

# **ACCREDITATION POLICIES AND PROCEDURES**

**COUNCIL ON ACCREDITATION OF NURSE ANESTHESIA  
EDUCATIONAL PROGRAMS**

October 2019

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(847) 655-1160

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## Preface

### DESCRIPTION OF MANUAL

This publication describes the policies and procedures that govern the accreditation of nurse anesthesia educational programs by the Council on Accreditation of Nurse Anesthesia Educational Programs, hereinafter referred to as the Council or COA.

It includes:

1. Purposes of the accreditation policies and procedures.
2. Accreditation policies.
3. Accreditation procedures.
4. Procedure for appeal of adverse accreditation decisions.
5. Glossary (terms that are in the glossary are highlighted in the text in purple in the electronic version of the manual).
6. Appendix.

### PURPOSES OF THE POLICIES AND PROCEDURES

1. To establish guidelines for enhancing educational quality.
2. To facilitate implementation of the *Standards for Accreditation of Nurse Anesthesia Educational Programs* and *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*.
3. To meet the requirements of external agencies such as the Council for Higher Education Accreditation and the U. S. Department of Education.
4. To safeguard the rights, responsibilities, and interests of students, faculty, administrators, programs, the profession, the public, and other members of the community of interest.

All communication with the Council must be provided in English to:

Council on Accreditation of Nurse Anesthesia Educational Programs  
222 S. Prospect Ave., Suite 304  
Park Ridge, IL 60068-4001  
(847) 655-1160

## Accreditation after Graduation of First Class of Students

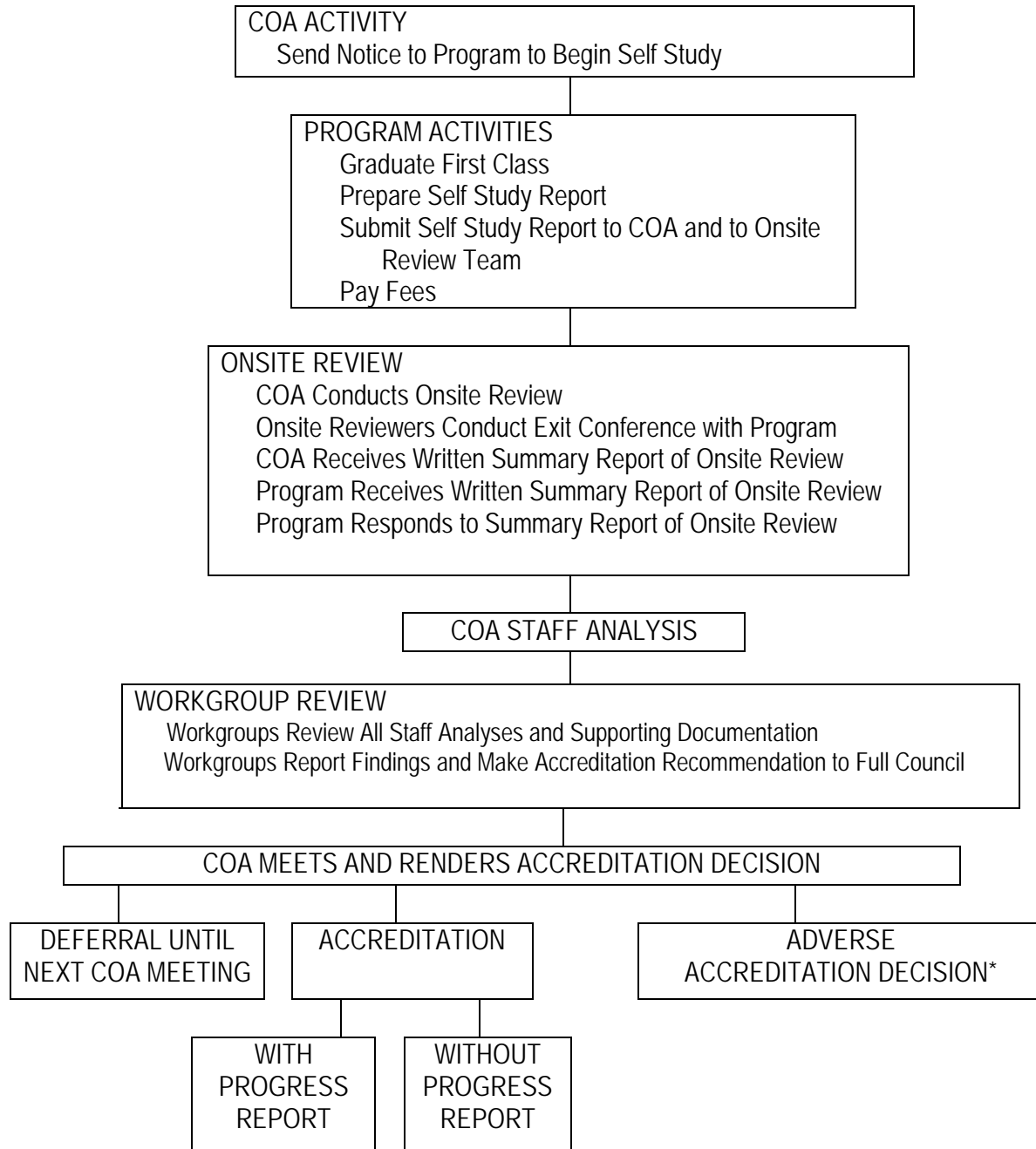
### POLICY

A **new program** must complete a Self Study and host an **onsite review** five years after the admission of its first class of students. This will provide time to evaluate the program's degree of success in attaining its educational outcomes and complying with the Council's *Standards for Accreditation of Nurse Anesthesia Educational Programs* and/or *Standards for Accreditation of Nurse Anesthesia Programs - Practice Doctorate* (effective January 1, 2015).

### PROCEDURE

1. Program requirements
  - a. Complete and submit the electronic Self Study form that assesses the degree of compliance with all accreditation criteria by a deadline set by the Council. (Retrieve the Self Study form through the program's portal on the Council's COAccess system).
  - b. Demonstrate that the **conducting institution** is eligible for accreditation according to Council's policy.
  - c. Through the signature of the chief executive officer of the conducting institution, attest to the accuracy of the information provided in the Self Study and invite the Council to conduct an onsite review.
  - d. Submit additional documentation as requested.
  - e. Complete an onsite review.
  - f. Respond to the written **summary report** of the onsite accreditation review and other requested documents by the designated deadlines.
  - g. Pay required fees by the due date.
2. Council actions
  - a. Provide telephone consultation.
  - b. Review submitted Self Study for completeness.
  - c. Request additional information and/or documentation as indicated.
  - d. Conduct an onsite review and evaluation by onsite reviewers.
  - e. Provide the program with a written summary report of the onsite review.
  - f. Complete a staff analysis of the program's response to the summary report.
  - g. Review documentation at a regularly scheduled accreditation meeting of the Council and make an accreditation decision (see Decisions for Accreditation).

## Accreditation Process for New Programs



\*Refer to “Adverse Decision Cycle” flowchart, D-10.

Revised 05/19/17  
Revised 01/24/14



## Accreditation Review for Established Programs

### POLICY

Accredited nurse anesthesia programs must undergo a periodic review by the Council to be considered for continued accreditation.

