Rev. 10/30/2026

CAHME®

Commission on Accreditation
of Healthcare Management Education

HANDBOOK OF POLICIES

AND

ACCREDITATION PROCEDURES

(*including the process to obtain Candidacy*

As referenced in Article 10)

Revision History

Date	Section	Description
10/30/2026	Article 10 Section 6	Update to Candidacy Resubmission policy
	Article 15a Section 3 and 4	Rewriting of site visit delay policy. Broken out into a policy for initial site visits and reaccreditation site visits.
	Article 15 Section 5	Rewriting of AACSB Joint Site Visit Policy: removed procedure steps; updated policy
05/20/2026	Throughout	Committee name change from Substantive Change to Program Change; rolling program change application submissions
	Article 17 Sect 3	Addition of policy changes due to move to a single progress report
	Article 15b Sect 1	Addition of new section on LMS Access Policy
	Article 15b Sect 4	Update to Virtual Site Visits
03/09/2026	Article 16a Section 1, 2	Addition of new Findings Language effective for programs using 2026 Standards for Accreditation.
	Article 11 Section 1	Change from Progress Report due date of September 1 to August 1 for programs submitting in Fall 2027 and beyond Addition of progress report submission table
	Article 21 Section 1	Update to mailing address
10/22/2025	Article 11 Section 1 Article 16a Sections 2,3 Article 17 Section 3	Move to one progress report due at year 2 for initial accreditations and year 3 for reaccreditations Program put on probation if all standards are not fully met after the progress report Per CHEA standards, program must come into full compliance of standards within 4 years of Board decision. Reaccreditation cycle can now be 4 or 8 years, not just 8 years
7/21/2025	Article 10 Section 6	Change to referencing handbook for candidacy standards; Correction of Candidacy application submission dates
	Article 16a Section 2	Change in initial accreditation years from 3 to 4
	Article 16a Section 3	Change in reaccreditation years from 7 to 8
4/07/2025	Article 10 Section 6	Addition of III.B.1 and III.C.1 to the Candidacy Application
1/08/2025	Document	Change title to Chief Accreditation Officer
	Article 4b	Procedure rewritten for defining nomination and selection of board members as approved by Board Nov 2024
	Article 10 Section 3	Defining ex-officio members and President/CEO to be non-voting
	Article 17 Section 2	President/CEO will serve as ex officio and non-voting
4/30/2024	Article 2	Updated to 2023 Code of Good Practice ASPA
	Article 4b	No longer present Board nominees to Corporate Members
	Article 5a	Clarification of process of becoming a Fellow
	Article 5b	Removed: Redundant
	Article 7	Point to Schedule of Fees on website
	Article 8	Updated to match Combined Self-Study Handbook
	Article 10	Removed redundancy of Eligibility application; Updated Candidacy application submission dates
	Article 11	Reference Site Visit Instructions document
	Article 13	Clarifications on site visit team composition; Reference Site Visitor Roles & Responsibilities document

Date	Section	Description
	Article 14a	Remove redundancies
	Article 15b	Reference Site Visit Instructions document
4/19/2024	Article 15, section 4	Makes policy consistent with AACSB standards
11/16/2023	Article 15b, section 3	Virtual Site Visits: POSE
5/31/2023	Article 10, section 3, 7 and 8	Clarifies that the Candidacy Committee is designated by the Accreditation Council to approve Candidate programs. The Committee informs the Council of their approval.
	Article 15a, section 3	One-year delays related to program director changes can be approved by CEO.
	Article 15b, section 3	Virtual Site Visits
	Article 15b, section 4	Added Section, AACSB Joint Visits
	Article 17, section 4	Added detail to Annual Report requirements including the addition of a minimum Response Rate
	Article 17, section 5	Additional detail added to Student Outcomes
3/3/2023	Article 13, section 3	Clarified conflict of interest statement
	Article 13, section 4B	Clarified the Coordinator's role; cleaned up language.
	Article 10, section 3	Clarified role of Candidacy Committee
3/2/2023	Article 10, section 6	Removed the locus of the Accreditation Council meetings in the Spring and Fall.
	Article 10, section 6	Corrected the statement that alluded to the chair making a recommendation of candidacy. This is the responsibility of the Candidacy Committee. The chair forwards the recommendation to the Accreditation Council.
	Article 10, section 10	The "Official List of Accredited Programs" is identified as being provided through the Advance Search tool. The wording that defines the communication around Candidacy (removed erroneous reference to "Accredited Programs" was clarified. Regarding the statement on the website, programs are provided two options: (1) The program may use the CAHME Candidacy logo and link to the Candidacy webpage. (2) The program can use the worded statement.
	Article 2, section 2	Clarifies that web-based disclosures of CAHME affiliation should use the CAHME logo with a link to the CAHME home page. For written communications, the email address of CAHME is provided as another option for the public to use.
	Article 19	Notifications of accreditation, withdrawal and adverse actions are sent to ASPA, CHEA, and the public, in keeping with the accreditation requirements.
	Article 18, Section 2 and 8	
2/15/2023	Article 13, section 1	The term "fellow" when referring to the role on the site visit, was replaced with the term "coordinator", based on current practice. Site visit teams for initial accredited programs "may" include a member of the Candidacy Committee, and the team may include four members if scheduling permits.
	Article 22.a, section 1	Standards Council meets at least twice a year. It reports to the Board on no less than an annual basis.
	Article 22.b, section 1 and section 2	Procedures are updated to not name any one specific Corporate Member for special privileges within the bylaws or Accreditation Procedures.
	Article 23, section 4	Other ASPA members who are related to healthcare may change over time. The update removes the names of specific accreditors.

Date	Section	Description
	Article 1, section 1	Updated mission statement to be consistent with the Board Approved version on February 15, 2023
	Article 1, section 2	Updated vision statement to be consistent with the Board approved version on February 15, 2023
	Article 1, section 3	Included statement of values.
	Article 1, section 4	Included Diversity, Equity, Inclusion and Belonging Statement as approved by the Board on February 15, 2023
	Article 1, section 6	Defined consistently with CAHME Articles of Incorporation, as Amended, June 23, 2005, and filed in the State of Illinois.
	Revise Revision Dates	Made consistent. Kept only the date of the most recent revision.
	Article 4.a and 4.b Article 4.c. section 1	Section revised to be consistent with the CAHME Bylaws as approved by the CAHME Board in November 2022.
	Article 6	Public access to summary self-study document provided. Detailed self-study provided through subscription to the Core Learning Center to programs.
	Article 7, section 2.L	Fee reimbursement made consistent with the fee schedule.
	Article 8, section b	Examples provided for programs outside of North America.
	Article 10, section 3	One complete annual report is required for candidacy programs to be assigned a self-study year. Corrected statement.
	Article 10, sections 4 and 5	No maximum length of time for candidacy period. To remain in Candidacy, the program must: • pay their annual candidacy fees, • submit their annual report. Removes the letter of intent requirement; the submission of the application of eligibility within CAMP is required.
	Article 11, section 2	Created Accreditation Timeframe table in lieu of text.
	Article 15b	Tables consolidated of description and with sample schedule for simplicity and consistency
	Article 16a, Section 2	Progress reports for initial accredited programs are the same as reaccredited programs, and are to be submitted 12 months and 24 months after initial site visit
1/10/2023	Article 10 Section 7	Minor changes to wording
	Full Document	Replaced references of eAccreditation with CAMP
	Revision History	Inclusion of revision history table; removal of revision history dates with no context of changes
11/1/2022	Article 10	Minor wording changes; Additional detail around Candidacy application; Replaced references of eAccreditation with CAMP
6/2/2019		Address change only

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FOREWORD

The governance and management structure of the Commission on Accreditation of Healthcare Management Education (CAHME) is tailored specifically for its special mission. This policy framework is designed to foster effective conduct of the evaluative and accrediting processes of CAHME. Recognized by the Council for Higher Education Accreditation (CHEA), CAHME is the resource for the healthcare field in setting, measuring, and authoritatively attesting to the quality of academic education in healthcare management. CAHME bears a major responsibility to the field and the community it serves. However, CAHME's recognition by CHEA does not include candidate programs.

This governance, management, and policy structure springs from and fosters the major principles upon which CAHME is founded:

1. Conduct of accreditation processes that are fair, equitable, ethical, and professional in every way.
2. Provision of reliable, meaningful, and timely information to universities, students, prospective students, parents, alumni, employers, and the public in general on the quality of career preparation and/or career enhancement in healthcare management.
3. Setting standards for quality in healthcare management education that are meticulously developed, rigorous, and highly relevant to the actual performance of healthcare managers, executives, and leaders.
4. Involvement of qualified academicians and practitioners pervasively throughout the accreditation functions in an equal and balanced fashion.
5. Adherence to the fundamental premise of volunteerism and collegiality in the conduct of accreditation processes so as to avoid punitive practices and foster enlightened self-improvement while always holding to the mark of excellence in educational quality.
6. Ensuring the integrity of the accreditation processes and actions through structural safeguards of governance, policy, and management that assure independent and professional judgment in measuring educational quality.

These fundamental principles underpin the content of the document that follows. All elements of these policies and procedures are consistent with the Bylaws of the corporation.

Article 1. Policy Statement: CAHME Mission and Vision

Section 1. Mission Statement

To serve the public interest by advancing the quality of healthcare management education by:

- Setting measurable criteria for excellent healthcare management education
- Supporting, assisting, and advising programs which seek to meet or exceed the criteria and continuously improve.
- Accrediting programs that meet or exceed the criteria.
- Making this information easily available to interested constituencies.

Section 2. Vision Statement

CAHME is recognized as an independent global leader for determining quality in healthcare management education. Universities, programs, practitioners, and peers will seek the consultation of CAHME to assess the quality of healthcare management education. CAHME is respected for its collaborative, efficient, and reliable contribution to the more effective delivery of healthcare management education, as noted by its recognition by the Council on Higher Education Accreditation.

CAHME actively promotes continuous improvement in the preparation of future healthcare leaders by developing measurable, competency-based criteria for excellence in healthcare management.

CAHME Accreditation is the benchmark for students and employers alike that ensure that students are well prepared to lead in healthcare management.

Section 3. Values

- Integrity
- Excellence
- Transparency
- Fairness
- Recognition

Section 4. Statement: Professional Competence Includes Cultural Competence

CAHME embraces a diverse community and is committed to the equity of all demographics and perspectives. We strive to incorporate a sense of inclusion within our daily work and our accreditation standards; from the programs we accredit to the volunteers who serve, as well as the team in which we employ. In keeping with our value of fairness, CAHME acts in accordance with fair treatment regardless of gender, economic status, race, religion, ethnicity, age, citizenship, disability, or sexual orientation. We are committed to creating an environment focused on respect and civility in which both personal and professional growth is at the forefront.

Section 5. Purpose of Accreditation

Accreditation of healthcare management education by the Commission on Accreditation of Healthcare Management Education is a commitment to public accountability for quality through voluntary efforts of the health professions. Students entering CAHME-accredited programs are assured of appropriate content, high standards of quality, and membership in a network of professional colleagues that transcends boundaries of universities and professional associations and colleges.

The leading professional, practitioners and academic organizations that serve as Corporate Members of CAHME have made this commitment.

Section 6. Programmatic Scope

According to Article 5 of the Articles of Incorporation, amended June 23, 2005, and filed in the state of Illinois, CAHME is organized exclusively for educational and scientific purposes:

- To assist in assuring the highest quality of educational product across the healthcare sector through providing an accreditation program for "selected academic levels" of the healthcare sector, with the term "selected academic levels" being intended to refer to degree-granting programs/departments/schools at the undergraduate, graduate, and doctoral levels, as well as pre-masters and post-masters residency and fellowship programs.
- To establish leading edge standards and assessment mechanisms of quality at selected academic levels of the healthcare sector.
- To make the findings of the Corporation available to the public.
- To advance continuously the quality of academic education in the healthcare sector.
- To assume such other responsibilities and to conduct such other activities as are compatible with the operation of an educational accreditation program.
- Through the CAHME Fellowship Program, to develop leaders in education and practice over lifelong careers.

CAHME accredits professional programs in healthcare management (defined to include healthcare quality and safety, and population health management) from degree granting institutions.

CAHME may accredit more than one track, degree, or other instructional methodology at a single university. CAHME will determine appropriateness of separate accreditation of multiple tracks or degrees at a single university based upon the extent to which individual tracks in a single program have unique missions, grant separate degrees, utilize a variance in curriculum, involve different faculty members, and/or utilize substantially and measurably different teaching methodologies.

Article 2. Policy Statement: Code of Good Practice

CAHME shall hold membership in the Association of Specialized and Professional Accreditors (ASPA) and shall adhere to the ASPA - Member Code of Good Practice as defined here: https://aspa-usa.org/code-of-good-practice/

Article 3. Policy Statement: Conflict of Interest

CAHME shall conduct all accreditation activities without any conflict of interest on the part of a Corporate Member, Director, Council member, staff member, site visit team member, fellow, consultant or other duly appointed representative. The goal of CAHME is to manage conflicting interests successfully. To do so, CAHME shall have sufficient and current information about the activities and affiliations of its Corporate Members, Directors, Council members, officers, employees, and representatives. Furthermore, CAHME shall work to prevent individuals from using the power, position, or information derived from their situations to influence accreditation activities or decisions.

A conflict of interest arises when a representative of CAHME has a relationship (contractual or otherwise) with a program or its representatives that could directly bias the actions, deliberations, or decisions of CAHME, or be subject to public interpretation of bias. CAHME shall make every effort to avoid even the appearance of a conflict of interest in all its activities. Nevertheless, it is impossible to assess all the relationships that may occur between a program and any representative of CAHME Consequently, the responsibility for declaring a conflict of interest, or the potential conflict of interest, rests with the individual involved in the accreditation activity.

The formal opportunity to declare a conflict of interest in a site visit shall be given at the assignment of the site visit team. At the very least, a representative of CAHME shall not participate in any related accreditation activity when the individual:

- currently holds, or held within the past 10 years, a faculty appointment at the program or university;
- is an alumnus/a or former student of the program;
- currently serves, or served within the past 10 years, as a consultant to the program; and/or
- maintains any other close relationship which may present bias or give the appearance of bias.

Any duly authorized representative of CAHME who is engaged in an accreditation activity shall declare all apparent and possible conflicts of interest through the completion of a “conflict of interest” disclosure form once every year. The disclosure form will become part of the permanent file for an individual. The information on the disclosure form will be placed in a database or list for easy referral.

In the event of a declared conflict of interest for any related accreditation activity, the individual shall excuse himself or herself in an appropriate manner from the accreditation process unless their participation in the discussion is deemed of value by CAHME, in which case the individual may remain present and participate in the discussion but may not vote on any accreditation action.

Article 3: Policy Statement: Disclosure of Organizational Affiliations

CAHME will maintain and make available the names, academic and professional qualifications, and relevant employment and organizational affiliations of the members of the Board, Accreditation and Standard Councils, site visit teams and its principal administrative staff.

Article 4a. Policy Statement: Members of the Board of Directors

Section 1. Need and Definition

The Bylaws of CAHME define the authority, responsibility, number, and qualifications for member of the CAHME Board of Directors (See Corporate Bylaws, Article V).

The responsibilities of the Board Members and the special nature of CAHME as an accrediting organization for the health care management professions necessitate that the individual:

1. Be willing to actively participate in all the activities of CAHME.
2. Have the support of their respective employer, wherever appropriate.
3. Have a demonstrated interest in the healthcare field.
4. Have a minimum level of education at the baccalaureate level.

The special nature of the healthcare industry dictates that only highly qualified individuals be selected for election to membership on the Board of Directors. The healthcare industry is replete with complex interrelationships that frequently span many dimensions of organizations including the corporate members of CAHME. The selection of Board Member(s) remains the ideal and will be pursued with reasonable efforts.

Section 2. Role of Members of the Board of Directors

Defined in the Bylaws, Section 9.

Article 4b. Procedure for Selection of Members of the Board of Directors

The selection process for identifying a Member for the Board of Directors is defined in the Bylaws, in Section 4. The following sequence of events is outlined:

1. The Board determines the qualities of individuals it seeks for the open Board seats.
2. Management solicits nominations:
    - from Board members at the November and February Board meetings.
    - from all interested parties.

    Management shall:
    - create a web page for information about board membership and include the ability to nominate or self-nominate.
    - send to all stakeholders in the bi-weekly CAHME Digest email the opening of the board positions on the website.

3. The CEO screens responses and presents them to the Governance Committee. Applicants were identified and confirmed of their interest (and prior commitment to CAHME) by management. CAHME requested resumes/CVs.

4. The President/CEO (and/or designed members of the Governance Committee) shall interview finalist candidates prior to them being sent to the Governance Committee. Board members may be consulted based on their knowledge and experience with prospects.

5. The Governance Committee shall receive information on all the applicants received, with the Board Chair and the President/CEOs observations.

6. The recommendations of the Governance Committee shall be reviewed by the Executive Committee prior to moving to the Board.

7. The recommendations of the Governance Committee shall be submitted to the Board of Directors for vote at the May meeting.

8. The President and CEO, and/or the Chair of the Board invites the individual(s) to join CAHME for a three-year term.

9. Following the board vote, notice will be sent to our stakeholders, and the website will be amended as of July 1 when the new board member terms begin.

Article 4c. Decision Making Bodies

Section 1. CAHME Board of Directors

The Board of Directors is the policy and decision-making body of CAHME. The board is responsible for:

- Establishing and implementing CAHME policy
- Establishing accreditation policies and Criteria for Accreditation
- Adopting and amending the Statement of Accreditation Policies and Operating procedures

Conducting and providing oversight of the accreditation function and to make all decisions on awarding, changing, or withdrawing accreditation, except as delegated to the Accreditation Council

- Setting the policy framework regarding the financial affairs of CAHME
- Representing CAHME to the public
- Promoting the integrity of the accreditation process
- Supporting the officers of CAHME in the interpretation and promotion of the accreditation program.

Board members are nominated by the Governance Committee of the CAHME Board of Directors

and are elected as defined in the bylaws.

