only (which includes EEG and an introduction to EP, IONM, LTM, NCS, and PSG) or END plus one or more of the following add-ons: Evoked Potentials (EP); Intraoperative Neurophysiological Monitoring (IONM); Long Term Monitoring (LTM); Nerve Conduction Studies (NCS); and Polysomnography Studies (PSG). In programs with an add-on component, the END program is the core; without that core, the add-on component cannot be considered viable. If the END portion has problems severe enough to warrant Probation, the add-on(s) portion will also be on Probation. If, however, the END portion remains sound, weaknesses in the add-on(s) portion will not affect the END accreditation.

IV. TRANSFER OF SPONSORSHIP

Program sponsorship can be transferred from one institution to another. The chief executive officer of the institution relinquishing sponsorship, or an official designee, should provide the CoA-END and CAAHEP with a notice of intent to transfer the program. The chief executive officer, or official designee, of the new sponsoring institution completes and forwards the CAAHEP application for continuing accreditation of the program and is required to submit additional information regarding the basis for program relocation and reasonable assurances that the **Standards** will continue to be met. Any institution consideration a transfer of program sponsorship should contact the CoA-END office for further information.

V. FEE SCHEDULES

EFFECTIVE THROUGH 2008

Initial Accreditation

Application Fee	END Program Only	\$400
	END plus PSG Program	\$500
Site Visit		\$1500/1 day site visit \$500 each additional day
Annual Fee *	END Program Only	\$1000
	END plus PSG Program	\$1200

*The annual fee is charged after Initial Accreditation has been granted. Programs receiving Initial accreditation between January–June of a given year are responsible for payment of the total annual fee. Programs receiving accreditation between July–December of a given year 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 Accreditation

Application Fee	END Program Only	\$300
	END plus PSG Program	\$400
Site Visit		\$1500/1 day site visit \$500 each additional day
Annual Fee*	END Program Only	\$1000
	END plus PSG Program	\$1200

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

* Programs notifying the CoA-END (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.

Initial Accreditation Packet \$25

Late Fee

A late fee of \$50 will be charged if payment is not received within 60 days of the initial invoice date.

FEE SCHEDULE EFFECTIVE JANUARY 1, 2009

Initial Accreditation

Initial Application Fee	END Program Only EP, IONM, LTM, NCS, PSG Add Ons	\$700 Additional \$100 per add on
Initial Site Visit	Actual Cost	
Site Visit Prior to Expiration of Initial Accreditation	Actual Cost	
Annual Fee	END Program Only EP, IONM, LTM, NCS, PSG Add Ons	\$1400 Additional \$200 per add on

*The actual cost of site visits includes airfare, hotel, ground transportation, meals, and incidental expenses. It is recommended that programs budget approximately \$1500-\$2000 for site visit expenses.

*The annual fee is charged after Initial Accreditation has been granted. Programs receiving Initial accreditation between January–June of a given year are responsible for payment of the total annual fee. Programs receiving accreditation between July-December of a given year 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 Accreditation

Annual Fee	END Program Only EP, IONM, LTM, NCS, PSG Add Ons	\$1400 Additional \$200 per add on
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* Programs are invoiced in January of each year for the annual fee.

* Programs notifying the CoA-END (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.

**The Commission on Accreditation of Allied Health Education Programs (CAAHEP) charges a \$450 institution fee to institutions that have one or more CAAHEP-accredited program(s).*

VI. SITE VISIT SCHEDULE OUTLINE

- A. Meet with Institutional Chief Administrative Officer or representative(s) (30 minutes)
- B. Meet with students from each class (2 hours)
- C. Tour educational facilities (2 hours)
- D. Lunch/review program documentation (2 hours)
- E. Visit Clinical Affiliate(s) (2 hours per affiliate)
- F. Meet with Program Director (1 hour)
- G. Meet with Medical Director (15 minutes)
- H. Meet with program faculty (30 minutes)
- I. Executive Session to prepare site visit report (1 hour)
- J. Exit Meeting (30 minutes)

*The above times are estimates. Times may vary based on travel time, location of affiliates, and availability of personnel. In addition, times may change based upon findings on-site.

VII. LIST OF MATERIALS TO BE AVAILABLE ON-SITE (INITIAL/CONTINUING SITE VISITS)

1. Documentation of institutional accreditation (certificate or award letter)
2. School catalog, program brochure, and/or web information
 - Any of the above information that makes reference to the CoA-END or CAAHEP should be available for possible review
3. Current, signed affiliation agreements
4. Written program goals
 - If these are stated in any publications, please have publications available for possible review
5. Advisory Committee meeting minutes
6. Instruments/evaluation tools used to evaluate all resources outlined in the **Standards**
7. Curriculum outline and all course syllabi
8. Sample examinations
9. Budgets for current and next fiscal years
10. Clinical rotation schedules
11. Forms/evaluations used in student selection process
12. Student/faculty/course evaluations
13. Graduate and Employer Surveys
14. ABRET or other standardized exam results collated by graduation date, including any school score reports
15. Student records, including: enrollment data; student logs; evaluations; and documentation of academic progress

❖ **Programs should have the above items organized and easily accessible at all times. Items may be reviewed during a site visit.**