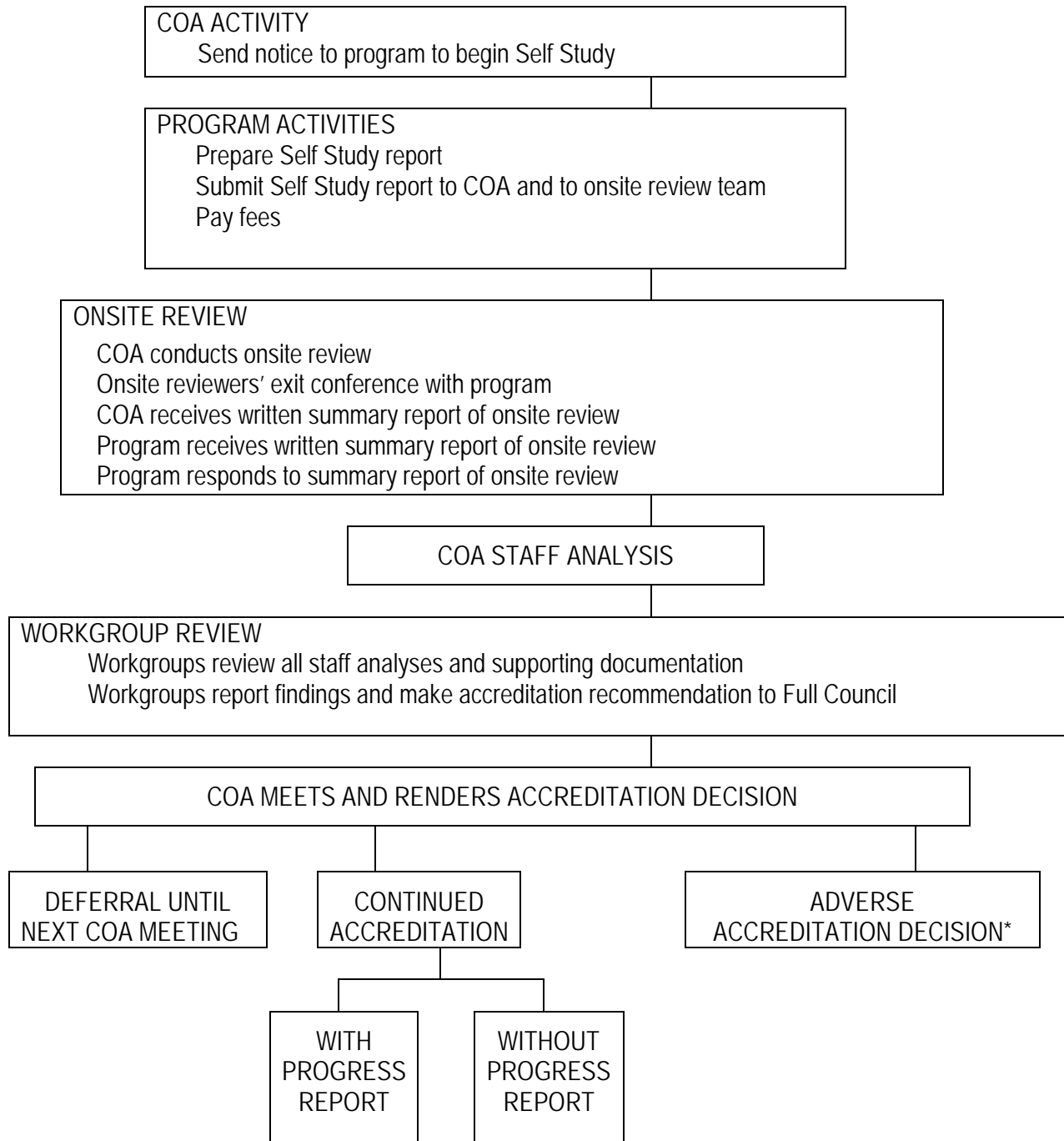
### PROCEDURE

1. Program requirements
  - a. The degree granting institution must provide evidence that it is accredited by a regional accrediting agency. The accrediting agency must be officially recognized by the U.S. Secretary of Education to accredit institutions (effective January 1, 2015).
  - b. Complete and submit the electronic Self Study form that assesses the degree of compliance with all accreditation criteria by the deadline that the Council sets. (Retrieve the self study form through the program's portal in the COAccess system.)
  - c. Demonstrate that the conducting institution(s) is/are eligible for accreditation according to Council policy.
  - d. Through the signature of the chief executive officer of the conducting institution, attest to the accuracy of the information provided in the Self Study and invite the Council to conduct an onsite review.
  - e. Submit additional documentation as requested.
  - f. Complete an onsite review.
  - g. Respond to the written summary report of the onsite accreditation review and other requested documents by the designated deadlines.
  - h. Pay required fees by the due date.
2. Council actions
  - a. Provide telephone consultation.
  - b. Review submitted Self Study for completeness.
  - c. Request additional information and/or documentation as indicated.
  - d. Conduct an onsite review and evaluation by onsite reviewers.
  - e. Provide the program with a written summary report of the onsite review.

- f. Complete a staff analysis of the program's response to the summary report.
- g. Review documentation at a regularly scheduled accreditation meeting of the Council and make an accreditation decision (see Decisions for Accreditation).

Revised 01/24/14

## Accreditation Process for Established Programs



\*Refer to “Adverse Decision Cycle” flowchart, D-10.

Revised 05/19/17  
Revised 01/24/14

## Administrative Extension of Accreditation

### POLICY

The Council may grant accredited programs an administrative extension of accreditation; however, it generally restricts extensions to no more than a one-year period. Extensions of accreditation are decided on a case-by-case basis.

Examples of acceptable reasons for granting an administrative extension of accreditation:

- Timing of onsite accreditation visits to facilitate a collaborative review with another accreditation agency or state regulatory agency.
- To facilitate a program's transition to awarding a doctoral degree for entry into practice.
- Natural disaster that has impeded the program's ability to conduct business.

### PROCEDURE

1. Program requirements
  - a. Submit a request for extension of accreditation.
  - b. Provide a rationale for requesting the extension.
2. Council actions
  - a. For valid reasons, allow a program to request an extension of up to one year.\*
  - b. Review the program's request regarding the extension.
  - c. Make a decision to grant or deny a request for an extension.

\* Programs transitioning to the doctoral level for entry into practice may request extensions longer than one year. COA approval of these requests will be decided on a case-by-case basis.

Revised 03/23/18  
Revised 10/21/16

## Administrator Positions in a New Program

### POLICY

In order to be considered for initial accreditation, programs undergoing capability review by the Council must submit documentation of the employment (e.g., a properly executed contract or evidence of current employment) of a qualified Certified Registered Nurse Anesthetist (CRNA) **program administrator**. A CRNA program administrator with leadership responsibilities and authority for administration of the program must be currently employed at the time of the onsite visit.

### PROCEDURE

1. Program requirements
  - a. Notify the Council when the administrators have been employed.
  - b. The CRNA program administrator and CRNA assistant program administrator must request the institution that granted their highest degree to submit an official transcript directly to the Council.
2. Council actions
  - a. Evaluate compliance with the policy.
  - b. Verify that the institutions of higher education awarding the administrators' degrees are accredited by a nationally recognized institutional accreditor.