Section 2. CAHME Accreditation Council

The Accreditation Council shall oversee the accreditation process and make recommendations to the Board of Directors on individual accreditation decisions.

The Accreditation Council is delegated the authority by CAHME's Board of Directors to make determinations on a program's progress toward meeting any criteria not identified as fully met during the previous review up to and including a recommendation for an interim site visit.

The composition of the Accreditation Council is defined in the bylaws.

Section 3. Standards Council

The responsibility of the Standards Council will be to monitor any feedback received by CAHME on its Accreditation Criteria and serve as the reviewing body for the Criteria. The Council will work closely with the Accreditation Council and will report to the Board on an annual basis.

The composition of the Standards Council is defined in the bylaws.

Article 4d: Policy Statement: Decision Making Body Education

Section 1: New Appointees to the Board

Within three months of appointment to CAHME's Board of Directors, new appointees will attend an orientation session conducted by CAHME administrative staff to cover the following:

1. CAHME Bylaws
2. CAHME Policies and Procedures
3. Role of purpose of CAHME Board Members and Sub-Committees
4. Purpose and procedures of the Accreditation Council;
5. Purpose and procedures of the Standards Council
6. Function of CAHME Corporate Sponsors
7. CAHME Organizational Chart
8. Job Descriptions for the principal administrative staff
9. CAHME Strategic Plan and Metrics for Success
10. CAHME Criteria for Accreditation

Section 2: New Appointees to the Accreditation Council

Within three months of appointment to CAHME's Accreditation Council, new appointees will attend an orientation session conducted by CAHME administrative staff to cover the following:

1. CAHME Bylaws

2. CAHME Policies and Procedures
3. Role of purpose of CAHME Board
4. Purpose and procedures of the Accreditation Council;
5. Purpose and procedures of the Standards Council
6. CAHME Organizational Chart
7. Job Descriptions for the principal administrative staff
8. CAHME Criteria for Accreditation

Section 3: Appeals Committee

Within one week of appointment to an Appeals Committee, appointees must attend an orientation session conducted by CAHME administrative staff to cover the following:

1. CAHME Policies and Procedures
2. CAHME Criteria for Accreditation

Section 4: Ongoing Educational Activity

Under usual circumstances, each face-to-face meeting of the Board of Directors and the Accreditation Council may include an educational session.

Article 5. Policy Statement: The Accreditation Fellowship

The Accreditation Fellowship program began in 1972 with the support of the W.K. Kellogg Foundation. Since that time, Fellows have played a critical role in the accreditation process. The Fellow program is designed for individuals who demonstrate the potential to make significant contributions to the field of healthcare management education. By fully participating in the Commission activities, the Fellow learns firsthand about the progress, problems, and potential of evaluation in professional healthcare management education.

Fellows will be evaluated annually by management with recommendations provided to the Accreditation Council to ensure that they meet requirements for Fellowship. Fellows may be considered at meetings of the Accreditation Council.

The initial eligibility requirements of the Fellow in sequential order are:

1) Receipt of a letter of intent describing the reasons for their interest in becoming a CAHME Fellow, the expected benefits from the Fellowship in terms of their familiarity or relationship to health administration or health related field.

2) Receipt of the applicant's most recent curriculum vitae.

3) Receipt of a letter of endorsement from their reporting "manager" that confirms that the Fellow is permitted to perform the services. There may be instances where this letter is waived. For example, if the Fellow is an owner of the company, is retired, is the President and CEO of an organization who reports to a Board of Directors. CAHME Management may recommend to the Accreditation Council when the letter should be waived.

4) The Fellow must complete all education materials as defined by CAHME management as available on CAHME's Core Learning Center (CLC). This includes be conversant in CAHME Accreditation Policies, including the Self Study Guides and knowledge of the CAHME Accreditation Management Portal (CAMP) system.

5) Attend one visit as an Observer and two site visits as a Team Member or Coordinator.

6) Approval of the Accreditation Council.

Once approved as a Fellow, to maintain ongoing eligibility, the Fellow is required to:

1) Maintain their certification as a Fellow by being current on their education on CAHME accreditation policies. The is measured by completion of the respective CLC modules as designated.

2) Visit at least 2 programs in the most recent 4-year period.

3) The satisfaction score shall be calculated on a scale of 1 to 5. The lowest score may be dropped. A minimum of 3 scores must be available before a calculation is determined. Fellows must maintain a score of either 4.0 or 67% of all visit scores over the last 5 years must

be at a score of 4.0 or better. Scores more than 5 years old are not considered in the calculation, provided that a minimum of 3 scores can be calculated.

4) Attendance of at last one Accreditation Council meeting during the tenure as Fellow.

In applying for the Fellowship, an applicant commits to

1) participate fully in site visits.
2) attend Accreditation Council meetings as appropriate.
3) be willing to travel away from the Fellow's residence and primary worksite, or to participate in virtual site visits, depending on the policies as adopted by the CAHME Board of Directors
4) be available twenty to twenty-five days in preparing and editing Site Visit Reports.
5) provide their own computer equipment, cell phone, and internet access from their home or work. If the fellow requires to purchase Internet services while on the road in service to the fellowship, this is a reimbursable expense.
6) be responsible for providing reasonable care in maintaining compliance with passwords and security of access to data in the CAHME system.
7) being comfortable with virtual site visits, video and required technology.
8) retain confidentiality of information received while in service as a site visitor.
9) exercise reasonable restraint in reimbursable expenses, fully aware that they are participating in a voluntary activity in service to higher education and the profession of healthcare. The CAHME Board will evaluate instances where expenses exceed reasonable levels, and at its discretion may choose to terminate the term of the Fellow.
10) present a positive public face of CAHME, create a positive relationship with the program, and represent CAHME's culture of a process of continuing improvement whose purpose is to advance the quality of healthcare management education.

Fellow Recognition Program

CAHME's Fellow Recognition program has been created to recognize those Fellows who through longevity of service and superior performance can attain levels of recognition.

The levels of the Fellow Recognition program, and the requirements to meet the Fellowship levels are defined as follows:

Level	Lifetime Site Visits	Visits in the Last 4 Years	Satisfaction Score*	Badge Renewed
Master Fellow	15	3	4.0	Annual
Certified Fellow	10	3	4.0	Annual

Fellow	3	2	4.0	Annual
Apprentice	0	0	N/A	N/A

** The satisfaction score shall be calculated on a scale of 1 to 5. The lowest score may be dropped. A minimum of 3 scores must be available before a calculation is determined. Fellows must maintain a score of either 4.0 or 67% of all visit scores over the last 5 years must be at a score of 4.0 or better. Scores more than 5 years old are not considered in the calculation, provided that a minimum of 3 scores can be calculated.*

While the Fellowship itself is voluntary, all expenses related to travel of the Fellow to site visits, Accreditation Council meetings, and training will be borne by CAHME.

It is expressly forbidden for Fellows to share passwords related to their training with others (including their own academic program). FAILURE TO COMPLY WILL RESULT IN IMMEDIATE REMOVAL AS A FELLOW.

Article 6. Policy Statement: Disclosure and Confidentiality

The public shall have access to the Corporate Bylaws, any statement of accreditation policies and procedures, the *Criteria for Accreditation*, the CAHME Official List of Programs, and actions of the board regarding accreditation. CAHME shall publish and disseminate twice per year all final decisions (both affirmative and negative) with respect to accredited status, including withdrawals from accreditation, and the reasons for those actions.

CAHME shall not publish information regarding the withdrawal of an application for initial accreditation or a decision to deny an initial application for accreditation.

A notice of accreditation action shall be sent to the following public entities no later than 30 days after the decision:

- Council for Higher Education Accreditation (CHEA);
- The Association of Specialized and Professional Accreditors (ASPA); and
- Upon request, the state postsecondary review entities.

The following documents are part of the public domain and are available without restriction:

- Criteria for Accreditation;
- List of Accredited Programs;
- Annual Report Of Programs With Relevant Indicators
- Audited Financial Statements of the Corporation;
- Any publication that promotes, states, and/or clarifies the accreditation process.

The Self-Study Document of an accredited program shall be available to the public in a summary format as required by CHEA. The Self-Study Document of an accredited program shall be placed in the files held by CAHME. Through subscription to the Core Learning Center, the complete Self-Study Documents are accessible to a representative of an accredited program, a program seeking accredited status, or an organization interested in the quality of postsecondary education. CAHME may make public the term of program accreditation. CAHME will not make public any documentation other than the Self-Study Document relating to a program's accreditation or board action on the program's accreditation.

CAHME maintains complete and accurate records of the two previous accreditation reviews of each program it accredits, including the report of the site visit team, the program's response to the team report, the progress reports submitted subsequent to the accreditation visit, annual reports, any reports of interim site visits, the most recent Self-Study Document-and all other correspondence significantly related to those accreditation reviews.

CAHME maintains indefinitely a copy of all decisions made throughout a program's affiliation with CAHME regarding the accreditation of any program and program changes, including all correspondence related to those decisions.

Unless specified, all other documents remain the private property of CAHME.

Section 1. Public Disclosure of CAHME Affiliation

A program may elect to publicly disclose its accredited status or candidacy status to declare its affiliation with CAHME. Any such disclosure must be clear and must not be subject to misinterpretation. Accredited and candidate programs should use the appropriate CAHME logo with a link to the CAHME home page (or other page as designated). Any written notice of accreditation action to a program shall include the instructions for properly disclosing the CAHME affiliation with a program. All public disclosures must state the specific program and degrees accredited and the official designated status along with the name, address, and telephone number or email address of CAHME.

Commission on Accreditation of Healthcare Management Education
PO Box 911
Spring House, PA 19477
301-298-1820

info@cahme.org

Section 2. Misrepresentation

The accredited status or candidacy status of a program is a level of achievement that affects a broad spectrum of stakeholders. The program and the public should view the proper declaration of the accredited or candidacy status of a program as a commitment to quality in healthcare management education. Any misrepresentation or distortion of this perspective shall undergo the scrutiny of CAHME.

Any statement of misrepresentation or distortion about the CAHME affiliation shall require the public acknowledgment of such error by the culpable entity. The acknowledgment shall be accompanied by a correction in the same instrument of the original statement. CAHME reserves the right to determine the level of restitution appropriate for the type of misrepresentation.

Article 7. Policy Statement: Financial Management and Accreditation Fees

Section 1. Statement of Fiscal Responsibility

The sound fiscal management of organization, whether non-profit or for-profit, requires the ability to track and recover the direct and indirect costs of operations. CAHME shall make reasonable efforts to recoup costs, when possible, to maintain operations and provide high quality services.

Section 2. Types of Fees

Fees are formulated to cover the accreditation process. These fees are reviewed on an annual basis for their relevancy and appropriateness. This fee schedule is available to the public on www.cahme.org. Programs will be invoiced for all fees. Invoices will be payable upon receipt. All fees are non-refundable. The accreditation of programs failing to make payments in a timely fashion prior to the site visit may be subject to adverse action by CAHME including cancellation of the site visit. All fees are subject to change according to an annually approved Fee Schedule.

Section 3. International Exchange Rates

All fees are calculated and invoiced in terms of U.S. dollars, though in the case of extreme differential in international exchange rates, CAHME may offer some discount as may be economically equitable. Out-of-pocket travel expenses are reimbursed, when appropriate, based upon actual cost paid in whatever currency. In all cases, the fee must recoup at least the direct and indirect costs incurred for the services by CAHME.

Section 4. Access to Fee Schedule

The Fee Schedule is available on the CAHME web site (www.cahme.org).

Article 8. Policy Statement: Eligibility for CAHME Accreditation

Programs must meet the following Eligibility Requirements to pursue CAHME Accreditation:

A. The University will have established healthcare management as a major course of study leading to a master's degree for the program in which accreditation is sought. Establishment of the Program will have been approved by the appropriate University governing body.

B. Programs will be a part of an institution of higher learning that has achieved regional accreditation or equivalent recognition.

COMMENT: In the United States the institution will be an accredited member of one of the six regional accrediting associations recognized by the Commission on Recognition of Postsecondary Accreditation. In Canada, the institution will hold provisional or ordinary membership in the Association of Universities and Colleges of Canada. Outside of North America, the program shall hold recognition in a nationally recognized accreditation (or equivalent) body.

C. If the Program is in a specialized graduate school or schools (such as a medical school, school of public health, or school of business administration) within the University, the school(s) should be accredited by the appropriate recognized specialized accrediting agency (agencies). In the absence of such accreditation(s), a determination will be made by CAHME to the extent lack of specialized accreditation is detrimental to the quality of the Program.

D. The Program will have graduated at least one class.

E. The Program will ensure that facilities, equipment, and supplies are sufficient to support Program quality and achieve the Program's mission, goals, and objectives. This will include:

1. Library and/or access to information resources;
2. Computing technology and the appropriate management software; and
3. Classroom, and other learning space, and physical facilities for students, faculty, and staff, as appropriate to the method of course / program delivery.

F. There will be no discrimination on the basis of gender, age, creed, race, ethnicity, disability, or sexual orientation in any aspect of the Program's activities. The Program will be in full compliance with relevant laws and University policy regarding equal opportunity requirements. Nothing herein will be construed to prevent a University from having a religious affiliation and purpose and adopting policies of admission and employment that directly relate to such affiliation and purpose so long as notice of such policies has been provided to applicants, students, faculty, and employees.

G. The Program will have a process for handling formal student complaints and use these complaints, where appropriate, for program evaluation and improvement.

H. The Program will be subject to a defined policy on academic freedom and academic standards. Program faculty will be aware of Program/University faculty grievance procedures.

I. University and/or program polices will provide time or support for faculty development, research and/or scholarship, and service, as appropriate to the type of faculty appointment and the conditions of employment while remaining consistent with the mission of the University.

J. Faculty evaluation will be equitable and fair and faculty responsibilities will be consistent with University policies.

Article 9. Policy Statement: Multiple Programs

Section 1. Overview

Any program, regardless of setting and structure, must meet CAHME eligibility requirements before an accreditation decision can be made.

Differences between programs must be explained in an eligibility statement. Multiple programs in healthcare management in one academic unit (a unit may be a department or a school within a university) may be reviewed under two scenarios: (1) each program could be reviewed individually with each program receiving a separate accreditation, or (2) programs would be treated as one aggregate program subject to one accreditation action.

The Program Change Committee developed a rubric to guide decisions based on factors influencing whether or not multiple programs, either existing or newly added, are similar enough to be considered under a single accreditation include but are not limited to:

- based in same unit
- under the same leadership,
- similar mission,
- single competency model, and
- similarity in curriculum content with respect to the competency model.

In the first scenario, a separate site visit must be conducted for each program. A complete Self-Study Document must be completed for each program. In the second scenario, only one site visit would be conducted to review all the entities as one program. In the latter case, The Self-Study must clearly identify the differences between the programs and/or tracks.

Section 2. Existing Accredited Programs with Existing Multiple Tracks/Programs

Completed annual reports will be reviewed by CAHME staff to determine what, if any, additional resources are needed for the upcoming site visit.

If CAHME staff determine that the multiple programs/tracks have significantly diverged since the last accreditation, the survey will be referred to the Program Change Committee for deliberation at its next meeting, and the committee will decide on whether or not a single accreditation action is still appropriate. A report of the committee's decisions will be read out at the next Accreditation Council meeting.

<u>Existing Track Review Standard</u>

The Program Change Committee will start with the presumption that program tracks, degrees, dual degrees, or delivery modalities that have historically been considered part of a single accreditation should remain under a single accreditation. The deciding factors in the committee's decision will be the best interests of the program and the program's students.

<u>Notice</u>

Programs will be notified of the decision no later than three weeks after the Program Change Committee meeting.

Section 3. Accredited Programs Adding a Program or Track between Reaccreditations

Programs are expected to update CAHME on any program change that occurs between reaccreditations in their annual reports (reference Article 17). If a Program plans to add a program track, degree, dual degree, or delivery modality and believes this change to be within the parameters of the existing CAHME accreditation, the Program should submit an application to the Chief Accreditation Officer and provide supporting documentation, including a year's worth of annual report data, to assist the Program Change Committee in determining the new option's relationship to the existing accredited program. If the change is the addition of a track, concentration, or dual degree that does not materially change the existing mission, competency model, or faculty, CAHME staff may review the survey data and conclude that the change does not constitute a significant enough change, and the Program can continue to operate under its existing accreditation. However, if CAHME staff are unsure OR if the changes are material, the request to include the new program, track, degree, dual degree, or delivery modality under current accreditation will be forwarded to the Program Change Committee for review at the next scheduled meeting and then the Accreditation Council for final disposition. Requests can be submitted at any point throughout the year and the Program Change Committee will meet quarterly to review program change applications. The Program Change Committee will review the application and supporting documentation provided by the program and make a recommendation to the CAHME Accreditation Council based on a majority vote of committee members.

Possible dispositions are:

- The additional program track, degree, dual degree, or delivery modality is similar enough to the accredited program that it can be considered part of the currently accredited program (subject to Section 2**.** Existing Accredited Programs with Multiple Tracks policy when the program comes up for reaccreditation).
- More information is needed to determine regarding whether the additional program track, degree, dual degree, or delivery modality is OR is not similar enough to the accredited program to be considered part of the accredited program. In this case, the Program Change Committee will request more information and may also recommend that CAHME require an early site visit (e.g., earlier than the next scheduled one) in order to make the determination.
- Such significant differences exist that the additional program track, degree, dual degree, or delivery modality cannot be considered part of the accredited program and must apply for CAHME candidacy for the new track/degree/modality; it will be referred to the Candidacy Committee in order to begin the process of attaining a separate program accreditation through an expedited candidacy process.

<u>New Track Review</u>

The Program Change Committee will start with the presumption that additional program tracks, degrees, dual degrees, or delivery modalities should be considered part of the accredited program. The deciding factors in the committee's decision will be the best interests of the program and the program's students. CAHME staff will review annual report data from all newly approved tracks and report to the Program Change Committee

Notice

Programs will be notified of the decision no later than three weeks after the Accreditation Council meeting.

