Rev 10/30/2026

CAHME Request for Delay of Site Visit

Programs requesting a delay of a scheduled site visit, whether an initial or reaccreditation, must complete and submit this form in accordance with CAHME's **Delay of Site Visit Policy**.

Program Information

Institution Name: _____

Program Name: _____

Name of Individual Submitting Request: _____

Title: _____

Email Address: _____

Telephone Number: _____

Site Visit Information

Site Visit Type:

- ☐ Initial Accreditation
- ☐ Reaccreditation

Currently Scheduled Site Visit Season and Year (ex. Spring 2028): _____

Date of Delay Request: _____

Length of Delay Requested:

Select one:

- ☐ Up to one year for initial site visit (first request for delay)
- ☐ Up to one year for initial site visit (second request for delay)
- ☐ Up to one year for reaccreditation site visit
- ☐ Material disruption delay request

Rev 10/30/2026

Reason for Delay Request

Select the circumstance(s) that apply:

- ☐ **Seeking Initial Accreditation:** First request for delay; need additional time
- ☐ **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.

Explanation of Request

Please explain the circumstances supporting the request and how they materially affect the program's ability to participate in a meaningful and constructive accreditation review at the currently scheduled time.

Rev 10/30/2026

Supporting Documentation

List names of included documentation supporting the request, as applicable.

Program Certification

By submitting this request, the program confirms that the information provided is accurate and that the request is not being made solely to obtain additional time to prepare the Self-Study, assemble required documentation, address known accreditation deficiencies, or complete work that reasonably could have been undertaken within the established accreditation timeline. The program also confirms they will pay all applicable fees.

Name: _____

Title: _____

Signature: _____

Program Director Supervisor Signature (if different than above): _____

Date: _____

Submit this form to: CAO Jillian Harrington jharrington@cahme.org