Revised 10/21/16  
Revised 01/21/16

## Annual Report

### POLICY

Accredited nurse anesthesia programs must submit an annual report to the Council. This report will reflect the program's commitment to assessing its present status, measuring accomplishments, identifying future goals, and devising methods for accomplishment of these goals. This self-assessment is an essential element in a plan to enhance the quality of the educational program. Therefore, the annual report provides the Council with pertinent, substantive, and demographic information about its accredited programs at regular intervals during accreditation cycles.

### PROCEDURE

1. Program requirements
  - a. Complete the confidential summative program review that provides an annual self-evaluation of the program by the administration and faculty.
  - b. Complete the public portion of the report.
  - c. Utilize the Glossary to ensure consistent interpretation of words, phrases, and guidelines by all respondents.
  - d. Provide information about the decisions of external agencies that relate to the program.
  - e. Provide validation from the program administration indicating that the report is accurate.
  - f. Submit the report by the deadline established by the Council.
    - 1) Failure to submit the report by the deadline established by the Council may result in adverse action against the program.
  - g. Use the summative program review questions to document ongoing assessment between onsite reviews.
  - h. Submit the most recent three years of summative program review sections of the annual report with a Self Study in preparation for an onsite review, as a way of demonstrating ongoing evaluation. All years of summative program review sections compiled since a program's last accreditation review must be available to onsite review teams.
2. Council actions
  - a. Provide an electronic annual report to each CRNA program administrator with instructions to complete the document by the established deadline.

- b. Review submitted reports for completeness.
  - 1) Consider adverse action against programs not submitting the annual report by the deadline established by the Council.
- c. Enter public information into a database to be used to generate information, address labels, and certain publications.
- d. On request, share available public information at the discretion of the Council.
- e. Review confidential summative portions and provide a summary to the full Council.
- f. Monitor and evaluate data to identify a program's strengths and weaknesses or problems with its continued compliance with accreditation standards.
  - 1) Contact programs for clarification of information submitted.
  - 2) Contact programs that appear to be out of compliance with accreditation standards to ask for clarification.
  - 3) Verify that a program has corrected areas that do not comply with accreditation standards.
- g. Assess summative reports during onsite reviews, as a way to determine whether programs are in compliance with the standards and *Accreditation Policies and Procedures*.

Revised 01/21/16

## Appearances before the Council

### POLICY

Appearances before the Council may be conducted in person or by conference call or other electronic means as determined by the Council and agreed to by those requesting an appearance before the Council. The Council allots time during meetings in person or by conference call to allow program administrators, faculty, and others to appear before the Council for the following reasons:

- Clarify documentation previously submitted for the Council's review (e.g., response to summary report). Clarification does not include new information.
- Respond to issues or concerns expressed by the Council.
- Request reconsideration of an adverse decision (see Glossary: Adverse action).
- Demonstrate that a program on probation has achieved substantial compliance with the *Standards for Accreditation of Nurse Anesthesia Educational Programs* and/or *Standards for Accreditation of Nurse Anesthesia Programs - Practice Doctorate\**.
- Respond to complaints against the program.

### PROCEDURE

#### 1. Program requirements

- a. Submit a written request including the reasons for the requested appearance as directed by COA staff.
- b. Submit any presentation material one week before the date of the appearance.
- c. When responding to third-party comments, submit a response in writing 30 days before the scheduled appearance.

#### 2. Council actions

- a. The Executive Committee will review requests for approval. Extensions to deadlines for requesting an appearance will be granted at the Executive Committee's discretion.
- b. The individual or individuals requesting an appearance will be notified whether the request to appear is approved or denied. Approved requests will include the date, time, and place of the scheduled appearance.
- c. An audio recording of a program's appearance shall be made and, in the event of an appeal of an adverse decision, the recording shall be transcribed. A program may elect to have the appearance transcribed by a certified court reporter at the program's expense.

#### 3. Guidelines for Appearances

- a. On arrival at the designated location or entry into the conference call, the person appearing will advise the Council of his/her arrival.



b. Approved attendees

- 1) If the appearance involves an onsite reviewer, the onsite reviewer may be required to attend. He/she will be given the opportunity to be present during the program's presentation and during the question-and-answer session between the Council and the program.
- 2) Program representatives will be given the opportunity to be present during the question-and-answer session between the Council and the onsite reviewer or third parties. Individuals other than onsite reviewers will not be permitted to be present during the program representative's presentation unless they are approved by the program and the Council.

a) Third Parties

- i. Third parties who wish to present oral testimony during Council hearings must submit a statement indicating the names of those who will present the testimony and the group (if any) they represent, the purpose of the presentation and detailed outline of the data they plan to present. Comments limited to the program's compliance with the *Standards for Accreditation of Nurse Anesthesia Educational Programs* and/or *Standards for Accreditation of Nurse Anesthesia Programs - Practice Doctorate\**, and the policies and procedures.
- ii. On receipt of third-party statements, the program receives a copy for review and comment. The program may respond to this third-party statement by appending the response to the summary report and/or by oral presentation during the Council's hearing. The program may be present during all third-party oral presentations.

b) Complainants

- i. The Council must be notified in writing at least 30 days before the Council meeting of the intent of the complainant or program representatives to appear before it. Notification must include the name, titles and organizational affiliation of those people wishing to appear.
- ii. The decision of the complainant or program representatives to appear before the Council must be based on the belief that the material previously submitted to the Council requires further clarification.
- iii. A program being reviewed by the Council with regard to a complaint may send representatives to the Council meeting to address the program's response to the complaint. Expenses incurred by the program are the responsibility of the program.

c. Presentations

- 1) Program representatives, onsite reviewers, and/or approved third parties and/or complainants will each be allowed 20 minutes for his/her presentation. No new information will be considered during the appearance.
- 2) Third parties who wish to present documentation to support their testimony must submit it at the time they make their request to appear before the Council.
- 3) Each party may make a presentation without interruption from the Council or other parties.
- 4) Neither party may interrupt during the question-and-answer period between the Council and any other party.
- 5) The Council President will direct questions to the parties. No direct dialogue will take place between the parties.

d. Sequence of oral presentations

- 1) Any third-party statements opposing the program under review.
- 2) Any third-party statements supporting the program under review.
- 3) The program under review will be asked permission for the complainant or other third party to remain in the room or on the conference call.

e. Procedure if complainant or third parties remain in the room or on the conference call.

- 1) Statements of the onsite reviewers, complainant(s) or other Council representatives.
- 2) Statements of the program under review.
- 3) Question-and-answer period conducted by Council President to clarify statements made by any or all presenters.
- 4) Brief closing comments from all parties.

f. Procedure if complainant or third parties do not remain in the room or on the conference call.

- 1) Statements from the complainant or other third party.
- 2) Question-and-answer period conducted by Council President to clarify statements made by the complainant or other third party.
- 3) Dismissal of complainant or other third party from the room or from the conference call.

- 4) Statements of the program under review.
- 5) Question-and-answer period conducted by Council President to clarify statements made by the program under review.
- 6) Brief closing comments from the program under review.

g. Appearances via telephone conference call.