Article 10. Policy Statement: CAHME Candidacy (***AKA the Candidacy Handbook***)

Section 1. The Purpose of Candidacy

The CAHME Candidacy Program, which allows a program to be considered for Candidate Status, is designed to establish communication, assistance, and continuity between CAHME and programs in healthcare management seeking CAHME accreditation. The "Candidate" designation indicates that a program has voluntarily committed to participate in a systematic plan of quality enhancement and continuous improvement so that CAHME accreditation is a feasible and operational objective within five years. However, Candidacy status does not indicate an accredited status, nor does it guarantee eventual accreditation.

Section 2. Benefits of Candidacy

A program in healthcare management that has been accepted into CAHME Candidacy has made a commitment to continuous quality improvement through a focus on attaining CAHME accreditation. The Candidate program will benefit from:

- Ongoing support from CAHME that fosters continuous quality improvement.
- The Candidacy program's proven track record of success in improving program quality.
- Continuous peer review of the program's progress toward meeting CAHME's Criteria for Accreditation

CAHME will benefit from the participation of programs in Candidacy by expanding its knowledge and reference base for quality enhancement and continuous improvement goals and practices. This base will provide helpful illustrations for use in the training and workshops offered to programs, Accreditation Council members, and Site Visit Team Members.

Section 3. The Candidacy Committee

A Candidacy Committee will direct the CAHME Candidacy Program. The Chair of the Candidacy Committee is appointed by the Accreditation Council on the recommendation of the Chair of the Accreditation Council. The Chair must be either a member or past member of the Accreditation Council. Additional members of the Committee will be appointed by the Accreditation Council on the recommendation of the Chair of the Accreditation Council. All members will serve renewable 3-year terms. Terms may not be renewed more than once. At all times, there will be at least three members of the Candidacy Committee, at least two of whom must be sitting members of the Accreditation Council. The Candidacy Committee will ideally be comprised of equal numbers of practitioners and academics. The Chairs of the Accreditation Council and Standards Council as well as the Chief Accreditation Officer of CAHME (or surrogate) will serve as Ex Officio members. The Chief Accreditation Officer will be non-voting. The Candidacy Committee will have at least one meeting per semester prior to the regularly scheduled Accreditation Council meetings so that it may report its activities to the Accreditation Council. Actions of the Candidacy Committee must be approved by at least a simple majority of its members and are subject to ratification by the Accreditation Council.

The Candidacy Committee at its regularly scheduled meetings is responsible for:

- Presenting to the Accreditation Council those programs approved for Candidacy;
- Presenting to the Accreditation Council the appropriate self-study year;
- Ensuring that the program has a complete annual report before being considered for the self-study year.

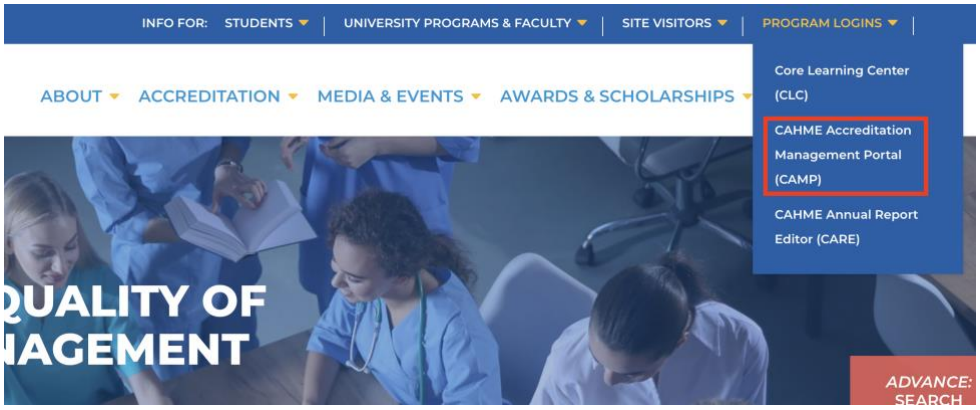
Section 4. Considering Candidacy

Programs interested in CAHME accreditation must apply on CAHME's Accreditation Management Portal (CAMP). A Candidacy period will be used to develop the self-study and to prepare for the initial accreditation site visit. The Candidacy period can be adapted to apply to a program's stage of development; however, a program must have admitted at least one class before an application can be submitted and will have graduated one class before the initial accreditation site visit.

Section 5. Procedures for Entering the Candidacy Program

A program that is not accredited by CAHME begins the accreditation process by creating a program account on the CAMP system and applying of Eligibility. Eligibility for CAHME accreditation must be determined prior to the submission of the full candidacy application.

CAMP can be accessed on www.cahme.org:



The full Eligibility Statement will include:

- The Candidacy Eligibility Fee (See Schedule of Fees).
- Completed Eligibility application within CAMP attesting that the program has met the eligibility requirements (See Article 8 for more details). These requirements are fundamentals that must be satisfied before a program can proceed with the accreditation process. **The declarations made in the Eligibility Statement are subject to verification by CAHME Staff and the Site Visit Team.**

Section 6. The Candidacy Application

- The Candidacy Application Fee (See Schedule of Fees)

- A completed Annual Report, including no less than one complete year, submitted in CAHME's Annual Report Editor (CARE). Applications will be considered only if an Annual Report has been completed by the candidacy application due date.
- A completed Candidacy application within CAMP. See Self Study Handbook for the list of Candidacy standards.

CAHME Staff will review the submitted application for completeness prior to review of the application by the Candidacy committee. Incomplete applications will be returned to the program for review and completion.

The Candidacy Committee will determine the eligibility of a program for Candidacy status and the chair will forward the recommendation to the Accreditation Council.

- If a program demonstrates through the submission of the above documents that it is eligible to participate in the Candidacy Program, it will be granted Candidate Status. A self-study year will be designated based on program readiness.
- If a program lacks the required documents or qualifications, the Candidacy Committee may defer candidacy until such time as they are ready to proceed.
- If the Candidacy Committee determines that a candidacy application should be deferred, the program may submit a revised application for reconsideration.

If a resubmission is made within one (1) year of the original submission date, the program is required to address:

- All criteria identified by the Candidacy Committee as critical concerns; and
- Any criteria that have undergone substantial changes since the previous submission.
    - For the purposes of resubmission, "substantial changes" refer to modifications that significantly affect a program's structure, delivery, outcomes, or alignment with CAHME criteria. Substantial changes may include, but are not limited to:
        - Revisions to the program's mission, vision, goals, or strategic direction
        - Changes to the competency model or learning outcomes
        - Significant curriculum modifications, including course additions, removals, or sequencing changes
        - Changes in program modality (e.g., in-person, hybrid, online) or delivery format
        - Leadership or key faculty changes that impact program oversight or instruction
        - Structural or administrative changes (e.g., new department, school, or reporting lines)
        - Changes in student assessment methods or evaluation frameworks

If more than one (1) year has elapsed since the original submission date, the program must resubmit responses to all criteria.

In all resubmissions, programs must fully address all required elements for each criterion identified as a critical concern. Content from prior submissions may be reused; however, updates or modifications must be clearly identified within the application.

Resubmitted applications must adhere to established candidacy application deadlines unless otherwise specified by CAHME.

- If the program fails to meet the eligibility requirements, lacks the required documents or qualifications, fails to adhere to the deferral resubmission schedule, the Candidacy Committee may reject the application.

An application for Candidacy must be submitted by March 1 or October 1 to be reviewed at the Candidacy Committee meeting. Additional times for submission may be determined.

Section 7. Candidacy

Once accepted as a Candidate by the Candidacy Committee, a program must proceed toward accreditation. Once accepted into Candidacy, a program must use a full academic year as their self-study year. During this time, program leadership should attend an orientation meeting, subscribe to the CAHME Core Learning Center, and submit an acceptable self-study draft to CAHME offices.

Programs in Candidacy are required to pay an annual fee and must submit an Annual Report. Failure to pay the annual fee will require programs to begin the Candidacy submission process again. Failure to submit an annual report will automatically cancel the site visit.

At any time, during candidate status, a program may withdraw its application, on written notice to the CAHME President/CEO, and no further accreditation activities will be conducted.

Programs in candidacy may request an on-site consultative visit from CAHME staff or a staff representative. The program will be billed as defined in CAHME's schedule of fees, in addition to all travel and other expenses.

Section 8. Advancement from Candidate to Accreditation

Candidate programs may begin the self-study year on the recommendation of the Candidacy Committee. The Candidacy Committee will review the application to determine: 1) the dates for the program to begin the self-study year, or 2) if the program should be denied further consideration in the accreditation process.

If the program wishes to initiate the self-study year prior to the time designated, it must notify in writing to CAHME with justification.

For delays of initial site visits, see Article 15a Section 3.

The Candidacy Committee will take a supportive role for programs in Candidacy. This may include the provision of resources, access to enhanced benchmarking, the benefits of the Chair's Mentorship Circle, and a consultative approach toward the initial accreditation review.

Candidate programs must submit their self-study in the CAMP system 12 weeks in advance of the scheduled site visit. An annual report must also be completed. Failure to submit the self-study may result in termination of candidate status.

Section 9. Assessment of Fees

Programs are required to pay the following non-refundable fees as part of the Candidacy process:

Fee	One Time Due	Annual Maintenance
Eligibility	Upon submission	Effective July 1 after the submission of the Eligibility document, and annually thereafter until Candidacy is approved.
Candidacy Application Fee	Upon submission of full application for Candidacy	Effective July 1 after the approval into Candidacy, and annually thereafter until accredited.

Section 10: Communication Guidelines

All Candidate programs will be identified in the CAHME Official List of Accredited Programs through the ADVANCE Search tool which requires the completion of an annual report. If the Annual Report is incomplete, the program will not appear on the list.

All publications and/or statements by the candidate program must use one of the following two declaration regarding the program's candidate status:

Option 1: Link to CAHME website on Candidacy.

The program may use the CAHME Candidacy logo and link to: www.cahme.org/candidacy.

Option 2: Text on website

Candidate status is an indication that a program in healthcare management has voluntarily committed to participate in a plan of self-improvement and is actively progressing toward the status of accreditation. Candidate status is not accredited status and does not guarantee eventual accredited status.

Article 11. Procedures for Pursuit of Accreditation

Section 1. The Accreditation Process and the Use of the *Self-Study*

The programs in healthcare management initiate accreditation to provide a basis for self-evaluation and collaborative peer review. The process is designed to contribute directly to educational quality as well as to monitor the quality of service to the public who depend on healthcare services. Accreditation stimulates a process of thorough and on-going self-evaluation and improvement of a program by those who are responsible for it and by others who have a stake in the program. The accreditation process involves the following sequence:

1. Preparation of the Self-Study by the program (including completion of Eligibility Requirements A-J);
2. The site visit and preparation of a draft report by the site visit team;
3. Review of the draft report by the entire program faculty and submission of a response from the program to CAHME;
4. Board action on a recommendation of the Accreditation Council regarding accreditation status, duration and required reports;
5. Submission of a progress report that addresses the program's efforts to comply with any criteria not identified as fully met during the accreditation review. This report is due after the CAHME Board meeting at which the Program's accreditation decision was made on the following schedule:

    - For Initial Accreditation or Reaccreditation for a 4 year term:
      The progress report is due two years following the Board meeting.
        - If accreditation was awarded at the May Board meeting, the report is due by February 1, two years later.
        - If accreditation was awarded at the November Board meeting, the report is due by August 1, two years later.
    - For Reaccreditation for an 8 year term:
      The progress report is due three years following the Board meeting.
        - If accreditation was awarded at the May Board meeting, the report is due by February 1, three years later.
        - If accreditation was awarded at the November Board meeting, the report is due by August 1, three years later.

    No exceptions to the progress report submission date will be granted. In the event the Accreditation Council determines that any criteria remain unmet after review of the progress report, the program will be reviewed for probationary status by the Accreditation Council. Programs that are on probation after submission of their progress report, will have a meeting with a representative of their site visit team and a member of CAHME's staff to discuss how to bring the program into compliance. CAHME may request an interim site visit to determine the cause of the program's failure to meet the criteria and develop an appropriate course of action. By the end of the probationary year, the program must:

    a. come into full compliance with all criteria,

b. voluntarily withdraw from accreditation.

In order to maintain its full accreditation status, a program must demonstrate that it has fully met all criteria:

- by the next site visit for an initial accreditation, or within 4 years of board approval, whichever is sooner,
- within four years of the CAHME Board decision for reaccreditation

Finding	Requirement
Met	No Progress Report necessary
Opportunity for Improvement (2026 Standards) **Partially Met (2021 Standards)**	Year 2 (4 year accreditation or reaccreditation) Year 3 (8 year reaccreditation) 1. All standards need to be deemed complete after review of progress report 2. Probation (one year) if still not complete 3. Accreditation Council review if not complete at end of probation: Loss of accreditation possible. Per CHEA requirement, programs must be in full compliance within 4 years.
Critical Concern (2026 Standards) **Not Met (2021 Standards)**	

Section 2. The Accreditation Calendar

CAHME maintains two cycles for conducting accreditation site visits. These cycles align with a typical academic year.

Cycle	Site Visit Timeframe	Accreditation Council Review	Board Decision
Fall	September - December	Spring (typically April)	May
Spring	January - May	Fall (typically October)	November

A survey for the renewal of accreditation will normally be scheduled to coincide with the cycle of the last accreditation action. That is, a program with a fall accreditation action will be visited usually during the fall cycle; a program with a spring accreditation action will be visited usually during the spring cycle. The scheduling process for the fall cycle will occur usually in April; the scheduling for the spring cycle will occur usually in November.

Section 3. Types of Accreditation Surveys

A. Initial Accreditation

The Initial Accreditation takes place after acceptance into Candidacy. The program will complete a self-study of an academic year determined by the Candidacy Committee with a site visit scheduled for the fall or spring following the self-study year. For further details on the Initial Site Visit process, refer to the *Site Visit Instructions* document found on the CAHME website, www.cahme.org, under Resources.

B. Renewal of Accreditation

The self-study year and site visit timeframe for Renewal of Accreditation is determined with Board Approval of the program's prior initial accreditation or reaccreditation. For further details on the Reaccreditation process, refer to the *Site Visit Instructions* document found on the CAHME website, www.cahme.org, under Resources.

C. Interim Site Visits

CAHME employs interim site visits as a means of monitoring the progress of accredited programs. CAHME may mandate an interim site visit as one element of an accreditation action, or CAHME may determine that special circumstances at an accredited program warrant review prior to the next full site visit. Circumstances warranting a special site visit will typically be identified through CAHME's review of the annual reports or progress reports submitted by each accredited program.

Programs may request an interim site visit in order to review an additional program track, degree, dual degree, or delivery modality (Article 9, Section 2-3).

A team designated by the Chair conducts interim site visits. Team size and composition will be determined based on the nature of the visit. At least one team member will be a current or former member of the Accreditation Council. A completed Self-Study is not required for an interim site visit. Based upon the special circumstances, the CEO of CAHME will communicate with the Program Director on the preparation of the appropriate documentation. The sequence of appointments with key individuals depends upon the unique situation of the program. (See Article 15b. Procedures for Site Visits)

Typically, interim site visits are designed to address one or more problems that the program has relative to the accreditation criteria and/or policies. The site visitor(s) will focus on those specific areas. The site visit will include, at minimum,

- A meeting with the Program Director and the Dean of the School. If needed, the team may also ask to meet with the Provost or other administrator.
- A review of documents related to the problem(s). This may include student papers, minutes of meetings, etc.
- A focused discussion of the current status of the issue(s) that is under review and an assessment of the program's ability to meet the requirements of the criteria.

The team will complete a report that describes the program, the problem(s), the current status of the program in addressing the problem, and the assessment of the ability of the program to

successfully meet the criteria for accreditation. The report will be submitted to the CAHME CEO within 30 days after the visit, and the team will report their findings to the Accreditation Council at its next meeting.

The Accreditation Council may:

- Determine that the program has successfully met the criteria in question.
- Determine that the program has not met the criteria in question and specify a course of action and time frame that the program will have to come into compliance.
- Determine that the program does not meet the criteria for accreditation and recommend to the Board that the accreditation be withdrawn or suspended for a period of time not to exceed one year during which time a full site visit will take place.

The fee for an interim site visit will be determined based on the number of members of the team and the visit duration and will be invoiced when the visit is scheduled and is payable prior to the visit (see Fee Schedule).

Article 12. Procedure for Development of the Self Study

The self-evaluation process should be adapted to the unique circumstances of the program. The self-study becomes the property of CAHME at submission. A successful self-study will include the following elements:

- The faculty generates the Self-Study and determines the content of the document. Small faculties usually conduct the self-study as a group. Large faculties often assign certain sections (student selection procedures, community service activities, etc.) to committees that report back to the total faculty. Students, university officials, adjunct faculty, practitioners, alumni, and others should be included on committees as appropriate.
- The self-study process will begin at least one year before the date on which the Self-Study is to be sent to the site visit team. The self-study year will be the academic year immediately preceding the scheduled site visit.
- A single individual should be given responsibility for overall coordination of the process. This individual should have the authority to supervise data collection, schedule meetings, and involve appropriate participants.
- Special meetings should be convened to address the self-study requirements. This facilitates participation by all appropriate parties and assures allocation of adequate time to conduct the self-study.

One of the most fundamental benefits of the accreditation process is the opportunity for self-evaluation. Self-evaluation causes the program to acknowledge its strengths and weaknesses. This acknowledgment is essential for creating strategies that will capitalize on the strengths of the program and minimize or overcome its weaknesses. Every aspect of the program should be reviewed from the perspective of the mission and vision statements of the program. The resultant goals and objectives for the program should be logical and clear dimensions of these foundation statements.

Article 13. Policy Statement: The Site Visit Team

Section 1. Composition

A current or former member of the Accreditation Council typically serves as the Chair of each site visit team. Other participants in the team shall include one or two additional Council members or trained faculty or practitioner site visitors. A practitioner is defined as a health care professional whose primary employment is other than that of a full-time faculty member, or, in the case of a retired person, a healthcare management professional whose career is principally characterized by practice in positions other than full-time faculty appointments. A Coordinator shall be the secretary/recorder of the visit.; the coordinator may be a site visit member with a designation of "Fellow" or a CAHME staff member. Typically, the site visit team will include at least one practitioner and one active faculty member and their role on the site visit team (practitioner or academic member) will be clearly identified. A practitioner is defined as a health care professional whose primary employment is other than that of a full-time faculty member, or, in the case of a retired person, a healthcare management professional whose career is principally characterized by practice in positions other than full-time faculty appointments.

For an initial accreditation, the team will consist of the Chair, potentially two additional team members, and the Coordinator. One of these members may be a member of the Candidacy Committee. For a program seeking the renewal of accreditation, the team will consist of the Chair, at least one additional team member, and the Coordinator. Whenever possible, at least one of the team members may represent an academic unit (i.e., school of business, health related professions, nursing, public health, or public administration) similar to the program under review. Site visitors are a select group of individuals who share the following characteristics:

- Competence by virtue of experience, training, and orientation;
- Sensitivity to the unique features of the program; and
- Impartiality without any known conflict of interest.

All members of the site visit team, as well as the program, must be sensitive to the existence of any conflict of interest and even the potential for a conflict of interest. Any issue relating to conflict of interest must be declared when the site visit team is selected.

Section 2. Program Language and Culture

As the value of the peer review accreditation process becomes recognized around the world, special consideration must be given to language and culture. CAHME will work with the program to ensure a fair and accurate assessment. The following steps will be taken to address the special needs of language and culture:

- CAHME will attempt to match the knowledge and expertise of the site visit team with the unique characteristics of the program.
- Whenever possible, at least one team member will have a facility with the primary language of the program.

Any program that anticipates the unique challenges of language and culture in the accreditation process should make a declaration to CAHME as soon as possible.

Section 3. Selection and Training of Site Visitors

The peer review process assumes that those individuals who are part of an evaluation team are well-versed in the CAHME accreditation process. CAHME maintains an active cohort of trained site visitors who are knowledgeable about the Criteria for Accreditation, curriculum concepts, course content, and healthcare management programs within the university setting.

Site visitors will be nominated and approved by the Accreditation Council.

CAHME will offer site visitor training through our CAHME Core Learning Center. Training sessions may also be held as a part of the semi-annual Accreditation Council meeting.

All site visitors will attend designated training on the Core Learning Center, attend one Accreditation Council meeting, and observe one site visit before appointment to a site visit team in another capacity.

An individual may remain on the active list of site visitors until such time as the individual asks to be removed or CAHME receives unfavorable evaluations of the team member's performance. The completion of all training programs, including annual continuing education sessions, is required for remaining on the active list.

Section 4. Roles and Responsibilities

Site visitors represent CAHME at all times during the site visit. Each professional is a necessary part of the team and serves a specific function. For a list of site visit team members and their responsibilities, refer to the Site Visitor Roles & Responsibilities document found on the CAHME website, www.cahme.org, under Site Visitors -> Site Visitor Resources.

Section 5. Evaluation of the Site Visit Team

CAHME evaluates the collective and individual performance levels of the site visit team. The Chair, team associates and coordinator are surveyed to evaluate and provide feedback on individual and team performance. Likewise, the program director is required to evaluate the team. All such evaluations are considered confidential.

The evaluation is critical for determining the quality of the services offered by CAHME. Favorable evaluations ensure the ongoing participation of team members in CAHME activities.

Article 14. Policy Statement: Observers on Site Visits

For a list of types of Observers on site visits and the extent of their participation in the site visit, refer to the Site Visitor Roles & Responsibilities document found on the CAHME website, www.cahme.org, under Site Visitors -> Site Visitor Resources.

Article 15a. Policy Statement: The Site Visit

Section 1. Purpose of the Site Visit

The accreditation survey, or site visit, is a key mechanism used by CAHME to assess the quality of a program. The site visit, in conjunction with the Self-Study Document, facilitates the accreditation decision of CAHME. The objectives of the site visit are:

- To continue the self-study process with a thorough peer review process;
- To provide on-site consultation with expert peers;
- To ensure that the program under review complies with the Criteria for Accreditation; and
- To exchange ideas and stimulate innovation in education for healthcare management through the sharing of information.

Section 2. Scheduling of the Site Visit

For an initial accreditation site visit, see Article 11. Procedures for Pursuit of Accreditation. For programs seeking renewal of accreditation, the site visit process officially begins after the determination of eligibility by CAHME. This self-study year, which is the academic year immediately prior to the site visit, should be used for intense, comprehensive self-evaluation by the program. Continuous quality improvement assumes an on-going self-evaluation process. Ideally, the Self-Study Document reflects the pre-existing elements used by the program to assess overall quality. (See Article 11. Procedures for Pursuit of Accreditation)

For all site visits, the Chief Accreditation Officer designates the proposed site visit team. A program/university may request that an educational generalist from the appropriate regional accreditation association be included on the site visit team. All expenses incurred through this special situation are born by the program/university. The CAHME Staff coordinates these arrangements. State accrediting bodies may send an official on the visit as an observer.

Section 3. Delay of Initial Site Visit

This policy applies to all programs that have been granted Candidacy status and are awaiting their initial accreditation site visit.

Grace Period – Up to one year

A candidate program may request a delay of up to one year from the site visit season recommended by the Candidacy Committee.

- **Timing of Request:** The request **must** be submitted at least **eight months before the scheduled site visit** to avoid a delay fee.
- **Requests Within Eight Months:** If a delay is requested less than eight months before the scheduled site visit:
  - A site visit delay fee will be assessed.

- The program is responsible for any expenses already incurred by Site Visit Team members and observers.
- **Rescheduling:** The new site visit date will be determined based on CAHME Site Visit Team resources and availability.

Additional Delay– Up to one additional year following Grace Period

A program may request a delay of up to one additional year beyond the grace period when an eligible circumstance materially affects the program's ability to participate in the accreditation review.

- **Basis for Request:** The program must demonstrate that one of the eligible circumstances materially affects its ability to participate in the accreditation review.
- **Delay Fee:** A site visit delay fee will be assessed upon approval. Programs should consult the current CAHME fee schedule, as fees are subject to periodic review and revision.
- **Timing of Request:** Delay requests are expected to be submitted at least **eight months before the scheduled site visit**.
- **Requests Within Eight Months:** If a delay is requested less than eight months before the scheduled site visit, the program is responsible for any expenses already incurred by Site Visit Team members and observers.
- **New Site Visit Scheduling:** The new site visit will be scheduled based on CAHME site visit team resources and availability.

Circumstances That May Support an Approval of a Delay following Grace Period

A delay following the grace period may be considered when circumstances, including but not limited to those listed below, materially affect the program's ability to participate in the accreditation review:

- **Change in program leadership**, including the departure, appointment, or transition of the Program Director or other leadership position with primary responsibility for the accreditation process.
- **Unexpected loss or extended absence of essential personnel** who have primary responsibility for the accreditation process when the program could not reasonably have planned for or mitigated the absence.
- **University-wide or school-wide institutional action** that directly and substantially affects the program's operations or its ability to participate in the accreditation review.
- **Substantial curricular or programmatic change** that has been formally approved or implemented and would result in the scheduled site visit evaluating a program structure or curriculum that will no longer be in effect.
- **Site Visit Team Suggested Delay:** During its review of the program's self-study, the Site Visit Team may recommend a delay if it identifies significant concerns indicating that the program may not be adequately prepared for the scheduled site visit.

- **Natural disaster or significant operational disruption**, including substantial damage, loss of facilities, extended utility or technology outages, or other events that significantly disrupt normal university or program operations.

Site Visit Team Requested Delay

If when reviewing the program's self-study, the site visit team determines that the program is not ready for a site visit, CAHME will suggest the program delay their site visit a minimum of one site visit season. The program will then need to determine whether they want to proceed with the site visit as-is or request a formal delay.

Approval

A *CAHME Request for Delay of Site Visit* form must be completed and sent to the Chief Accreditation Officer (CAO). A determination will be made by the CAO.

Mandatory Reapplication - Beyond 2 Years

A program that has not completed its initial site visit within two (2) years of the original recommended site visit season will have its Candidacy standing lapsed and will return to Eligible status and will need to remove any reference to being a Candidate program from their marketing materials and website. The program must resubmit a complete Candidacy application and undergo the full review process and incur related fees before a new site visit may be scheduled.

This requirement reflects the reality that significant changes may occur within a program over a three-year period, including changes to faculty, curriculum, administration, resources, and institutional context. Therefore, the content of the original Candidacy application may no longer be relevant or reflective of the current program.

Exceptions

Programs may petition for an exception in cases of material disruption (e.g., natural disaster, significant institutional disruption, or other events beyond the program's reasonable control). Petitions must be submitted in writing to the CAO and will be reviewed on a case-by-case basis by the Candidacy Committee. Exceptions are not guaranteed and do not establish precedents for future requests.

Program appeals will not be accepted due to time constraints.

Section 4. Delay of Reaccreditation Site Visit

A program may request a delay of its scheduled site visit when circumstances materially affect the program's ability to participate in a meaningful and constructive accreditation review. A delay is not intended to provide additional time for a program to complete accreditation requirements or address a lack of timely preparation. To merit approval, a request for delay must demonstrate that unavoidable circumstances would prevent the scheduled site visit from resulting in a constructive and effective evaluation of the program. Requests for delay may not be approved based on resource availability.

Circumstances That May Support an Approval of a Delay

A delay may be considered when circumstances, including but not limited to those listed below, materially affect the program's ability to participate in the accreditation review:

- **Change in program leadership**, including the departure, appointment, or transition of the Program Director or other leadership position with primary responsibility for the accreditation process.
- **Unexpected loss or extended absence of essential personnel** who have primary responsibility for the accreditation process when the program could not reasonably have planned for or mitigated the absence.
- **University-wide or school-wide institutional action** that directly and substantially affects the program's operations or its ability to participate in the accreditation review.
- **Substantial curricular or programmatic change** that has been formally approved or implemented and would result in the scheduled site visit evaluating a program structure or curriculum that will no longer be in effect.
- **Site Visit Team Suggested Delay**: During its review of the program's self-study, the Site Visit Team may recommend a delay if it identifies significant concerns indicating that the program may not be adequately prepared for the scheduled site visit.
- **Natural disaster or significant operational disruption**, including substantial damage, loss of facilities, extended utility or technology outages, or other events that significantly disrupt normal university or program operations.

Delay Request Requirements

The existence of one of the above circumstances does not automatically result in approval of a delay. The program must:

1. Demonstrate how the circumstance materially affects its ability to participate in a meaningful accreditation review at the scheduled time.
2. Meet with the CAO or designee to discuss the actions underway to ensure the site visit can occur within the revised timeframe.

- A delay will not ordinarily be granted solely because a program needs additional time to prepare its Self-Study, assemble required documentation, address known accreditation deficiencies, or complete work that reasonably could have been undertaken within the established accreditation timeline.

Site Visit Team Suggested Delay

If when reviewing the program's self-study, the site visit team determines that the program is not ready for a site visit, CAHME will suggest the program delay their site visit a minimum of one site visit season. The program will then need to determine whether they want to proceed with the site visit as-is or request a formal delay.

Delay Types

Under normal circumstances, CAHME grants two types of delays:

- **Delays Up to One Year:** The Chief Accreditation Officer (CAO) may approve a site visit delay of up to one year based on the documentation submitted by the program. The program will be notified of the decision in writing. Any additional delay requests will then be categorized as 'Delays Beyond One Year'. The new site visit will be scheduled based on CAHME site visit team resources and availability.
- **Delays Beyond One Year:** Any request for an additional delay beyond the initial up to one year period must be due to unavoidable material disruptions. Any delay that would extend the site visit beyond one year from its originally scheduled timeframe requires notification to the CEO by the CAO based on documentation submitted by the program. The CAHME Board of Directors will make the final determination and may affect the program's accreditation status including probation or loss of accreditation. The program will be notified of the decision in writing. The new site visit will be scheduled based on CAHME site visit team resources and availability.

Fees

Upon approval of a site visit delay, the program will be assessed the applicable Site Visit Delay Fee in accordance with the current CAHME Fee Schedule (see CAHME.org).

The delay is not confirmed until the delay fees have been received.

Timing of a Delay Request

A request for a site visit delay is expected at least 8 months in advance of your assigned site visit date. If the request occurs within eight months prior to the visit, the following additional fees may apply:

- Any expenses incurred by the site visit team and observers

Effect on Accreditation Term

When a delay is granted, the term of accreditation awarded at the subsequent accreditation action will be:

- Shortened by the delay term for 8-year reaccreditations
- Remain unchanged for 4-year reaccreditations

Request and Documentation Requirements

A request for a site visit delay requires completion of a *Site Visit Delay Request Form*. The request must:

- Be submitted to the Chief Accreditation Officer;
- Identify the requested length of the delay;
- Identify the circumstance supporting the request;
- Explain in detail how the circumstance materially affects the program's ability to participate in the accreditation review as scheduled; and

- Include documentation sufficient to support the request.

The CAO may request additional information or documentation before making a determination or forwarding a request to the Chief Executive Officer or Board of Directors.

All approved site visit delays and the basis for the approval will be reported to the Accreditation Council and the Board of Directors at their next meeting.

Appeals

Program appeals will not be accepted due to time constraints.

Article 15b. Procedure for Site Visits

Section 1. Learning Management System (LMS) Access for Site Visits

CAHME site visit teams require limited, time-bound access to a program's Learning Management System (LMS) as part of the accreditation review process. Reviewing LMS content allows site visitors to observe course structure, competency alignment, faculty feedback, student learning activities, and other instructional elements in their original context to verify implementation of the CAHME Accreditation Standards during the self-study year.

Standard Access Requirement

Programs undergoing accreditation review are expected to provide time-limited LMS access for the site visit team that meets the following conditions:

Access to all courses offered and students enrolled during the self-study year.

Access must provide the site visit team with evidence to assess the program's ability to meet all related standards and criteria as defined in the CAHME Accreditation Site Visitor LMS Data and Access Needs Memorandum.

Access must be provided **no later than 30 calendar days prior** to the scheduled site visit and remain available through the conclusion of the site visit.

Access is provided to all members of the site visit team.

The specific scope and level of LMS access required is outlined in the CAHME Accreditation Site Visitor LMS Data and Access Needs Memorandum, which identifies the LMS evidence needed for review of each CAHME accreditation standard and criterion. Institutional IT personnel should use this memorandum as the primary guide when determining and configuring the appropriate level of LMS access required for the accreditation review. Programs should provide this memorandum to their institutional IT teams to facilitate appropriate access configuration.

Site visitors will use LMS access solely for accreditation review purposes. No student records will be downloaded, copied, or retained, and site visitors will not modify any LMS materials.

Exceptions to Standard LMS Access

Programs that are unable to provide the standard 30-day LMS access requirement must notify CAHME with submission of their site visit dates. The following alternative arrangements may apply depending on the level of access available.

1. The Program Provides a Shortened (Less than 30 calendar days) LMS Access Window

Minimum Requirement

- LMS access must be granted at least one week prior to the site visit.

Operational Adjustments

- An additional Coordinator will be assigned to the site visit team to ensure that LMS materials can be thoroughly reviewed within the shortened access timeframe.
- On-site document review day, taking site visit from two days to three days

Program Financial Responsibilities

- All travel and meeting expenses associated with the additional on-site document review day and additional Coordinator (for in-person visits)

2. Limited LMS Access

(Defined as anything less than full access as defined in the CAHME Accreditation Site Visitor LMS Data and Access Needs Memorandum)

Program Responsibilities

- The program must supplement LMS access with external documentation repositories containing all materials necessary for accreditation review as defined in the CAHME Accreditation Site Visitor LMS Data and Access Needs Memorandum.
- Materials will be labeled with CAHME standard and criterion to support efficient review.

Operational Adjustments

- An additional Coordinator will be assigned to the site visit team due to the increased time and effort required to review and navigate materials provided outside of the LMS, in order to appropriately distribute the workload among the team.
- On-site document review day, taking site visit from two days to three days

Program Financial Responsibilities

- All travel and meeting expenses associated with the additional on-site document review day and additional Coordinator (for in-person visits)
- Any additional review required to verify evidence may result in additional fees.

3. No LMS Access Available

Program Responsibilities

- The program must provide all LMS-based instructional materials and evidence externally through a secure repository (e.g., Dropbox, Google Drive, SharePoint, or another secure file-sharing platform).
- Materials must include all LMS evidence required for review as outlined in the CAHME Accreditation Site Visitor LMS Data and Access Needs Memorandum.
- Materials must be organized by CAHME standard and criterion to facilitate review by the site visit team.
- Materials due 12 week prior to the site visit (to align with self-study submission)

Operational Adjustments

- An additional Coordinator will be assigned to the site visit team due to the increased time and effort required to review and navigate materials provided outside of the LMS, in order to appropriately distribute the workload among the team.

Program Financial Responsibilities

- All travel and meeting expenses for the cost of an additional Coordinator (for in-person visits)
- Any additional review required to verify evidence may result in additional fees.

Submission of LMS Agreement Form

- Programs must complete and return the LMS Agreement Form to CAHME when submitting their program's proposed site visit dates.
- The form documents the program's planned LMS access arrangements for the site visit team, including confirmation of the standard LMS access requirement or identification of an alternative access option permitted under this policy and the CAHME Accreditation Site Visitor LMS Data and Access Needs Memorandum.
- Submission of the form constitutes the program's acknowledgement of the LMS access requirements, and any associated conditions outlined in this policy.
- Scheduling: CAHME will not schedule a site visit until the completed LMS Agreement Form has been received.
- If a change to the LMS Agreement selection is requested by the program after initial submission of the agreement form, CAHME reserves the right to delay the site visit. The program will be responsible for delay fees and any non-refundable site visitor travel expenses.

Section 2. A Typical Site Visit Schedule

A typical site visit lasts two days. On occasion, the survey may be scheduled for a longer period of time if there is agreement that more time is needed to obtain a comprehensive understanding of the program due to the requirement to examine multiple programs, degrees, or tracks.