- 1) Appearances by telephone conference call will be conducted using the same procedures as in-person appearances.
- 2) The Council will distribute written guidelines for the conduct of the conference call in advance of the conference call.

#### 4. Council Decisions

The Council will notify a program in writing of its decision within 30 days after the meeting.

\*Effective January 1, 2015

Revised: 07/26/17

Revised: 01/24/14

Revised: 01/25/13

## Appellate Review

### POLICY

A nurse anesthesia educational program\* that has received an adverse accreditation decision may appeal that decision (see Glossary for definition of “adverse accreditation decision”) only after (1) the affected program has requested reconsideration of the initial adverse decision from the COA and (2) the COA has upheld its initial adverse decision. The appellate review body for the COA is the Accreditation Appeal Panel (AAP).

### PROCEDURE

See Rules for Appellate Review for Programs Accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs.

1. Program requirements
  - a. A nurse anesthesia educational program that has received an adverse accreditation decision, after reconsideration of that decision by the Council, may appeal to the Accreditation Appeal Panel.
  - b. A program that wishes to appeal an adverse accreditation decision must file its intent to appeal with the Council within 30 calendar days of receipt of notification of the adverse decision after reconsideration. Failure of the Council to receive notice within the period specified will be deemed a waiver of such a right to appeal, and the adverse accreditation decision will become final and be announced.
  - c. Any charges of bias against onsite reviewers in reference to the conduct of the onsite review must be made within 10 business days of the completion of the onsite review.
2. Council actions
  - a. After receiving notification of intent to appeal, the adverse decision will be held in abeyance until the appeal process is completed.
  - b. The Council will forward the letter of intent to appeal to the Accreditation Appeal Panel for initiation of the process.
  - c. The procedure for the appeal process, including rules for conduct of the appeal hearing, appears in this manual.

- d. Appellate actions by the Accreditation Appeal Panel generally will be considered by the AAP on the next scheduled AAP appellate review date following COA receipt of the request for appeal. In its written request for an appeal, the program may request an expedited appellate review, which request shall include the reason(s) for the expedited appellate review. If in their discretion, the AAP and the President of the COA both consent to an expedited review, it will be scheduled.

\*The term “program” should be understood as referring to both accredited nurse anesthesia educational programs as well as post-graduate CRNA fellowships. The term “students” should be understood as additionally referring to post-graduate fellows, and “conducting institution” should be understood as referring to a fellowship sponsor.

Revised 07/26/17

Revised 05/30/17

**Rules for Appellate Review  
for Programs and Post-Graduate CRNA Fellowships  
Accredited by the  
Council on Accreditation of Nurse Anesthesia  
Educational Programs**

- I Burden of Proof
- II Composition and Training of Accreditation Appeal Panel
- III Initiation of Process
- IV Date of Review
- V Notice of Appellate Review Date
- VI Documents
- VII Scope of Review
- VIII Accreditation Status during Appellate Review Process
- IX Review with Oral Presentation
- X Review without Oral Presentation
- XI Quorum
- XII Decision
- XIII Notification
- XIV Confidentiality

Revised 07/26/17  
Revised 05/30/14

## Rules for Appellate Review

The following rules shall apply to appellate review by the Accreditation Appeal Panel (hereafter referred to as AAP) of an adverse accreditation decision of the Council on Accreditation of Nurse Anesthesia Educational Programs (hereafter referred to as COA).

A nurse anesthesia educational program\* that has received an adverse accreditation decision may appeal that decision only after (1) the program has requested reconsideration of the initial adverse decision from the COA and (2) the COA has upheld its initial adverse decision.

### I. Burden of Proof

The program shall have the burden of establishing that based on the entire record, the decision of the COA is not supported by substantial evidence, and/or that based on the entire record, the COA failed to comply substantially with its published policies and procedures in rendering its decisions.

### II. Composition and Training of Accreditation Appeal Panel

The AAP shall be comprised of at least twelve members, including at least two CRNA educators, at least two CRNA practitioners, at least two public members, and at least two administrator members (i.e., a healthcare or university administrator). When a program files a request to appeal, the program will be provided the list of AAP members eligible to serve on the Hearing Panel (hereafter referred to as HP). HP members are subject to the applicable portions of the COA's Conflicts of Interest policy in this manual. The program may exclude up to one-fourth of the AAP members on the list, except that it may not exclude all members within each of the CRNA educator, CRNA practitioner, public member, or administrator categories. From the individuals remaining, the COA will select five AAP members to comprise the HP, at least one of whom will be a CRNA educator, at least one of whom will be a CRNA practitioner, at least one of whom will be a public member, and at least one of whom will be an administrator. The HP will select its own chair from among its members.

The COA shall be responsible for training AAP members on the COA's *Standards for Accreditation of Nurse Anesthesia Educational Programs*, *Standards for Accreditation of Nurse Anesthesia Programs - Practice Doctorate\*\**, *Standards for Accreditation of Post-Graduate CRNA Fellowships*, and *Accreditation Policies and Procedures*.

### III. Initiation of Process

Appellate review of adverse accreditation decisions of the COA shall be initiated by a written request for an appeal from the program to be filed with the COA. Such request must be filed within 30 calendar days of the program's receipt of notice of the COA's reconsideration determination and must specify whether oral presentation is requested. In addition, the request must specify the grounds for appeal. The scope of the appellate review shall be limited to such grounds.

The filing fee for appellate review is \$1,000. The program shall submit a check in that amount to the COA along with its written request for the appeal.

The COA shall promptly forward to the AAP the request for appellate review.

IV. Date of Review

Dates for potential AAP appellate reviews shall be scheduled annually and otherwise as necessary. Generally the appellate review shall be conducted on the next scheduled AAP appellate review date following COA receipt of the request for appeal. In its written request for an appeal, the program may request an expedited appellate review, which request shall include the reason(s) for the expedited appellate review. If, in their discretion, the AAP and the President of the COA both consent to an expedited review, it will be scheduled.

All travel and lodging costs and all other costs and expenses of the HP shall be divided evenly between the program and the COA. The program will pay its share of the HP's estimated costs and expenses at least five business days prior to the appellate review date. The program will be billed for any additional actual costs, or refunded payment in excess of the actual costs, within 30 calendar days following the appellate review date.

V. Notice of Appellate Review Date

The AAP shall give written notice of the date, time, and place of the appellate review to the program and to the COA at least 30 calendar days prior to the review.

VI. Documents

The COA shall provide the program with all materials submitted by the program, the summary report of the onsite review, any written statements in which the program has been named by third parties, and any transcripts of the program's appearance before the COA that were considered by the COA at the time of its deliberations and the rendering of its adverse accreditation decision and reconsideration determination.

VII. Scope of Review

The scope of appellate review shall be limited to all materials submitted by the program, the summary report of the onsite review, any written statements in which the program has been named by third parties, and any transcripts of the program's appearance before the COA that were considered by the COA at the time of its deliberations and the rendering of its adverse accreditation decision and reconsideration determination. Modifications, plans, improvements, or developments occurring after the COA's reconsideration determination shall not be considered by the HP in the appeal.<sup>1</sup>

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<sup>1</sup> An exception to this is that a program may, before the HP reaches a final decision, seek review of new financial information if all of the following conditions are met:

- (i) The financial information was unavailable to the program until after the decision subject to appeal was made.
- (ii) The financial information is significant and bears materially on the financial deficiencies identified by the COA. The criteria of significance and materiality are determined by the COA.
- (iii) The only remaining deficiency cited by the COA in support of a final adverse action decision is the program's failure to meet a COA standard pertaining to finances.

A program may seek the review of new financial information described above only once and any determination by the HP made with respect to that review does not provide a basis for an appeal.



All arguments, documents or other information, evidence, or testimony shall relate to the correctness of the adverse accreditation decision of the COA on the date of its reconsideration determination.

VIII. Accreditation Status during Appellate Review Process

The accreditation status of the program shall not be altered during the appellate review process.

IX. Review with Oral Presentation

A. Guidelines for the Review

If oral presentation is requested, the program shall be given a reasonable period of time to present witnesses, testimony, arguments, and other relevant information to contest the adverse decision of the COA. The program and the COA shall each be limited to three hours of presentation. The program's time shall be inclusive of its presentation and its response to the COA's presentation.

At the oral presentation, directors of the COA, and the onsite review team if applicable, may be present. One member of the onsite review team shall be present if the program or the COA so requests. The COA shall also be given an opportunity to present witnesses, testimony, arguments, and other relevant information to support its decision. All representatives and other individuals present shall respond to questions from the HP. The entirety of the presentations and questions shall not consume more than one business day.

The program shall also have the right to submit written statements and other information to contest the adverse decision, and the COA shall have the right to submit written statements and other information to support the adverse decision, both parties being subject to the provisions of these Rules. Any such written submissions must be provided in electronic format and received by the chair of the HP at least 14 calendar days prior to the scheduled oral presentation.

Prior to the review, the program and the COA shall have the right to receive and review all written submissions submitted to the HP with respect to the particular appeal.

B. Presiding Officer

The chair of the HP shall preside at the appellate hearing. The chair will:

1. Assure that the proceedings are conducted in a fair and impartial manner.
2. Maintain decorum and order throughout the procedure.
3. Permit all participants to have a reasonable opportunity to present oral and/or documentary evidence.
4. Determine any questions of procedure or agenda raised during the course of the review.

The chair retains the right to vote in the decision of the HP. All procedural requests or challenges, including the appropriateness of evidence to be heard, shall be made to the chair who shall render a decision. This decision may be overruled by a majority of the members of the HP who are present during the proceedings.

C. Guidelines for the Proceedings

Subject to the discretion of the HP chair, the parties shall be permitted to make presentations without interruption. The proceedings shall not be conducted in a formal adversarial manner as in a court of law, and strict rules of evidence shall not apply.

D. Right to Counsel

The program and the COA shall have the right to be represented by legal counsel. The program's and COA's attorneys may present on behalf of their clients.

E. Order of Presentation

The decision of the COA shall be stated at the start of the proceedings. Thereafter, the program that requested the appellate review shall proceed to present its witnesses and testimony. Subsequently, the COA shall present testimony and explain the basis for its adverse decision. The program shall be given the opportunity to respond to the COA's testimony.

F. Record

A record of the proceedings shall be preserved through the use of a certified court reporter. The cost of the court reporter's attendance shall be shared equally by the COA and the program. The transcription costs shall be paid by the party requesting same, unless otherwise agreed by the parties.

X. Review without Oral Presentation

- A. If the program so requests, the appellate review may be conducted without oral presentation by the program (in which case, the COA also may not make an oral presentation). In such case, the appellate review shall be based on all materials submitted by the program, the summary report of the onsite review, any written statements in which the program has been named by third parties, and any transcripts of the program's appearance before the COA that were considered by the COA at the time of its deliberations and the rendering of its adverse accreditation decision and reconsideration determination. The program shall also have the right to submit written statements and other information to contest the adverse decision, and the COA shall have the right to submit written statements and other information to support the adverse decision, subject to the provisions of these Rules. Any such written submissions must be provided in electronic format and received by the chair of the HP at least 45 calendar days prior to its scheduled

consideration of the matter. Prior to the review, the program and the COA shall have the right to receive and review all written submissions submitted to the HP with respect to the particular appeal. The program and COA may submit to the HP in electronic format a written response to the other party's initial submission at least 21 calendar days prior to the HP's consideration of the matter. In the event the COA submits a written response to the program's written materials, the program's response must be submitted at least 14 calendar days prior to the HP's consideration of the matter.

- B. In the event that the program elects not to present oral testimony, the HP may conduct its decision-making process via virtual meeting.

XI. Quorum

Three-fifths of the members of the HP shall be known as a quorum and shall be present throughout the entire proceedings in an appellate review. A majority vote of the quorum shall be the decision of the HP.

XII. Decision

Upon conclusion of the proceedings, the HP shall promptly meet, consider the matter, and shall reach a decision. The HP shall affirm, amend, reverse, or remand the decision of the COA. All decisions of the HP shall be implemented by the COA in a manner consistent with the HP's decisions or instructions.

If affirmed, the COA's accrediting decision becomes final and is published and implemented as described by COA policies and procedures. If amended or reversed, the HP's accrediting decision becomes final, and is published and implemented as described by COA policies and procedures. In a decision to remand the adverse action to the COA for further consideration, the HP shall identify specific issues that the COA must address. The COA shall act in a manner consistent with the HP's decisions or instructions. The COA's decision following remand becomes final, is not subject to appeal, and is published and implemented as described by COA policies and procedures.

XIII. Notification

The HP shall send the written decision, including the reasons for the decision, to the program and the COA by e-mail, overnight delivery, or by registered or certified mail. Such notice shall be sent no later than 15 calendar days after the conclusion of the proceedings before the HP. The HP's decision is effective immediately upon receipt of notice by the program.

#### XIV. Confidentiality

In recognition of the confidential nature of the subject matter involved in the proceedings, the review process shall be closed to the public. Neither party shall cause or attempt to cause any public disclosure of any part of the proceedings except any final decision of the HP. An exception to this policy may be made by the HP in the event that either the COA or the appealing program makes a public disclosure which misrepresents the findings and/or decision of the HP.

\*The term “program” should be understood as referring to both accredited nurse anesthesia educational programs as well as post-graduate CRNA fellowships. The term “students” should be understood as additionally referring to post-graduate fellows, and “conducting institution” should be understood as referring to a fellowship sponsor.

\*\*Effective 1/01/15

Revised 07/26/17  
Revised 05/29/15

## Application Process for Post-Graduate CRNA Fellowships (Initial and Continued)

### POLICY

The Council on Accreditation of Nurse Anesthesia Educational Programs (Council) accredits nurse anesthesia programs within the United States and Puerto Rico that award post-master's certificates, master's, or doctoral degrees, including programs offering distance education, and post-graduate fellowships.

A Post-Graduate CRNA Fellowship (fellowship) accredited by the Council contains advanced education and training in a focused area of specialty practice or concentration. The fellowship is developed for Certified Registered Nurse Anesthetists (CRNAs). Non-clinical fellowships may be applicable to other advanced practice registered nurses (APRN) (see Glossary, "Advanced Practice Registered Nurse"). Although each fellowship may be unique, the *Standards for Accreditation of Post-Graduate CRNA Fellowships* are intended to promote quality and consistency for accreditation purposes.