The Program Director is responsible for making all appointments and scheduling all meetings for the site visit team, as well as for ensuring the availability of all participants in the site visit. The Program Director is responsible for determining who will participate in the site visit.

For a template of a site visit schedule, refer to the "Events at Site visit" in the Site Visit Instructions document found on the CAHME website, www.cahme.org, under Resources -> Program Resources -> Self-Study and Site Visit Resources.

Section 3. A Typical Interim Site Visit Sequence

Interim site visits are specifically designed to address the special circumstances surrounding a program. The program must provide the appropriate documentation requested by the team. A typical interim site visit should be conducted in one day beginning at 8:30 a.m. and ending around 3:30 p.m. The team will arrive during the evening before the review. Typically an interim site visit is conducted by a two member site visit team. The team will have at least one Academic who is or has been a member of the Accreditation Council. The second member may be an academic or a practitioner. A Fellow may be assigned to the team if an extensive report (e.g. 5 or more pages) is anticipated based on the reasons for the interim site visit. A report of the interim site visit will be conveyed to the CAHME CEO with a copy to the Program Director within thirty days of the interim site visit. The interim report will be provided to the Accreditation Council at their next scheduled meeting. The site visit Chair will present the report.

The program is responsible for arranging meetings with the following as requested by the Chair of the team:

- Program Director
- Program Faculty
- Dean
- President of the University or Representative
- Students
- Alumni
- Community Representatives, if appropriate

The program must make the necessary hotel arrangements. The fee for an interim site visit may be modified based on the number of members of the team and the visit duration. The fee will be billed and is payable prior to the site visit.

A report of the interim site visit will be conveyed to the CAHME CEO with a copy to the Program Director within thirty days of the interim site visit.

Section 4. Virtual Site Visits

Virtual site visits are permitted only in extraordinary or extenuating circumstances that significantly impact travel, operations, or safety, such as war, terrorist attacks, pandemics, or natural disasters (e.g., floods, earthquakes, hurricanes). These circumstances apply to all programs regardless of modality or delivery format.

Requests for a virtual site visit must be submitted to CAHME in writing and include an explanation of the circumstances necessitating the request. Requests must be submitted to the CAHME CEO for review. Final approval of virtual site visits rests with the CAHME Board of Directors.

Section 5. AACSB Joint Visits

This policy establishes a consistent framework for coordinating CAHME and AACSB site visits when appropriate. The intent is to support an efficient accreditation experience, minimize duplication of effort, and provide opportunities for coordination while ensuring that CAHME's accreditation standards, review process, and decision-making requirements remain fully satisfied.

The policy outlines the conditions, responsibilities, and expectations for programs seeking coordination of their CAHME site visit with an AACSB accreditation review.

Joint Site Eligibility

1. The CAHME accredited or candidate program is within the scope of an AACSB-accredited or AACSB-reviewed business academic unit.
2. The timing and respective accreditation reviews can reasonably be aligned. CAHME will adjust site visit dates to align with AACSB visit whenever possible.

Request for a Joint Site Visit

- Request for Joint Site Visit for an Initial CAHME Accreditation visit:
    - Request should be made to CAHME's Chief Accreditation Officer at least three years prior to the next AACSB site visit to allow time for the program to move through the Candidacy process.
- Joint Site Visit Request for CAHME Reaccreditation visit who were not previously joint site visits:
    - Request should be made to CAHME's Chief Accreditation Officer at the same time that the college is planning the AACSB site visit.
- Joint Site Visits for CAHME/AACSB Reaccreditation for programs who have had previous joint site visit(s):
    - No request is needed; CAHME will assume the program is continuing with joint accreditation site visits unless notified otherwise.

If the requested timeframe does not fall within the timeframe listed above, CAHME will do our best to accommodate the request.

Approval of a Joint Site Visit

- Initial CAHME Accreditation visit:
    - Candidacy Committee will align the program's initial site visit with the AACSB site visit.
- Reaccreditation Site Visit for New Joint Site Visits:
    - If the next AACSB site visit is no more than two years after the next scheduled CAHME site visit and the program is in good standing, CAHME Leadership may extend the program's term of accreditation to align with the AACSB site visit. Due to the program needing to accommodate the change in site visit timing, a site visit delay fee will not be assessed by CAHME.
    - If the AACSB site visit is prior to the next scheduled CAHME site visit, a shortened term of accreditation will be approved to align with the AACSB site visit.

Joint Site Visit Delay Requests

- Once a joint site visit is scheduled:
    - As a matter of practice, joint site visit delay requests **from the program** will not be approved.
    - Joint site visit delay requests **from AACSB** will be evaluated on a case-by-case basis. CAHME reserves the right to determine the best path forward based on timing, resources, and ability to adhere to the standards in a timely manner.

Term of Accreditation

The term of accreditation granted on joint visits will mirror the term granted by AACSB.

- The program will agree to this alteration to be in sync with AACSB accreditation cycle. If the program opts out of this cycle, it may be ineligible to participate in the future.

Article 16a. Policy Statement: Accreditation Reports and Decisions

Section 1. The Site Visit Report

The report of the site visit team to the Accreditation Council is the most critical element in the accreditation process. The report serves as the major communication link between the Site Visit Team, the Council and ultimately the Board and is the primary source of information used by CAHME in making an accreditation decision.

A. Report Format & Content

While the quality of an individual site visit report is crucial for the accreditation decision, uniformity in format is essential for consistency and reliability in the decision-making process. Generally, all site visit reports must contain the following elements:

1. Title Page
2. Table of Contents
3. Narrative, Accreditor Rating and Accreditor Report for each criterion
4. Strengths and Consultative Recommendations

B. Notation

The "Criteria Assessment" section of the Site Visit Report lists a judgment for each criterion and the reasons for that judgment.

Findings Language for the 2021 Standards for Accreditation:

- **Met** - The program demonstrates satisfactory performance against this criterion in its entirety.
- **Partially Met** - The site visit team has identified a concern or some concerns regarding the program's performance against this criterion. Improvement is required to consider this criterion met.
- **Not Met** - The site visit team has identified severe concerns regarding the program's performance against this criterion in its entirety. Substantial improvement is required to consider this criterion met.

Findings Language for the 2026 Standards for Accreditation:

- **Met** - The program provided clear evidence for all standard review elements.
  - All review elements are addressed
  - Strong, well-documented evidence
  - Effective, sustained implementation

- Ongoing review and refinement
- Continuous improvement (monitoring and evaluation) is evident
- Stakeholder feedback is used effectively

- **Opportunity for Improvement** – The program evidence is incomplete. There are identifiable areas where planning, implementation, monitoring, evaluation, and/or documentation must be strengthened to meet the standard review element.
  - Minor gaps in clarity, depth, or consistency
  - Some elements are underdeveloped or inconsistently applied
  - Improvement efforts are present but not fully embedded
- **Critical Concern** - The program has significant deficiencies in evidence provided to meet the standard review elements, with limited or no evidence. Weak, missing or inadequate evidence of:
  - Planning
  - Implementation
  - Monitoring
  - Evaluation and/or
  - Documentation requiring immediate and substantive attention
  - Misalignment with standard intent

A "Criterion Related Recommendation" must be listed for any element of the Criterion that has been identified as "Partially Met" (2021), "Opportunity for Improvement" (2026), "Not Met" (2021), or "Critical Concern" (2026). The recommendation must specifically state the activity that must be completed by the program in order to achieve compliance with the criterion and examples of how to fully meet the standards should ideally be given.

The program may submit a 'Strength" for consideration to the site visit team.

The Process Improvement Requirements and Recommendations section presents the factual material and observations that support each of the statements concerning the strengths, concerns, conclusions, and recommendations of the site visit team. A summary analysis is presented for the Criteria identified to be "Met" in the Site Visit Report.

C. Recommendation to the Accreditation Council

The site visit team must make a "Recommendation to the Accreditation Council" which is based upon the overall quality of the program. The site visit team will make two separate recommendations that must be approved by a vote of the Accreditation Council. The recommendations are:

1. To grant or deny accreditation; and

The length of accreditation (when accreditation is granted)

Section 2. CAHME Deliberation and Action for Initial Accreditation Site Visits

Four separate activities must occur prior to an accreditation decision:

1. Submission of a Self-Study by a program;
2. A site visit;
3. Review of the report and recommendation by the site visit team to the Accreditation Council; and
4. A final vote by the Board of Directors, upon a recommendation of the Accreditation Council.

The contents of the Site Visit Report may be modified before the vote of the Board of Directors. After the vote, the final report is sent to the program along with the accreditation action.

The accreditation action for an initial site visit is a determination of whether or not the program will be accredited. The initial accreditation is for 4 years with an exception for a joint site visit with AACSB which will be based on the AACSB term.

All programs that gain initial accreditation that do not fully meet all criteria are required to submit a progress report for review at the Accreditation Council meeting approximately two years from the time of action.

The report will detail the program's efforts to meet any criteria identified as not met (2021), critical concern (2026), partially met (2021), or opportunity for improvement (2026) at the time of the decision to accredit. In the event that the Accreditation Council determines that any criteria remain unmet after review of the progress report, the council may request an interim site visit to determine the cause of the program's failure to meet the criteria and develop an appropriate course of action. The program will have one year on probationary status in which to either come into full compliance with all criteria or voluntarily withdraw from accreditation.

In order to maintain its full accreditation status, a program must demonstrate that it has fully met all criteria by the next site visit, or within 4 years of board approval, whichever is sooner, unless it can demonstrate good cause (See Article 16a Section 4; CAHME Deliberation and Good Cause).

Section 3. CAHME Deliberation and Action for Reaccreditation Site Visits

Four separate activities must occur prior to an accreditation decision:

1. Submission of a Self-Study by a program;
2. A site visit;

3. Review of the report and recommendation by the site visit team to the Accreditation Council; and

4. A final vote by the Board of Directors, upon a recommendation of the Accreditation Council.

The contents of the Site Visit Report may be modified before the vote of the Board of Directors. After the vote, the final report is sent to the program along with the accreditation action.

The accreditation action contains two parts:

1. To accredit or not to accredit; and

2. Determination of the length of accreditation.

The term of reaccreditation is either 4 or 8 years. For AACSB joint site visits, the accreditation is based on the AACSB term. All programs that do not fully meet all criteria are required to submit a progress report for review at the Accreditation Council meeting approximately:

- two years from the time of action for 4 year reaccreditations
- three years from the time of action for 8 year reaccreditations.

That report will detail the program's efforts to meet any criteria not identified as fully met at the time of the site visit. In the event that the Accreditation Council determines that any criteria remain unmet after review of the progress report, the program will be reviewed for probationary status by the Accreditation Council. Programs that are on probation after submission of their progress report, will have a meeting with a representative of their site visit team and a member of CAHME staff to discuss how to bring the program into compliance. The council may request an interim site visit to determine the cause of the program's failure to meet the criteria and develop an appropriate course of action. The program will have one year in which to either come into full compliance with all criteria or voluntarily withdraw from accreditation.

In order to maintain its full accreditation status, a program must demonstrate that it has fully met all criteria within four years of board approval.

Section 4. Determination of Good Cause and Probationary Accreditation

In certain circumstances the Board of Directors may make a determination that a Program's status will be Probationary Accreditation.

A. Criteria for Probationary Accreditation

The Board of Directors may consider the following criteria in determining whether to grant Probationary Accreditation or remove accreditation from a program. These factors may also be considered, by the Board of Directors, when deciding whether to remove accreditation following a period of Probationary Accreditation.

- The number of not fully met criteria;

- The relative seriousness of the not fully met criteria;
- The likelihood that additional time will help the program come into full compliance;
- The program's recent accreditation history;
- Any changes to a program's eligibility for CAHME Accreditation, including changes to a program's regional or specialized accreditation;
- Any extenuating circumstances which may have hindered efforts toward full compliance; and
- Any other factors the Board of Directors deems important.

B. Term of Probationary Accreditation

If a program is determined to hold Probationary Accreditation status, the Board will assign a term limit to that status as follows:

- Late or incomplete progress report: Probationary Accreditation may be one year in length.
- All other determinations of Probationary Accreditation may be made for a term not to exceed two years.
- In all cases, the term of Probationary Accreditation will be included in the Program's accreditation term until the next scheduled site visit.

At the end of the term of Probationary Accreditation, the Board will decide to accredit or not accredit the program.

C. Late/Incomplete Progress Report and Probationary Accreditation

If based on the progress report, the Accreditation Council determines that the program has not fully met all criteria but has demonstrated significant justification and evidence of "good cause" for not having fully met the criteria and has a plan to address unmet criteria that can be accomplished within 12 months, a recommendation may be made to the Board to place the program on Probationary Accreditation. Good cause includes events such as a change in program leadership in the prior year, recent loss of faculty to support criteria requirements, significant unexpected program changes, and other extenuating circumstances. If the recommendation of the Accreditation Council is positive, the accreditation status may be extended up to one year on a Probationary Accreditation basis by the CAHME Board of Directors.

D. Initial Accreditation not subject to Probationary status

Programs receiving Initial Accreditation are not eligible to receive a determination of Probationary Accreditation.

E. Re-accreditation

If Probationary Accreditation is granted by the Board of Directors to a program that is already accredited, the program's existing term of Accreditation may be shortened after completion of the term of Probationary Accreditation. If the Board of Directors decides to shorten the term of accreditation of a

program, then it will cast a second vote to determine the length of time that accreditation status will be shortened.

F. Notice to public of Probationary Accreditation

Programs with Probationary Accreditation status must make their status known to their students and the public. Notice of Probationary status must be published on the program's website. In all internal and external references regarding CAHME accreditation, the Program will present itself as holding Probationary Accreditation during the term of Probationary Accreditation. The program must also notify its students in writing within 10 days of the notice of Probationary status.

Students who graduate from a program that holds Probationary Accreditation status will be considered to graduate from a CAHME accredited program.

G. Interim site visit during Probationary Accreditation

All programs with a Probationary accreditation status may be subject to an interim site visit during the term of Probationary accreditation.

The Accreditation Council requires an interim site visit when conditions demand an in-depth review of problem areas or recent developments as identified through review of the progress report or the annual reports submitted by all accredited programs. The interim site visit team reports the results at the next meeting of the Accreditation Council. The Accreditation Council, in turn, votes on the recommendation of the interim site visit team, with such recommendation being forwarded to the Board of Directors for a final vote. If the Program is determined to have not met all criteria, then its accredited status may be withdrawn. (See Article 11 Section 3 and Article 15 b, Section 2 for further information regarding interim site visits).

Article 16b. Procedure for Development of the Site Visit Report

A. The Draft Site Visit Report

CAHME strives for consistency and reliability in the accreditation decision-making process. The Self-Study and resulting Site Visit Report are the essential elements for making the accreditation decision. The following standards will be implemented to ensure the quality of all relevant documentation:

1. A complete copy of the final Self-Study will be submitted to CAHME in the CAHME Accreditation Management Portal (CAMP) eight weeks prior to the visit. Late submissions will be assessed a fee (see Fee Schedule).

2. The Coordinator will have all of the necessary input for the Site Visit Report from the team by the end of the site visit. An ideal situation would provide the Chair with a copy that contains the modified discussion, the complete strengths and concerns sections, and preliminary recommendations.

3. The Coordinator will submit the post-visit draft of the report in the CAHME Accreditation Management Portal to the members of the team no later than two weeks after the visit.

4. The team will respond to the Coordinator within one week of receiving the report. The team Chair will determine the need for a team conference call. It may be necessary for the team to go through a second iteration of the review process before sending the report to the program; this should take no more than three weeks in total.

5. The Coordinator will make the necessary revisions to the report and with final approval by the Site Visit Chair submit the report to the CAHME office. CAHME will send the final draft of the report to the program and members of the team. The letter of transmittal is addressed to the designated contact at the program.

6. The Chair maintains overall responsibility for the timely completion of the Site Visit Report. The Chair will provide all support to the Coordinator to ensure the report is completed on time.

7. All correspondence from the program should be copied to the CAHME office and to the site visit team Chair.

B. Guidelines For Program Response To The Draft Site Visit Report

The Site Visit Report is used by the Accreditation Council to comment on the various elements of the program in relation to the Criteria for Accreditation. The Site Visit Report only becomes final after the vote of the CAHME Board of Directors upon a recommendation of the Accreditation Council. Prior to the recommendation of the Council, the Site Visit Report is considered a draft and may be modified to accurately reflect the quality of the program.

The program will respond in writing to the Site Visit Report no later than thirty days after receipt. The response will be sent to the CAHME office and the CAHME office will then send the response to the Chair of the Site Visit Team.

The Site Visit Report is the essential electronic document used by the Accreditation Council to make the accreditation decision. Consequently, it is incumbent upon the site visit team and the program to ensure its accuracy and content. In its response, the program may address two components of the Site Visit Report:

- Accuracy. Do the facts accurately reflect the condition of the program? The program is responsible for detecting factual errors in the report.
- Content. Are the observations of the site visit team accurate? The program may comment on the substance of the report.

The response should address only the time frame covered in the self-study, i.e., the self-study year. The first-year progress report is the appropriate venue for commenting on any changes that have occurred as a result of the site visit, or subsequent to the self-study year.

The comments from the program will be forwarded to the site visit Chair. The Chair has the final authority for the content of the report as it is presented to the CAHME CEO and, in consultation with the team, will make any changes in the report.

The program response will become supporting documentation and will be distributed to all the members of the Accreditation Council. The Accreditation Council reserves the right to modify the report based on its discussions. As a result, the discussion and conclusions in the final report recommended by the Accreditation Council may differ from the draft report of the site visit team.

C. Disposition of the Report

The Accreditation Council will deliberate and act upon the recommendation of the site visit team at the presentation of the Site Visit Report after any recommended changes have been made by the Fellow and approved by the site visit team Chair. The Site Visit Report only becomes final after the vote of the Board of Directors upon a recommendation of the Accreditation Council. The final copy becomes the accreditation report (the official record of CAHME) and is conveyed to the program not later than thirty (30) days after the decision of the Board.

Article 16c. Procedures for Accreditation Action

Section 1. Accreditation Action Format

The Accreditation Council formally meets in the spring and fall of each year. Any site visit conducted during the fall is acted upon at the spring meeting. Any site visit conducted in the spring is acted upon at the fall meeting. Adjustments to the meeting timing may be made at the discretion of CAHME. The Accreditation Council, the Accreditation Council reader, and the Board of Directors shall have access to the full record before making accreditation decisions or recommendations. The full record shall include but is not limited to the following: the program's self-study; the draft site visit report; the program's response to the site visit report; and the program's accreditation history.

The typical sequence for an accreditation action consists of:

- Presentation of the draft Site Visit Report and program response by the site visit Chair;
- Presentation by the Reader (see below);
- Clarification of fact;
- Presentation by the site visit Chair of team recommendations (made as a motion with a second);
- Discussion by the Accreditation Council;
- Call for the vote by the Chair of the Accreditation Council;
- Presentation by the site visit Chair of recommendation regarding the length of accreditation and the date for the next site visit; Discussion and modification by the full Accreditation Council; and
- Call for vote by the Chair of the Accreditation council;
- The Accreditation Council decision is recommended to the Board of Directors. The Board meets approximately one month after the Accreditation Council;
- The Accreditation Council Chair, or designee, presents recommendations to the Board;
- The Board of Directors votes on the recommendation.

Section 2. The Reader System

CAHME uses the reader system primarily to audit the Site Visit Report. This system serves in a secondary capacity as a review for the decision-making process. The objectives of the reader system are:

1. To improve the accuracy, consistency, and value of the accreditation reports so that they:
    - Are clear and uniform;
    - Contain findings and recommendations supported by verifiable evidence;

- Identify weaknesses which have withstood the scrutiny of an independent review;
- Are consistent with the final recommendation and/or other actions of CAHME.

2. To identify general educational issues worthy of discussion by the Accreditation Council.

CAHME designates the Reader for Site Visit Reports and progress reports prior to the Accreditation Council meeting. The Reader will not be a participant in the site visit nor have a conflict of interest with the program. The Reader must be a current or former member of the Accreditation Council.

The Reader will review the draft Site Visit Report and will prepare a written response that is available to all attendees at the Accreditation Council meeting. The report will become part of CAHME official records. This document includes comments on:

- The reader's conclusions regarding the internal documentation of the findings,
- The consistency of the importance placed on the major findings,
- The consistency of the recommended action with previous Accreditation Council decisions, and
- Any inconsistency, ambiguity, or insufficient support in the text.

Article 17. Policy Statement: Reporting Requirements

Section 1. Program Changes

Any significant change that could have a material impact on the status of an accredited program requires immediate notification by the program to the CEO of CAHME. "Program change" includes:

- a change in program leadership (program director, department chair),
- loss of key faculty that threatens the program's ability to offer the accredited degree offerings,
- changes to the curriculum
- addition of tracks or degrees within the program,
- withdrawal of school or institutional accreditation
- withdrawal of program resources by the university that meaningfully threatens sustainability of the program in its current form.

This notification assures the avoidance of any misrepresentation of accredited status to the public. Failure to notify will result in CAHME action potentially leading to a change in accreditation status. Upon notification of a significant change in the program, CAHME may request an interim site visit.

CAHME, after due notice, may take adverse action to the point of removing the accreditation status from an accredited program which does not accept an interim site visit at the request of CAHME.

The notice of significant changes must be sent to the CAHME President/CEO on Program letterhead. Within 30 days, the CAHME CEO will review the notice and respond to the program with:

1. Approval of the change if that change is determined to be of minimal impact on resources and an event that happens in the regular course of business of the Program (e.g., a change in Program Director). All such approvals will be reported to the Accreditation Council at their next meeting.

2. A determination that the change may be of such an extent that the accredited program no longer is similar to that which is accredited, or that may be to the detriment of the program. Program changes which are assessed by the CEO to impact the program in either of these ways will be referred to the Program Change Committee who will make a recommendation to the Accreditation Council for review and determination of further action as described above.

Section 2. Program Change Committee – Role and Responsibilities

The Program Change Committee will review all program changes that programs request or that are otherwise brought to the notice of CAHME and referred to the Committee by the CEO. The Program Change Committee will develop findings and make recommendations to the Accreditation Council, on program changes and on multiple program track issues in accordance with the policies set forth in Articles 9 and 17 of the CAHME Handbook of Policies and Procedures.

The Chair of the Program Change Committee will be appointed by the Accreditation Council on the recommendation of the Chair of the Accreditation Council. The Chair must be either a member or past member of the Accreditation Council. The President/CEO or surrogate will serve as an ex officio non-voting member. Additional members of the Committee will be nominated by the Chair of the Accreditation Council and will be approved by a vote of the Accreditation Council. All members will serve renewable 3-year terms. At all times there will be at least three members of the Committee.

The Committee will have at least one meeting every six months (unless it has no business to consider). It shall make decisions regarding program change and will report its activities and motions to the Accreditation Council.

Section 3. Progress Reports

Purpose:

As part of CAHME's accreditation monitoring process, programs receiving initial accreditation or reaccreditation may be required to submit a single progress report following the accreditation decision. The progress report allows the program to demonstrate that all remaining accreditation standards and criteria have been fully met following the site visit and accreditation decision.

Programs must come into full compliance with all CAHME standards within the timeframe required by CAHME and consistent with recognition requirements of the Council for Higher Education Accreditation (CHEA).

Timeline:
A progress report is required two years following an initial accreditation or three years following a re-accreditation decision from any program that has been found to not fully meet all criteria. No exceptions to the progress report due date will be allowed. The progress report addresses the program's progress toward meeting any criteria not identified as fully met during the regular review.

Accreditation Decision Length	**Progress Report Due**
Initial Accreditation (Four-Year)	Year 2
Four-Year Reaccreditation	Year 2
Eight-Year Reaccreditation	Year 3

Progress reports scheduled for review at the Fall meeting must be submitted no later than August 1. Progress reports scheduled for review at the Spring meeting must be submitted not later than February 1. Reports that are submitted late will incur a late reporting fee (see Fee Schedule). A program will submit the progress report in the CAHME Accreditation Management Portal in preparation for review by the Accreditation Council.

Accreditation Decision:
During the Spring and Fall meetings, the Accreditation Council votes on specific motions to "Accept" the Progress Report or to "Reject" the Progress Report submitted by a program. This action reflects one of two possible outcomes for the review:

Accept -- the Accreditation Council is satisfied with the progress reported by the program.

Reject -- the Accreditation Council has concerns about the progress related to specific aspects of the program.

The Accreditation Council notifies the program about the outcome of the vote within 30 days of the action. In the case of a vote to "Reject" the report, the letter of notice shall include any appropriate comments or action steps regarding unmet criteria deemed appropriate by CAHME.

Post-Accreditation Decision Review Meeting

Within three months following the CAHME Board of Directors accreditation decision, CAHME will schedule a meeting with the program and the site visit team chair to review the findings from the site visit report and accreditation decision.

The purpose of this meeting is to:

Review standards or criteria that were identified as requiring further evidence or improvement.

Clarify expectations for demonstrating compliance in the progress report.

Provide guidance regarding the type of evidence that may be appropriate to document compliance.

Program Acknowledgement of Compliance Requirements

Following the post-accreditation decision meeting, the program must formally acknowledge the expectations associated with the progress report. The Dean (or Dean-Level Designee) of the College/University will need to sign the Leadership Acknowledgement Letter stating that they understand:

The standards or criteria that must be addressed in the progress report.

The timeline for submission of the progress report.

That failure to demonstrate compliance may result in probationary status.

That programs must demonstrate compliance with all standards within four years of the accreditation decision, consistent with CHEA recognition requirements.

The Dean Acknowledgement Letter must be returned to CAHME within 2 weeks (10 business days) of the Post-Accreditation Decision Review Meeting.

Progress Report Communications:

Annual Check-In Communications

CAHME will send an automated email each year offering the program the opportunity to schedule a meeting with accreditation staff to discuss progress.

Nine Months Check-In Communication

Approximately nine months prior to the progress report due date, CAHME will reach out to schedule a phone call with the program director to discuss status of the upcoming progress report.

Six Months Check-In Communication

Approximately six months prior to the progress report due date, CAHME will send an email reminding the program of the progress report due date and once more offering the program an opportunity to schedule a meeting regarding preparation of the progress report.

Program Responsibility Regarding Meetings

CAHME will provide several reminder communications offering programs the opportunity to meet with accreditation staff to discuss progress toward meeting the required standards; however, it is the program's responsibility to notify CAHME if they wish to schedule a meeting in response to these communications.

Additional Meeting Triggers

A meeting will be required if the program experiences:

Program Director change

Single Progress Report Monitoring Timeline

The following timeline illustrates the typical monitoring process following an accreditation decision.

Event	Timing	Activity
Accreditation Decision	Generally February or May for Spring and October for Fall	Program receives accreditation decision requiring single progress report if applicable
Post-Accreditation Decision Review Meeting	Within 3 Months After Accreditation Decision	CAHME holds review meeting with Program and Site Visit Chair
Dean Acknowledgement	2 Weeks after Post-Accreditation Decision Review Meeting	Dean Acknowledgement letter signed and returned to CAHME
Annual Check-In	Yearly	Automated check-in email offering optional meeting with CAHME staff

Program Director Change	Upon notification of change	Meeting required with CAHME to review accreditation expectations
9 Month Phone Call	9 Months Before Progress Report Due	Phone call to review progress report expectations
Six Month Check-In	6 Months Before Progress Report Due	Reminder email offering additional support meeting
Progress Report Submission	Year 2 or Year 3	Single Progress Report submitted to CAHME

Section 4. Annual Reports:

To meet its obligations to monitor an accredited program's continued compliance with the criteria, CAHME requires an annual report from each accredited program to be submitted within the CAHME Annual Report Editor (*see Definition of Terms: CAHME Annual Report Editor*). The annual report seeks to ensure that programs continue to meet the high standards of CAHME Accreditation. The Annual Report monitors resources, recruitment data, student body, graduation information, outcomes, and graduate satisfaction. CAHME management reviews the report to identify any major changes that may impact the program's continued ability to meet the standards of quality for graduate programs in healthcare management.

The report is comprised of the following sections:

Section I: Program Description

Section II: Program Changes

Section III: Teaching and Curriculum

Section IV: Faculty (CAHME Annual Faculty Editor and/or Summary)

Section V: Students & Recruitment

Section VI: Demographics of Graduated Students

Section VII: Post-Graduation Employment, Time to Graduate & Retention Rates

Section VIII: Graduated Student Satisfaction

Section IX: Contact Information

Section X: Verify and Save Data

An Annual Report is deemed complete when the following requirements are met:

1. All sections listed above are complete for the most recently completed Academic Year
2. A minimum 20% Response Rate is achieved for graduate responses to reported income in Section VII. While income is not the sole indicator of the success of a program, the US Department of Education, CHEA, and other organization see it as a key indicator of education. The response rate is based on the number of graduates who report income for post-graduate Fellowships and Jobs in the survey period following graduation when the survey is conducted.
3. A minimum 20% Response Rate is achieved for all questions in Section VIII Graduated Student Satisfaction
4. The Annual Report is submitted in Section X by November 15.

A failure to meet the 20% Response Rate as defined in Requirements 2 and 3 above will result in the program automatically being required to submit a Progress Report to the Accreditation Council with steps to bring the program into compliance for the next annual report.

If CAHME has any questions or concerns about changes that may impact the program's continued ability to meet the criteria, the program's report will be referred to the Accreditation Council for review. Major changes in the program can result in further inquiry or an Interim Site Visit.

Reports that are late will incur a late reporting fee (See Fee Schedule). Failure to submit an Annual Report within three months of the due date will be grounds for adverse action.

Section 5. Student Outcomes

Programs are required to publish student outcomes on their website for each accredited modality. Programs may petition CAHME if they elect to consolidate student outcomes from multiple modalities. It is recommended that all information be program specific, and combining multiple modalities into one report must have a justifiable reason to be reported to the Accreditation Council.

CAHME offers a "safe harbor" for meeting the reporting requirements of key criteria. Programs may provide a direct link to the Program Profile as presented in the public facing "Advance Search" tool (*see Glossary of Terms: Advance Search Program Profile*). Data in the Advance Search tool, and the Program Profile, is self-reported through Annual Report information for each modality. Programs that provide a direct link from their web page to the Program Profile for each modality shall be considered as meeting the outcomes requirements.

The program must ensure the data provided on the annual report is complete, accurate, and within a sufficient sample size/response rate for graduates surveyed for specific questions. Additionally, the program must explicitly state on the webpage that student outcomes can be found at the link(s) to the "Program Profile."

At its option, the program may choose to publish additional elements (other than the Program Profile) on its website which it is responsible for updating and maintaining if the Safe Harbor is not implemented:

1. The program is responsible for reporting data by modality
2. The data must be updated annually, and timeframes defined.
3. Programs should include at least retention rate (or graduation rate) and employment rate (or placement rate) on their webpage.

As the outcome needs of prospective students evolve CAHME reserves the right to change the outcomes required to be posted. Failure to publish Student Outcomes on the Program's website within three months of the due date will be grounds for adverse action.

Article 18. Policy Statement: Adverse Action and Withdrawal from Accreditation

Section 1. Initiation of Adverse Action

CAHME can take an adverse administrative action against a program whenever it is not in compliance with any of the agency's Criteria for Accreditation, policies, procedures, or any other agency requirement.

Section 2. Withdrawal by an Accredited Program

Any accredited program retains the right to discontinue accredited status or withdraw at any time from the accreditation process. If a program chooses to discontinue its accreditation status, the program must submit written notice to the President/CEO of CAHME. The chief administrative officer of the university or a representative should sign such notice.

CAHME will notify the Council for Higher Education Accreditation, the Association of Specialized and Professional accreditor, and the appropriate accrediting agencies within 30 days of receipt of such notice.

In the case of voluntary withdrawal from accreditation by the program, the accredited status of the program will expire as of the date of the receipt of such notice. The Board and Executive Committee of the Board will be notified of withdrawal at the next regularly scheduled meeting.

Section 2b. Lapse of Accredited Status by an Accredited Program

An accredited program that does not permit a renewal of accreditation site visit after proper notice by CAHME will be deemed to have allowed its accreditation to lapse. This determination will be made if the accreditation cycle within which the site visit was due begins without a scheduled site visit.

The program will be notified formally by the President/CEO of CAHME. The date of notification will be the effective date of lapse of accreditation and the program will reapply for an initial accreditation.

CAHME will notify the public of the lapse of accredited status within 30 days of the effective date. At the same time, CAHME will notify the Council for Higher Education Accreditation, the Association of Specialized and Professional Accreditors, and the appropriate accrediting agencies.

Section 3. Withdrawal by a Program Seeking Accreditation

If a program seeking initial accreditation chooses to withdraw from the accreditation process, written notice must be submitted to the Accreditation Council. This action shall be effective immediately. Fees paid prior to the time of withdrawal will not be refunded. If withdrawal is made in advance of the site visit, then the fee less 20% and the actual expenses to date will be refunded.

Section 4. Denial of Accredited Status by CAHME

CAHME retains the right to deny accredited status to any program for just cause and after due process. The Accreditation Council may recommend denial of the accreditation of a program through a two-thirds vote at any meeting at which a quorum is present. The Board of Directors has final authority to determine the accreditation of individual programs. Denial of Accreditation requires a two-thirds vote of the Board of Directors present at a meeting at which a quorum is present.

The program shall be notified formally within 30 days of a decision by vote of the Board of Directors to deny accredited status. The notice shall include the reason for the action, a copy of the final accreditation report, and a notice of the right to appeal with the corresponding procedures.

If the program intends to appeal, the program must respond to the notification of denial within 30 days of receipt. If the program chooses the appeal process, then the accredited status remains in effect until the completion of the appeal. If the program chooses not to appeal, then the loss of accredited status becomes effective on the date of the action by the board.

CAHME shall notify the public about the denial of accredited status within 30 days of the effective date.

Section 5. Withdrawal of Accredited Status by CAHME

CAHME retains the right to withdraw accredited status from any program for just cause and after due process. The Accreditation Council may recommend withdrawal of the accreditation of a program through a two-thirds vote at any meeting at which a quorum is present. Such a decision is forwarded as a recommendation to the Board of Directors for action and becomes final upon approval by a two-thirds vote of the Board. The Board of Directors may also withdraw accreditation, without a recommendation from the Accreditation Council, with a two-thirds vote at any meeting at which a quorum is present.

Sufficient cause includes, but is not limited to, failure during the self-study year to comply with a significant number of criteria such that the quality of the educational program is compromised, failure to submit required progress reports and site visit self-studies when due notice has been given, failure to come into compliance with all CAHME accreditation criteria within two years of a formal site visit without good cause, and failure to pay accreditation fees.

The program shall be notified formally within 30 days of a decision by vote of the board to withdraw accredited status. The notice shall include the reason for the action, a copy of the final accreditation report, if applicable, and a notice of the right to appeal with the corresponding procedures.

The program shall respond to the notification of withdrawal within 30 days of receipt. If the program chooses the appeal process, then the accredited status remains in effect until the completion of the appeal. If the program chooses not to appeal, then the withdrawal of accredited status becomes effective on the date of the action by the board.

All programs must fully meet all accreditation criteria within four years of the last accreditation decision. Failure to do so will result in withdrawal of accreditation following a formal vote of the Board of Directors upon a recommendation by the Accreditation Council after a formal review of the most recent progress report and annual reports submitted by the program. In extraordinary circumstances,

accreditation may be extended for up to twelve (12) months if the program can offer good cause for failing to meet all criteria and demonstrate substantial progress on a plan whose fulfillment will result in meeting all criteria by the end of the twelve-month conditional period. CAHME, in its sole discretion, will determine good cause.

In the case of failure to pay accreditation fees, accredited status may be withdrawn without the right to appeal as long as payment is not received within sixty (60) days of notice of a past due account, and the program has not attempted to make reasonable arrangements with CAHME for late payment.

Section 6. Programs returning to seek accreditation.