All accredited fellowships must demonstrate adherence to the current *Standards for Accreditation of Post-Graduate CRNA Fellowships*.

Accredited fellowships must undergo a periodic review by the Council to be considered for continued accreditation.

### PROCEDURES FOR INITIAL ACCREDITATION OF FELLOWSHIP

1. Fellowship sponsor requirements
  - a. Council approval must be secured prior to enrolling fellows in an accredited program.
  - b. Contact the COA regarding the sponsor's intent to establish a fellowship. Complete the *Application Form for Approval of a Post-Graduate CRNA Fellowship* provided by the COA. The sponsor will also submit a *Post-Graduate CRNA Fellowship Assessment* via the COAccess portal.
  - c. Confirm how the fellowship will meet the requirements of specialty certification if available.
  - d. Submit all required information by established deadlines as instructed by Council staff.
  - e. Pay application fee (see Fee Schedule).
  - f. Complete a Virtual Onsite Review with Council representative(s) to amplify, verify, and clarify information submitted in the *Application Form for Approval of a Post-Graduate CRNA Fellowship* and the *Post-Graduate CRNA Fellowship Assessment*.
  - g. Respond to Council requests by the designated deadlines.
  - h. Accurately portray accreditation decisions made by the Council.

- 1) Required language while in the application phase: The XYZ Fellowship has applied for accreditation by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), 222 S. Prospect Ave., Park Ridge, IL 60068; (847) 655-1160.
- 2) Required language after accreditation has been awarded: The XYZ Fellowship is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), 222 S. Prospect Ave., Park Ridge, IL 60068; (847) 655-1160. The fellowship's term of accreditation is Month/Year- Month/Year, at which time it may choose to seek continued accreditation.)

## 2. Council actions

- a. Appoint Fellowship Review Committee to:
  - Review *Application Form for Approval of a Post-Graduate CRNA Fellowship* and the accompanying *Post-Graduate CRNA Fellowship Assessment* for completeness.
  - Conduct a Virtual Onsite Review and evaluation.
  - Request additional information and/or documentation as indicated.
  - Make recommendation to Council regarding approval of the Post-Graduate Fellowship.
- b. Consider approval of the fellowship at its next regularly scheduled meeting or as soon as practicable.
- c. Make an accreditation decision.
- d. Identify term of approval, i.e. date accreditation was awarded and date accreditation will expire. Note: Approval will expire unless continued approval is sought by the sponsor.
- e. Notify the sponsor of the Council decision within 30 days.
- f. Publish a *List of Accredited Fellowships* after notification of the sponsor.
- g. Publish adverse decisions for denial of accreditation after notification of the sponsor.

## PROCEDURES FOR CONTINUED ACCREDITATION OF FELLOWSHIP

## 1. Fellowship sponsor requirements

- a. Attain Council approval for continued accreditation prior to the expiration date. The fellowship must provide the Council with written correspondence requesting continued accreditation no later than one year in advance of the expiration date if it chooses to seek continued accreditation.
- b. Affirm that the fellowship meets the *Standards for Accreditation of Post-Graduate CRNA Fellowships*.
- c. Describe changes made to the fellowship subsequent to initial approval or most recent approval of continued accreditation (e.g., changes made based on the evaluation process, or suggestions for improvement made by the Council, if any).
- d. Complete a *Post-Graduate CRNA Fellowship Assessment*.
- e. Confirm how the fellowship will meet the requirements of specialty certification if available.
- f. Pay application fee (see Fee Schedule).
- g. Submit all required information by established deadlines as instructed by Council staff.
- h. Respond to written requests from the Council by the designated deadlines.
- i. Accurately portray accreditation decisions made by the Council.
  - 1) Required language: The XYZ Fellowship is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), 222 S. Prospect Ave., Park Ridge, IL 60068; (847) 655-1160. The fellowship's term of accreditation is Month/Year- Month/Year, at which time it may choose to seek continued accreditation.

## 2. Council actions

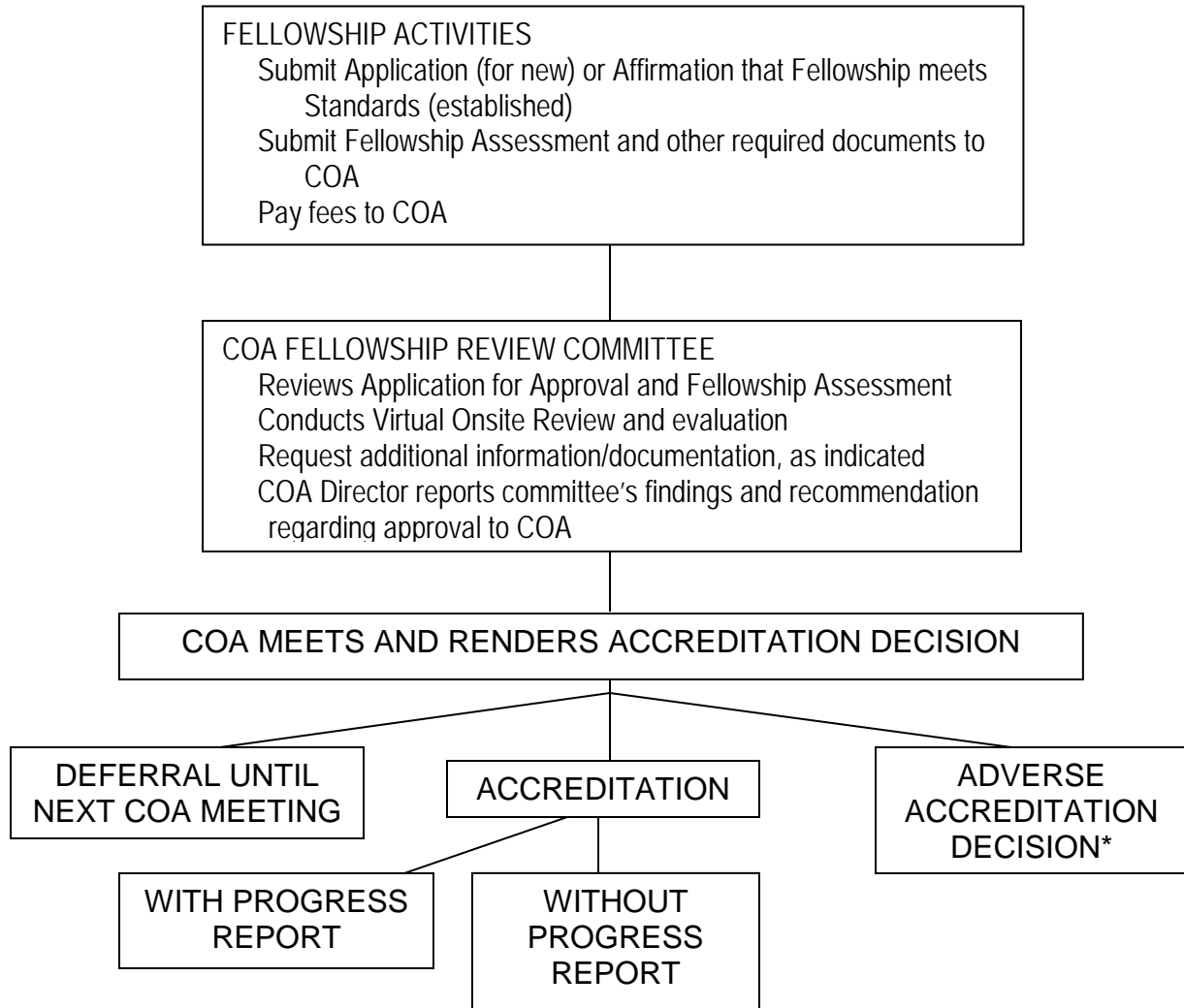
- a. Appoint Fellowship Review Committee to:
  - i. Review submitted *Post-Graduate CRNA Fellowship Assessment* for completeness.
  - ii. Request additional information and/or documentation as indicated.
  - iii. Conduct a Virtual Onsite Review and evaluation.
  - iv. Make recommendation to Council regarding decision related to the Post-Graduate Fellowship.
- b. Provide the fellowship with suggestions for improvement as appropriate.
- c. Consider continued accreditation of the fellowship at its next regularly scheduled meeting or as soon as practicable.
- d. Make a decision regarding continued accreditation.