If a program has withdrawn from accreditation, that program may return to CAHME to seek accreditation after one (1) year has lapsed since the withdrawal. The Program will begin the process by seeking Candidacy.

In determining whether to grant initial or continued accreditation, CAHME considers any adverse actions by recognized institutional accrediting agencies or recognized specialized accrediting agencies if the program is located in a larger organizational unit that is accredited. Such actions could include placing the larger organization or unit on probationary status, revoking accreditation or pre-accreditation, or any actions taken by a state agency that question the parent organization's legal authority to provide postsecondary education. Similarly, if the accreditation status of the institution or larger institutional unit is threatened during any period of a program's accreditation, CAHME will promptly review the program's accreditation status to determine if adverse action should be taken. Under usual circumstances, CAHME's review would include an Interim Site Visit to be scheduled as soon as feasible. Further, CAHME will not normally renew the accreditation of a program when the accreditation of the parent institution or a larger organizational unit is subject to an interim action that could lead to suspension or revocation of accreditation or of the parent institution's legal authority to provide postsecondary education.

This policy establishes a consistent framework for coordinating CAHME and AACSB site visits when appropriate. The intent is to support an efficient accreditation experience, minimize duplication of effort, and provide opportunities for coordination while ensuring that CAHME's accreditation standards, review process, and decision-making requirements remain fully satisfied.
The policy outlines the conditions, responsibilities, and expectations for programs seeking coordination of their CAHME site visit with an AACSB accreditation review.

Joint Site Eligibility

1. The CAHME accredited or candidate program is within the scope of an AACSB-accredited or AACSB-reviewed business academic unit.
2. The timing and respective accreditation reviews can reasonably be aligned. CAHME will adjust site visit dates to align with AACSB visit whenever possible.

Request for a Joint Site Visit

- Request for Joint Site Visit for an Initial CAHME Accreditation visit:
  - Request should be made to CAHME's Chief Accreditation Officer at least three years prior to the next AACSB site visit to allow time for the program to move through the Candidacy process.
- Joint Site Visit Request for CAHME Reaccreditation visit who were not previously joint site visits:

- Request should be made to CAHME's Chief Accreditation Officer at the same time that the college is planning the AACSB site visit.

- Joint Site Visits for CAHME/AACSB Reaccreditation for programs who have had previous joint site visit(s):
  - No request is needed; CAHME will assume the program is continuing with joint accreditation site visits unless notified otherwise.

If the requested timeframe does not fall within the timeframe listed above, CAHME will do our best to accommodate the request.

Approval of a Joint Site Visit

- Initial CAHME Accreditation visit:
  - Candidacy Committee will align the program's initial site visit with the AACSB site visit.
- Reaccreditation Site Visit for New Joint Site Visits:
  - If the next AACSB site visit is no more than two years after the next scheduled CAHME site visit and the program is in good standing, CAHME Leadership may extend the program's term of accreditation to align with the AACSB site visit. Due to the program needing to accommodate the change in site visit timing, a site visit delay fee will not be assessed by CAHME.
  - If the AACSB site visit is prior to the next scheduled CAHME site visit, a shortened term of accreditation will be approved to align with the AACSB site visit.

Joint Site Visit Delay Requests

- Once a joint site visit is scheduled:
  - As a matter of practice, joint site visit delay requests **from the program** will not be approved.
  - Joint site visit delay requests **from AACSB** will be evaluated on a case-by-case basis. CAHME reserves the right to determine the best path forward based on timing, resources, and ability to adhere to the standards in a timely manner.

Term of Accreditation

The term of accreditation granted on joint visits will mirror the term granted by AACSB.

- The program will agree to this alteration to be in sync with AACSB accreditation cycle. If the program opts out of this cycle, it may be ineligible to participate in the future.

Section 8. Public Notification

In the event of a decision to deny or withdraw accredited status, or other adverse action against a program, CAHME shall notify the Council for Higher Education Accreditation, the Association of Specialized and Professional Accreditors, and the appropriate accrediting agencies, at the same time it notifies the institution or program of the decision but no later than thirty (30) days after the action is taken. The Program shall be given notice of its right to provide an official comment. Furthermore, in the absence of a program's submission of an intent to appeal, CAHME shall notify the public, summarizing the reasons for the decision no later than sixty (60) days after a decision. This statement may include any voluntary comments from the affected program with regard to the decision.

Article 19. Policy Statement: Third Party Notification of Actions

CAHME shall provide electronic or written notice to the Council on Higher Education Accreditation, and the Association of Specialized and Professional Accreditors, and the appropriate accrediting agencies (if required), and the public, no later than 30 days after it makes the following decision:

1) A decision to award initial accreditation to an institution or program (with findings)
2) A decision to renew an institution's or program's accreditation (with findings)
3) A final decision to deny or withdraw the accredited status or candidacy status of an institution or program.

CAHME shall provide electronic or written notice to the public, immediately of its notice to the institution or program, of a final decision to deny or withdraw the accredited status or candidacy status of an institution or program.

CAHME, following a final decision to deny or withdraw the accreditation of an institution or program, shall make available to the public upon request, no later than 60 days after the decision, a brief statement summarizing the reasons for CAHME's decision, and the comments, if any, that the affected institution or program may wish to make with regard to that decision.

CAHME shall also notify appropriate accrediting agencies, and upon request, the public, if an accredited institution or program decides to withdraw voluntarily from accreditation. CAHME shall provide the notification within 30 days of receiving notification from the institution or program that it is withdrawing voluntarily from accreditation.

CAHME shall publish an advanced notice of forthcoming site visits to provide the opportunity for public comment on the program. Ideally, the notice shall appear six months prior to the action and shall be published in CAHME communications, the CAHME website, or another suitable publication.

Article 20a. Policy Statement: Appeal of Accreditation Action

Section 1. Burden of Proof

Any program which has been denied an initial or the renewal of accredited status may appeal said accreditation action. Similarly, programs may appeal a CAHME Board of Directors decision to withdraw the accredited status. For any appeal, the burden of proof rests upon the program to explicitly demonstrate the lack of due process in the accreditation decision.

Section 2. Levels of Appeal

There are two levels to the appeal process. The first level involves a review panel appointed by the Accreditation Council Chair with final decision by the Board of Directors. The second level involves an Independent Appeals Council the decision of which is final. Each level of appeal must follow a specific sequence of steps. The second level of appeal occurs only upon completion of the first level of appeal.

A. First Level

In order to initiate an appeal, the plaintiff program must submit a request for reconsideration of the accreditation action to the CAHME Board of Directors.

The Process for pursuing a First Level appeal is spelled out in Article 20b. Procedure for Appealing an Accreditation Action.

Programs wishing to pursue a First Level Appeal of an accreditation action must submit the First Level Appeal Fee along with the notice of intent to appeal. This fee covers all direct and indirect costs CAHME will incur as a result of the First Level Appeal.

B. Second Level

Upon the completion of the first level of the appeal process, and in the event of a decision to uphold the original accreditation decision, the plaintiff program has the right to request a hearing by an Independent Appeals Accreditation Council.

The Process for pursuing a Second Level Appeal is spelled out in Article 20b. Procedure for Appealing an Accreditation Action.

In the case of a Second Level Appeal, the plaintiff program will bear all reasonable direct and indirect costs (including transportation, accommodations, meals, printing, shipping, and legal fees for both the program and CAHME), regardless of the outcome. An estimation of anticipated costs, which can be substantial, will be provided to the plaintiff program prior to the program's decision to pursue a second level appeal. The plaintiff program has the right to be represented by counsel during its appeal.

Article 20b. Procedure for Appeal of Accreditation Action

Section 1. First Level Appeal

In order to initiate an appeal, the plaintiff program must submit a request for reconsideration of the accreditation action to the CAHME Board of Directors. The process for such a request and subsequent actions are as follows:

1. CAHME will send within thirty (30) days of the accreditation decision a formal notice of action to the program. The notice states the reason for the action, the right to appeal, and the option to initiate the appeal process.

2. The plaintiff program must postmark within thirty (30) days of receipt of the accreditation action a letter of intent to appeal. The letter of intent serves to suspend further action by CAHME, including removal from the *Official List of Accredited Programs*, public notification of CAHME's action, and a formal change in accredited status.

3. Programs wishing to pursue a First Level Appeal of an accreditation action must submit the First Level Appeal Fee along with the notice of intent to appeal. This fee covers all direct and indirect costs that CAHME will incur as a result of the appeal.

4. Upon receipt of the program's notice of intent to appeal, the Accreditation Council Chair, or in the absence of the Chair, the Vice-Chair, will appoint an Appeal Review Committee. The Committee will consist of three former members of the Accreditation Council. None of the former Commissioners will have been a participant in the site visit to the program or any activity that led to the original accreditation decision. Each candidate for the Committee will be screened for a conflict of interest or the potential for a conflict of interest.

5. The plaintiff program must submit a written comprehensive statement of appeal postmarked no later than sixty (60) days following receipt of the accreditation action notification. The statement should specifically list the tenets of the appeal.

6. The Appeal Review Committee will review the statement of appeal and will have access to all documents that were developed in arriving at the decision including the self-study, site visit report, program response and Accreditation action. The Appeal Review Committee will submit an opinion to the Accreditation Council Chair and the plaintiff program no later than sixty (60) days following receipt of the program's comprehensive statement of appeal. The opinion will include a recommendation for action by the Accreditation Council. The Committee retains full rights to the discovery of additional information.

7. The Accreditation Council will vote on the recommendation of the Appeal Review Committee within thirty (30) days of receipt. The action requires the call for the meeting and a two-thirds vote of a quorum. Such a vote may take place via telephone conference or at a regularly scheduled Accreditation Council meeting.

8. The decision of the Accreditation Council will be forwarded to the Board of Directors as a recommendation.

9. The Board of Directors will vote on the recommendation of the Accreditation Council within thirty (30) days of receipt. The action is binding with two-thirds vote of a quorum. Such a vote may take place via telephone conference or at a regularly scheduled meeting of the Board.

10. The plaintiff program will be notified of the board's decision no later than thirty (30) days after the vote. The decision statement will declare the rationale for the decision.

Section 2. Second Level Appeal

Upon the completion of the first level of the appeal process, and in the event of a decision to uphold the original accreditation decision, the plaintiff program shall have the right to request a hearing by an Independent Appeals Accreditation Council. At the time the program is notified of a decision to uphold the original accreditation decision, the program will be notified of its rights to a second-level appeal along with a good faith estimation of costs to the program of pursuing the appeal. The program will be informed of its right to employ counsel for the appeal. The process for requesting a second level appeal and hearing by an Independent Appeals Accreditation Council are as follows:

1. The plaintiff program shall request a hearing by an Independent Appeals Accreditation Council no later than thirty (30) days following receipt of the decision by CAHME Board of Directors. The request must be in writing and should include the name of one (1) individual appointed by the University to sit on the Independent Appeals Accreditation Council.

2. The Accreditation Council Chair shall appoint one (1) individual to the Independent Appeals Accreditation Council who is not a current member of the Accreditation Council. In the absence of the Chair, the Vice Chair, will appoint the individual to represent CAHME on the "IACC."

3. A third member of the Independent Appeals Accreditation Council shall be appointed through the mutual agreement of the previously selected two members. The appeals panel must contain a public representative, an educator, and a practitioner.

4. The Independent Appeals Accreditation Council shall convene no later than sixty 60 days after receipt of the request for hearing from the plaintiff program. The location of the hearing will be determined by mutual agreement of all parties, and every effort will be made to minimize the costs of travel and logistics.

5. At the hearing, testimony will be provided by both CAHME and the plaintiff program. Both parties shall have the right to present evidence, examine witnesses, and to cross-examine opposing witnesses.

6. The Independent Appeals Accreditation Council shall render a written decision within thirty (30) days of the adjournment of the hearing. The decision statement will declare the rationale for the decision. The decision of the Independent Appeals Accreditation Council shall be the final action and will be binding on all parties. The document shall be sent to the CAHME CEO and the plaintiff program simultaneously by registered mail.

The plaintiff program will be billed for all reasonable direct and indirect costs to CAHME (including transportation, accommodations, meals, printing, shipping, and legal fees) for the second level of an appeal process, regardless of the outcome.

Article 21. Complaints

Section 1. Background

CAHME recognizes the need to establish a due process for addressing complaints about a particular program or the activities of CAHME. With regard to the former, the complaint procedures serve (1) to protect the integrity and the maintenance of educational and ethical standards of accredited programs and (2) to provide a mechanism for concerned individuals or organizations to bring to fore any information concerning a specific program which may be relevant to the accreditation process. With regard to the latter, an aggrieved individual or organization ~~may~~ must state the nature of the complaint so that it may receive proper attention by CAHME.

CAHME will only address complaints that relate to the criteria that it uses to accredit programs. CAHME will address complaints only where it has jurisdiction; for example, it will not review the efficacy of decisions of the university or programs where it has no jurisdiction. An aggrieved individual or organization should make every effort to resolve any differences or problems by contacting the individual or organization in question. CAHME shall formally address a complaint only when there is no other recourse for resolution.

All complaints should be sent to CAHME offices addressed as follows:

COMPLAINTS

Attention: President & CEO

CAHME
PO Box 726
Clark, NJ 07066

Section 2. Complaints Concerning a Program

CAHME will only consider and act on specific, criterion related, written, signed complaints concerning a program that is currently accredited or under immediate (less than six months) consideration for accreditation. CAHME's only jurisdiction as it relates to complaints against programs that it currently accredits, or under which are immediate consideration for accreditation, is to act regarding accreditation. CAHME cannot intervene in the affairs of a program. Complainants must demonstrate that they have exhausted all administrative channels of the program before filing a complaint with CAHME.

When a complaint is filed against a program the following procedure will apply:

A complaint against an accredited program must be in writing, must be specific as to the accreditation criteria that is being violated, must identify the outcome sought, must include documentation that appropriate administrative channels have been exhausted and must be signed.

In the absence of documentation that all administrative procedures have been exhausted or in the event the complainant has failed to be specific, the following will occur:

1. CAHME staff will acknowledge receipt of the complaint within 15 days and advise that no subsequent actions are planned.
2. Copies of all materials received will be sent within 30 days of receipt of the complaint to the school or program against which the complaint has been made.
3. No further action will be taken.

Although a complaint may not lead to formal action, CAHME will maintain a record of written and signed complaints for three years. All complaints on file will be summarized and the summary provided to the site visit team at the time of the next regular site visit or during any special interim site visit.

If the complaint is specific and includes documentation that administrative procedures have been fully pursued, the following steps will be taken:

1. CAHME staff will acknowledge receipt of the complaint within 15 days and provide information about subsequent actions to be taken.
2. Copies of all materials received will be sent to the school or program within 30 days of receipt of the complaint, along with a request for verification that administrative remedies have been exhausted.
3. If the school or program acknowledges that the complainant has exhausted the administrative remedies at the institution, CAHME staff, at the time it forwards the complaint to the school or program, will request that a summary of actions leading to the original complaint be submitted by the dean or program director within 30 days of receiving copies of the complaint materials.
4. CAHME's Accreditation Council which meets at least twice per year, but which will meet by telephone conference call within 30 days of receiving the response of the school or program for purposes of reviewing a complaint, will review the materials submitted by the complainant and the responses submitted by the school or program and will determine whether there is sufficient evidence to believe the program is in violation of CAHME's accreditation criteria. In order to assure timely consideration of complaints, this review may be accomplished by telephone conference call.
5. If the Accreditation Council determines that the complaint lacks sufficient evidence to proceed with an investigation, the complainant and the school or program will be so notified in writing within 15 days of the decision.

6. If the complaint appears valid, the Accreditation Council will appoint a three-member investigative team. The investigation shall begin within 30 days of the appointment of the team. The team's investigation of the complaint may include a visit to the school or program, but in any event, both the complainant and the school or program representative will be offered an opportunity to appear before the team. It is expected that the team will have access to any and all information which is pertinent to the investigation.

7. The investigative team will report its findings, along with its recommendation, to CAHME's Board of Directors at its next regularly scheduled meeting. The board shall be the final decision-making body. Based upon these deliberations, or in the event that the program fails to permit an investigation on a timely basis, CAHME's decisions may include any of the following:

    (a) continue the accreditation status of the program without change,

    (b) continue the accreditation status of the program, but initiate an earlier review of the program,

    (c) withdraw the program's accreditation.

8. The program and the complainant will be advised of Board's decision and the reasons for the decision within 30 days. The program may appeal a board decision. The appeals procedures are described in Article 20, except that if accreditation is revoked and no appeal is made, a new request for accreditation will not be entertained until one year from the date of withdrawal.

Section 3. Complaints Concerning CAHME

CAHME recognizes the rights of its stakeholders to address grievances against CAHME that are not served through the Appeal Process. Complaints about CAHME's performance must be related to its own procedures, policies, or criteria or about agency conduct inconsistent with good accreditation practices, as defined in its adopted code of good practice, may be forwarded to CAHME's offices. Complaints must be in writing, must be specific, and must be signed by the complainant.

CAHME staff will acknowledge receipt of the complaint within 15 days and will seek to achieve an equitable, fair, and timely resolution of the matter. CAHME staff must recuse themselves from any complaint in which they are named.

If staff negotiations are unsuccessful, the complaint will be referred to the Board of the Directors at its next regular meeting. The decision of the Board will be communicated to the complainant in writing within 30 days of the meeting.

If the complainant is not satisfied with the resolution determined by the Board, CAHME will provide the complainant with the name and address of the appropriate office within the Council for Higher Education Accreditation and of any other recognition bodies to which the Council may subscribe.

As a matter of policy, CAHME maintains complete and accurate records of complaints, if any, against itself and makes those available for inspection on request at CAHME offices.

Section 4. On-site Review of Student Complaints

As part of the site visit survey of a program, the site visit team shall have access to and review all records of formal student complaints with regard to the program. Programs are expected to respond to student complaints in a timely manner, and to have a process in place for addressing the concern or grievance. The site team will seek evidence that the process has been followed and that complaints have been resolved in an equitable manner. The statute of limitations shall extend to all complaints recorded since the last site visit to the program.