- e. Identify term of approval, i.e. date accreditation was awarded and date accreditation will expire. (Note: Approval will expire unless continued approval is sought by the sponsor.)
- f. Notify the sponsor of the Council decision within 30 days.
- g. Publish a *List of Accredited Fellowships* after notification of the sponsor.
- h. Publish adverse decisions against a fellowship after notification of the sponsor.

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Approved 05/30/14



## Accreditation Process for Fellowships



\*Refer to “Adverse Decision Cycle” flowchart, D-10.

Revised 05/19/17  
Approved 05/30/14

## Attrition Monitoring

### POLICY

This policy applies to programs preparing students for entry into anesthesia practice. The Council on Accreditation (COA) requires programs to monitor the attrition of all students enrolled in the program.

Attrition is defined as a measure of students no longer enrolled in the program against the number enrolled as reported on the COA Annual Report. Students no longer enrolled are those who have withdrawn from the program at some point during the reporting year or students who are withdrawn from the program by the program or institution. Students on approved leaves of absence or held back for academic or other reasons are not considered part of the program's attrition until or unless they withdraw from the program or are withdrawn by the program or institution.

The Council will compile the attrition of students reported by programs each year on the COA Annual Report.

### PROCEDURE

1. Program requirements:
  - a. Report attrition on the COA Annual Report.
  - b. Provide an explanation for attrition, if requested by the Council.
2. Council actions:
  - a. Calculate program attrition on an annual basis.
  - b. The Evaluation and Analysis Committee will monitor attrition by reviewing COA Annual Report attrition data. If a significant increase in a program's attrition over time is noted, the Evaluation and Analysis Committee will report it to the Council.
  - c. The Council shall take such actions that it deems appropriate to address any deficiencies that it identifies at a program as part of its review and evaluations. Actions can include but are not limited to:
    - 1) Status report(s)
    - 2) Full or focused Self Study report
    - 3) Full or focused onsite review
    - 4) Show Cause
    - 5) Change in accreditation status

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Revised 01/25/13  
Approved 01/17/12

## Capability Review for Accreditation

### POLICY

The Council will assist and review an eligible applicant program in its preparation for accreditation status. Prospective programs seeking COA accreditation may not admit students to the nurse anesthesia program or enroll students in courses with anesthesia in the title or with anesthesia-related content before COA accreditation.

### PROCEDURE

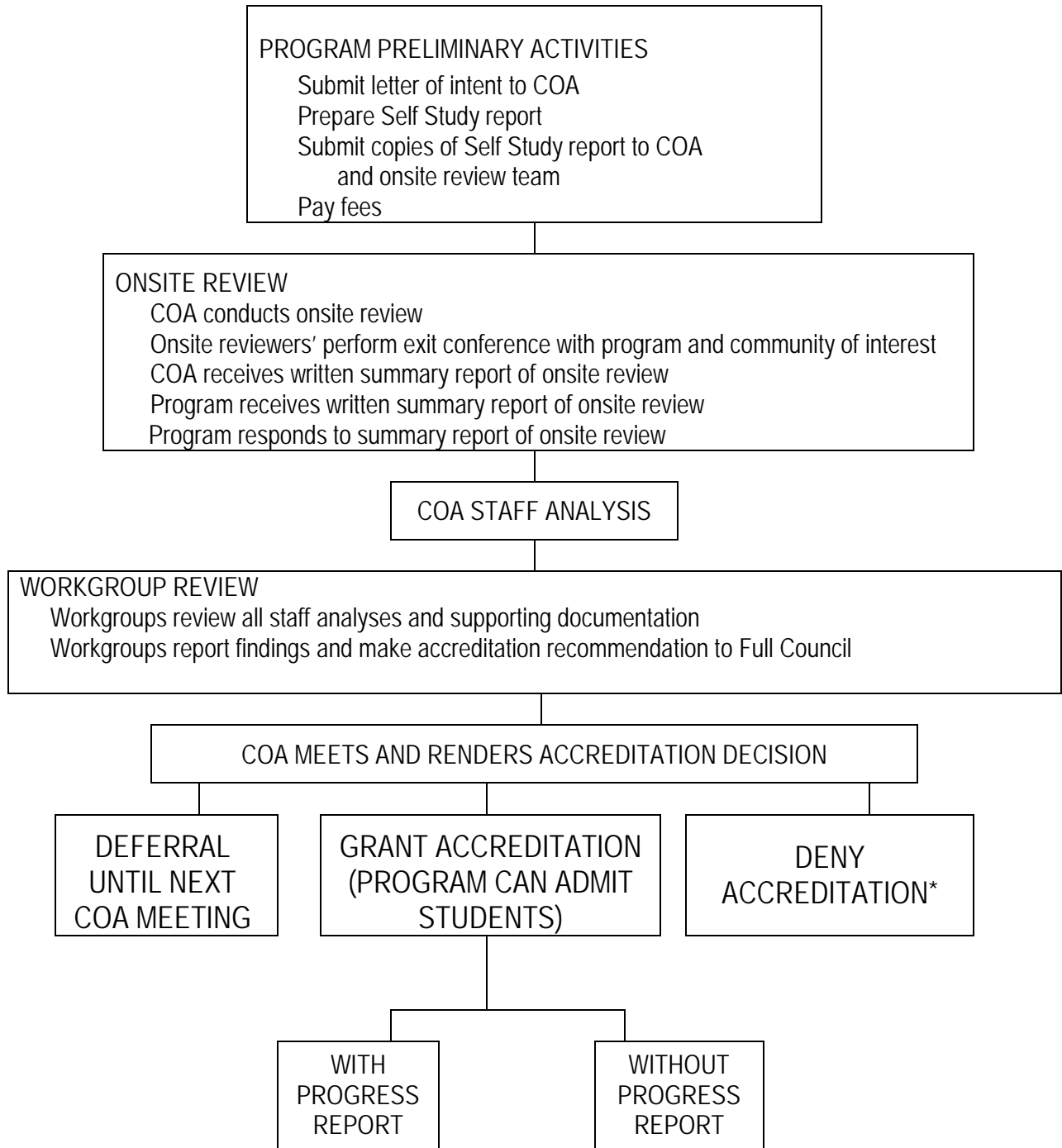
1. Program requirements
  - a. Submit a letter of intent to establish a nurse anesthesia program signed by the chief executive officer of the conducting institution. The letter of intent should be sent by the chief executive officer (CEO) of the conducting institution to the Council on Accreditation, Attention: Chief Executive Officer. The letter of intent should include the name of the conducting institution(s), name of the CEO(s), program director (if known), doctoral degree to be awarded, statement of philosophical and financial commitment, number of students proposed, and projected **enrollment** date).
  - b. Demonstrate that the conducting institution is eligible for accreditation according to Council policy (see “Eligibility for Accreditation,” E-1).
  - c. Complete and submit the electronic Self Study form that assesses the degree of compliance with all accreditation criteria for traditional education offerings and distance education offerings, if any. Retrieve the electronic Self Study form on the program's portal on the COAccess system.
  - d. Through the signature of the chief executive officer of the conducting institution(s), attest to the accuracy of the information provided in the Self Study and invite the Council to conduct an onsite review.
  - e. The program’s conducting institution(s) must submit a signed Representation Form.
  - f. The conducting institution(s) of each nurse anesthesia program must determine whether it is a covered entity as defined in federal regulations at 45 CFR §160.103. If applicable (i.e., if the program’s conducting institution(s) is a covered entity), the program must also submit an executed COA Business Associate Agreement. If not applicable, the program must provide a letter from the conducting institution stating that it is not a covered entity.
  - g. Submit additional documentation as requested.
  - h. Complete an onsite review. In order to be considered for initial accreditation, programs undergoing capability review by the Council must submit documentation of the