Article 22a. Policy Statement: Review of the Criteria For Accreditation

Section 1. Underlying Values

A program in healthcare management is designed to prepare leaders who are sensitive to the dynamics of the healthcare environment and the healthcare industry. The Criteria for Accreditation serve as the standards for measuring the quality of a program in healthcare management. The Criteria must reflect the current state of the healthcare environment and anticipate the trends of the future to guide programs toward the preparation of healthcare leaders of tomorrow. This presupposition compels CAHME to assess the Criteria as they relate to measuring the quality of the program and to meeting the demands of the profession.

Section 2. Standards Council

The Standards Council, appointed by the Board of Directors will meet at least twice a year. The Council will have at least ten (10) members but no more than fifteen (15) with relatively equal representation from academe and the field of practice. The responsibility of the Standards Council will be to monitor any feedback received by CAHME on its Accreditation Criteria and serve as the reviewing body for the Criteria. The Council will work closely with the Accreditation Council and will report to the Board on no less than an annual basis.

PREAMBLE: **Mission and Values of the Standards Council**

The MISSION of the Standards Council is to regularly review, and to revise as appropriate, the standards, procedures, and documentation for accreditation by CAHME. The utilization of standards should ensure that the agency is viewed by its constituents as a “premiere accreditation agency” and comply with the requirements of the Council on Higher Education Accreditation (CHEA).

The PRIMARY FUNCTION of the Standards Council is to ensure that criteria for accreditation remain current, relevant, and effective to achieve the overall goals of CAHME.

To improve the health status of the populations served by its accredited programs in healthcare management, the Standards Council guiding principles are:

1. The Standards Council will focus its efforts on maintaining, improving, and promoting excellence in healthcare management education.
2. To foster success in these efforts, the Standards Council will establish standards to enable it to evaluate and guide educational programs that grant master’s degrees relevant to healthcare management. To keep these standards current and relevant, they will be periodically revised to incorporate content changes as well as new educational methods.
3. The Standards Council recognizes that educational programs differ in their missions, degrees they grant and educational approaches to healthcare management education.
4. In appreciation of program differences, the standards for evaluation and guidance will have a minimum level of prescriptive content to guarantee they meet a basic level of quality. In consideration of individual program missions, the evaluation criteria will be rigorous and flexible

enough to promote excellence and quality improvement.

5. Since the Standards Council represents the public interest, its process of evaluation and findings will adhere to principles of transparency and fairness.

As part of its ongoing commitment to the relevancy and rigor of healthcare management education, CAHME shall review Accreditation Criteria at two levels: (1) an interim review (between full revisions) and (2) a full revision (every five years).

Article 22b. Procedure for Criteria Review and Revision

Responsibility for review and revision of CAHME criteria rests with the Standards Council. Authority to approve changes to the Criteria rests with the Board of Directors upon a recommendation from the Standards Council. The Standards Council is also responsible for ensuring that changes to the criteria are appropriately reflected in the *Self-Study Handbook.*

If at any time during CAHME systematic program of review a need for change has been identified, CAHME will initiate action within 12 months to make the changes and will complete this action within a reasonable time.

The Chair, (or delegate member) of the Standards Council will meet annually at the Accreditation Council's Fall meeting to review and evaluate any feedback from the Accreditation Council on the existing Criteria. In the event that there is significant concern about the criteria, the Standards council will immediately initiate an interim criteria review. If there is not an area of significant concern regarding the criteria, the Standards Council will conduct an interim criteria review every two years.

The Standards Council will extend a Call for Input from the following CAHME Stakeholders:

- Accreditation Council
- Accredited Program Directors
- Program Faculty
- Candidate Programs
- CAHME Corporate Partners
- Other practitioner stakeholders not affiliated with current CAHME Corporate Members
- Students
- The Public
- Other stakeholders as identified by the council.

The Call for Input will ask the following questions:

- Are the criteria adequate to signal academic quality;
- What is the ongoing relevance of the criteria to the changing needs of the field;
- What is the extent to which the criteria reflect the changing nature of the field of higher education and different methods of education delivery; and
- Is there a need for changes to the criteria.

CAHME may also take the opportunity of a national conference to hold a forum on this issue.

Section 1. Interim Criteria Review

The Standards Council will conduct an interim review of the Criteria midway between the full review. The purpose of this review is to evaluate:

1. The adequacy of the criteria to signal academic quality;
2. The ongoing relevance of the criteria to the changing needs of the field;
3. The extent to which the criteria reflect the changing nature of the field of higher education and different methods of education delivery; and
4. The need for changes to the criteria.

This level of review may incorporate input from the Corporate Partners, the Accreditation Council, and accredited programs that have participated in accreditation site visits in the previous 24 months. The review shall include a comprehensive examination of the Criteria for Accreditation both individually and as a whole. The Criteria shall be assessed in terms of their form and function as they relate to the preparation of leaders in healthcare management. Moreover, the Criteria will be evaluated for their validity and reliability in assessing the quality of a program in healthcare management.

The following process will be followed in an Interim Criteria Revision:

1. A call for comments will be broadcast over the Internet and any routine publication of CAHME in October. A specific communiqué will be directed toward CAHME accredited programs that were site visited in the previous 24 months after the Fall accreditation Council Meeting.
2. Input will be sought from Corporate Partners, individual accredited and candidate programs, students, health administration practitioners, associations representing other healthcare professionals, the public, and other relevant stakeholders.
3. The Standards Council will meet early in the calendar year to evaluate the comments received. If no comments were received, the Standards Council will focus its attention on those Criteria discussed during the annual feedback meeting with the Accreditation Council. If necessary, a draft version of the revised Criteria and Self Study Handbook will be developed.
4. The draft of the revised Criteria will be presented to the Accreditation Council at its Spring Meeting for discussion and direction and ultimately, endorsement.
5. Once endorsed by the Accreditation Council, the draft revised Criteria will be forwarded to the field for further input. That input will be gathered through written communication and considered by the Standards Council in the development of the final draft in advance of the spring Board meeting.
6. The final version of the Criteria must be approved by a majority vote of the Board of Directors upon recommendation of the Standards Council.

7. Final Interim Revised Criteria will then be shared with the field, accompanied by the revised criteria and attendant *Self-Study Handbook* will go into immediate effect. (i.e., for self-study years beginning in July of that year).

Section 2. Full Criteria Revision

The Standards Council shall initiate a full review of the criteria once every five years, reaffirming or changing them as appropriate or necessary. The primary goal of such a review is to ensure that the criteria for accreditation are consistently current, relevant, and effective to achieve the overall goals of CAHME.

The revision process will take not more than eighteen (18) months to complete. A call for comments will be broadcast over the Internet and any routine CAHME publication. Input will be sought from individual accredited and candidate programs, CAHME Corporate Members, students, health administration practitioners, associations representing other healthcare professionals, the public, and other relevant stakeholders. A specific communiqué will be directed toward CAHME accredited programs.

An iterative approach will be used to formalize the final revised version of Criteria. The final version of the Criteria must be approved by a two-thirds vote of the Accreditation Council, before being forwarded to the Board of Directors for final adoption.

The following process will be followed in a Full Criteria Revision:

1. A call for comments will be broadcast over the Internet and any routine publication of CAHME.

2. Input will be sought from individual accredited and candidate programs, all Corporate Members, students, health administration practitioners, associations representing other healthcare professionals, the public, and other relevant stakeholders. A specific communiqué will be directed toward CAHME accredited programs.

3. The Standards Council will meet at least quarterly as it implements an iterative approach to develop the draft version of the revised Criteria.

4. The draft of the revised Criteria will be presented to the Accreditation Council at its Spring Meeting for discussion and direction, and, ultimately, endorsement.

5. Once endorsed by the Accreditation Council, the draft revised Criteria will be forwarded to the field for further input. That input will be gathered through written communication and discussion via open forums.

6. Further refinement based on feedback will be conducted and a final proposed revision of the Criteria will be presented to the Accreditation council in the late summer for vote via teleconference at an early September meeting.

7. The final version of the Criteria must be approved by a majority vote of the Board of Directors upon recommendation of the Accreditation Council.

8. Final Revised Criteria will then be shared with the field, accompanied by the revised criteria and attendant *Self-Study Handbook* will go into effect for site visits taking place 12 months after distribution and beyond.

Section 3. Implementation of Revisions

Those revisions to the Criteria for Accreditation that result from a full review shall become effective one year after the official publication by CAHME. Ideally, the publication of the Criteria and supporting material shall correlate with the traditional academic year in order to assist those programs preparing for a site visit.

Those revisions to the Criteria for Accreditation that result from an interim review shall become effective for self-study years beginning in July of that year.

Any other revised policy or procedures shall become effective as determined by the Board of Directors.

Article 23. Policy Statement: Commitment to Cooperation

Section 1. Basic Principles

The accrediting community includes a large array of government and private organizations that are all dedicated to the promotion of quality in education. CAHME recognizes the role of government to meet the educational needs of people. Moreover, CAHME promotes the role of private and professional organizations to determine and assess the quality of the educational process.

The availability of resources has a direct relationship on the quality of the educational process. Duplication and inefficiency in the accrediting process can waste valuable resources in a limited environment. Consequently, CAHME shall work in a spirit of cooperation with members of the accrediting community to promote quality in healthcare management education and eliminate the dissipation of valuable resources.

Section 2. Council for Higher Education Accreditation

CAHME shall meet all the criteria established for recognition by the Council for Higher Education Accreditation (CHEA). CAHME shall fully participate in the activities of CHEA and shall strive to serve as an example of integrity in the accrediting community.

Section 3. Regional Accreditors

CAHME acknowledges the role of the six regional accrediting organizations for evaluating the quality of education within institutions. CAHME recognizes the need for a synergistic approach to assessing healthcare management programs within the context of institutional accreditation. Therefore, CAHME will cultivate any opportunity to inform the regional accreditors about the activities of CAHME and will strive for efficiency, wherever possible, in the accrediting process.

Section 4. Association of Specialized and Professional Accreditors

CAHME will be a full voting member of the Association of Specialized and Professional Accreditors (ASPA). As a member of ASPA, CAHME will subscribe to and promote the Code of Good Practice.

Furthermore, CAHME will actively cooperate with other members in promoting excellence in professional education accreditation. CAHME will cooperate wherever possible with those members of ASPA that are associated with programs in healthcare management.

Section 5. International Accrediting Community

CAHME welcomes the opportunity to foster quality in healthcare management education at the international level. CAHME will cooperate with the appropriate individuals and organizations in the international accrediting community to assess and promote excellence in healthcare management education.

Article 24. Policy Statement: Distance Learning Technologies

CAHME will not develop separate criteria for distance learning technologies but will include within the existing Criteria and *Self-Study Handbook*, information related to how effectively these technologies are used, how they are related to the program and institution mission, goals and objectives, and how outcomes are evaluated.

Section 1. Definition of Distance Learning

Distance learning is a formal educational process in which the majority of the instruction occurs when the learner and the instructor are not in the same place at the same time. This occurs when instruction constituting at least fifty percent (50%) of the degree program at a new geographic location, or instruction is a significantly different format. In this process, information, or distributed learning technology, is the likely connector between the learner, the instructor, or the site of program origin.

Section 2. Accreditation of Programs Using Distance Learning Technologies

If the program establishes distance learning as the mode of delivery of an existing accredited program it is required to notify CAHME, in writing, at least twelve (12) months prior to the planned date of implementation. CAHME might require a special report or schedule a site visit to the program. Programs are not encouraged to offer the degree and program that is accredited as a separate program using distance-learning technology if CAHME does not also accredit the distance-learning program. The two programs might pursue and maintain separate accreditation at the election of the University. If the same degree and program is offered where one is offered through a distance-learning mode, the University must pursue the accreditation of both programs within two years of initiating the distance-learning program.

Section 3. Relevant Issues in Distance Learning

Distance learning technologies will have an impact on several aspects of a program. The following issues should be part of the assessment for any program in healthcare management involved in distance learning:

A. Mission, Goals, Objectives, and Performance

- There must be a rationale for entering into distance learning.
- Distance learning must be consistent with the stated goals and objectives of the program.
- The mission of the program using distance-learning technologies must be consistent with the mission of the institution.
- The goals of the distant learning program should be stated in terms of outcomes.
- The evaluation system should be in place to assess outcomes in relation to the goals.

B. Students and Graduates

- The program should have in place a mechanism for assessing whether students have the skills and competencies to succeed in a distance-learning environment.
- Distance learning technology should be adapted to meet the learning goals of the program, for example in such areas as group learning and team building.
- The program will assure that students in distance learning programs have access to all necessary resources, including libraries and computer networks and other retrieval capabilities and that they have the capability to effectively use them.

C. Institutional Support

- The program will provide support for faculty and students to use effectively existing learning technologies and adapt to new ones, e.g., service technicians, site administrators, library resource personnel, and instructional technologists.

D. Teaching and Curriculum

- The curriculum, as well as individual courses, should demonstrate evidence of a coherent application of learning theory to the distance-learning environment.
- If course materials are utilized that are developed outside the institution, a process should be in place to validate the academic quality of the materials through suitable review procedures with the appropriate unit and ensure that the total learning experience meets the goals and objectives of the program's curriculum.
- If the academic unit to be accredited includes programs offered through distance instruction and classroom instruction, the programs must share a common set of goals and objectives.

E. Faculty

- The faculty will be trained, prepared, and evaluated on using distributed learning technologies in the teaching program.
- If faculty members outside the institution are utilized in the program of instruction, the program must assure their qualifications to teach and the faculty member must function as a member of the program faculty, within the goals and curriculum concept of the program.
- The program should support faculty members to assure that they are following program policies on the use of distance learning technologies and that they are able to use them efficiently.

Article 25. Policy Statement: International Accreditation

1. CAHME will be a strong advocate internationally for accreditation by the health professions and for continuous process improvement in healthcare management education.

2. CAHME will provide consultation to international organizations on the principles of professional accreditation, and to share information on how CAHME is structured and functions. CAHME will recover costs for these consultations.

3. Accreditation materials will be shared with interested organizations with costs recovered where practical.

4. CAHME will present workshops to interested organizations within its resource capacity. Generally, costs for these workshops will be covered by the sponsoring organization and not by CAHME.

GLOSSARY OF TERMS

CAHME: The Commission on Accreditation of Healthcare Management Education

Accreditation: The credential accorded to those programs which meet all of the criteria for accreditation.

Accreditation Council: Oversees the accreditation process and makes recommendations to the Board of Directors on individual accreditation decisions.

Advance Search Program Profile: Webpage which displays program-specific annual report data including student outcomes.

To find a program profile page:

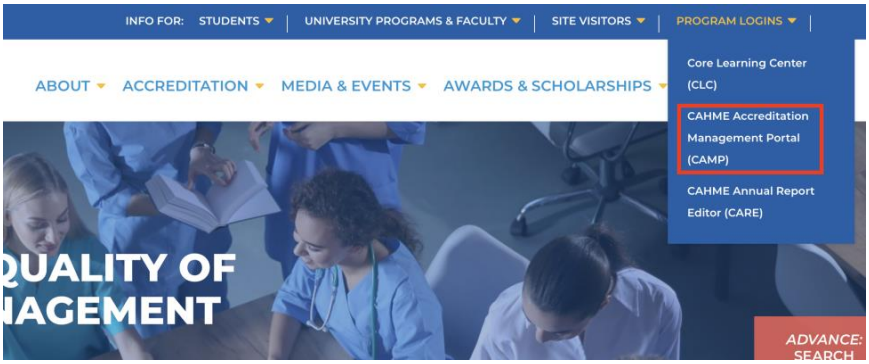
1. Navigate and log in to CAHME Annual Report Editor (CARE): https://cahme.org/_pdlogin/
2. Open Section I: Program Description
3. Copy the Program Profile URL located within the red dotted box
4. Include the Program Profile URL on your webpage and explicitly state that student outcomes can be found at the link(s) to the "Program Profile".



Board of Directors: The entity that governs the affairs of CAHME and is responsible for acting on accreditation recommendations as defined in Article VII of the Bylaws.

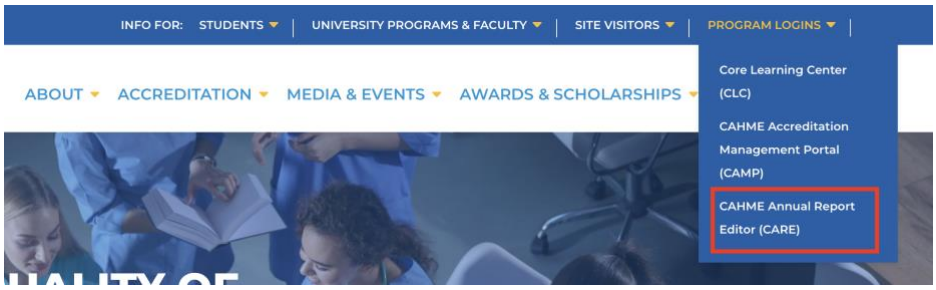
CAHME Accreditation Management Portal (CAMP)

CAHME's web-based accreditation system on which candidacy applications are received and processed. The system can be accessed on www.cahme.org in the following location:



CAHME Annual Report Editor (CARE)

The tool used by a program to enter their annual report data. This tool can be found at www.cahme.org in the following location:



Corporate Member: Member organizations of CAHME consisting of the Market, Profession, Academia, and At-Large Members with rights and responsibilities defined in Article V of the Bylaws.

Degree: An academic title given by a college or university to a student who has completed a specific course of study.

Officers of the Board: The Chair, Chair-Elect, Past-Chair Officers and Secretary/Treasurer are the officers, each holding office for one year. At its last regular meeting each year, the board shall elect a Chair-Elect from among its members. The President and CEO is an employee. These five individuals constitute the Executive Committee of CAHME.

Program (also Academic Unit): The entity within a department or school offering a single or multiple courses of academic study (tracks).

Program Seeking Accreditation: A program is considered to be seeking accreditation if it has submitted a CAHME Eligibility Statement.

Standards Council: Maintains and continuously improves the accreditation standards; recommends new/revised standards for consideration and action by the board of directors.