employment (e.g., a properly executed contract or evidence of current employment) of a qualified Certified Registered Nurse Anesthetist (CRNA) **program administrator**. A CRNA program administrator with leadership responsibilities and authority for administration of the program must be currently employed at the time of the onsite visit.

- i. Respond to the written summary report of onsite accreditation review and submit other documents requested by designated deadlines.
  - j. Pay required fees by the due date.
  - k. Complete the Outline for Requesting Approval of Distance Education Courses and/or Programs and the Application for Approval of Doctoral Degrees for CRNAs (Completion Degree Programs) if applicable.
2. Council actions
- a. Provide telephone consultation as indicated.
  - b. Review the submitted Self Study for completeness.
  - c. Request additional information and/or documentation as indicated.
  - d. Conduct an onsite review and evaluation by onsite reviewers. Onsite reviewers are expected to refer to the *Accreditation Reviewers' Manual* for guidance in assessing programs' compliance with the Standards.
  - e. If the COA determines that an onsite visit must be rescheduled, a program will be billed for the actual costs of the cancelled visit, costs of conducting the rescheduled visit, plus an additional fee equal to half the original administrative fee. No refund will be given for the original administrative fee.
  - f. Provide the applicant program with a written summary report of the onsite review.
  - g. Complete a staff analysis of the applicant program's response to the summary report.
  - h. Review documentation at a regularly scheduled accreditation meeting of the Council and make an accreditation decision (see Decisions for Accreditation).

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Revised 10/26/18  
Revised 10/18/17  
Revised 10/21/16  
Revised 06/03/16  
Revised 01/21/16

## Applicant Program Capability Study and Accreditation Review



\*Refer to “Adverse Decision Cycle” flowchart, D-10.

Revised 05/19/17  
Revised 01/24/14

## Certification Examination

### POLICY

Programs must document student achievement in multiple ways. The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) believes that one important measure of student learning is the ability of graduates to pass the National Certification Examination (NCE) for Nurse Anesthetists, administered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA). Each accredited program must demonstrate that graduates take the NCE and pass it in accordance with the COA pass rate requirement.

### DEFINITIONS

**COA pass rate requirement:** Eighty percent.

**Program's graduation cohort(s):** All graduates of a program who took the certification examination within four months of program completion and any first-time takers from previous cohorts who sat for the examination during the period following the calculation of the program's certification pass rate for the previous year.

**Testing period:** The time period during which the program's graduation cohort(s) (see above) has taken the NCE as reported by NBCRNA for one calendar year.

### **Program's NCE pass rate calculation:**

**Method 1: The number of graduates in the most recent graduation cohort who passed the NCE on their first attempt.**

Example: A program's most recent graduation cohort consists of 10 graduates. To achieve an 80% pass rate, eight graduates would need to pass on their first attempt (i.e.,  $8/10 \times 100 = 80\%$ ).

If the program does not meet the pass rate requirement as calculated in Method 1, the COA will calculate the pass rate as:

**Method 2: The number of graduates in the three most recent graduation cohorts who passed the NCE on their first attempt.**

Example: A program's three most recent graduation cohorts to take the NCE consisted of 12, 15, and 14 graduates ( $12 + 15 + 14 = 41$  test takers). To achieve an 80% pass rate for the program, 33 graduates would need to pass on their first attempt (i.e.,  $33/41 \times 100 = 80\%$ ).

If the program does not meet the pass rate requirement as calculated in Method 2, the COA will calculate the pass rate as:

**Method 3: The number of graduates in the most recent graduation cohort who passed the NCE on their first attempt plus the number of graduates who passed the NCE on their second attempt within 60 days of program completion.**

Example: A program's most recent graduation cohort consists of 10 graduates who completed the program on June 23. Seven graduates passed on their first attempt, and three failed (i.e.,  $7/10 \times 100 = 70\%$  first-time pass rate). Two of the three graduates who failed took the NCE for a second time between June 23 and August 22 (i.e., within 60 days of program completion). One of the graduates passed on the second attempt, and one failed. The program's pass rate will include the seven graduates who passed on their first attempt and the graduate who passed on the second attempt within 60 days of program completion. (i.e.  $(7 + 1)/10 \times 100 = 80\%$ ).

## PROCEDURE

1. Program requirements
  - a. Monitor overall pass rates on the NCE on an ongoing basis.
  - b. Monitor the program's NCE pass rate for first-time takers against the COA pass rate requirement.
  - c. Strive to meet or exceed the COA pass rate requirement as calculated in Method 1.
  - d. If unable to meet the pass rate requirement calculated using Method 1, meet or exceed the COA pass rate requirement as calculated in Method 2 or Method 3.
  - e. When appropriate, implement programmatic changes based on causal analysis to improve the program's NCE pass rates.
  - f. Evaluate the results of any programmatic changes and make additional adjustments as necessary.
  - g. Provide information to the COA as requested.
  - h. Publish honest, reliable, accurate data and information to the public regarding its performance. Publications can be in various formats but must include posting the following information on a website that is linked to the Council's *List of Accredited Educational Programs*. The information must include: Certification examination pass rate for first-time takers (refer to Public Disclosure of Accreditation Decisions and Performance Data, P-24).
2. Council actions
  - a. Ensure the anonymity of individual test takers in relation to program pass rate data provided by the NBCRNA.

- b. Monitor programs' NCE pass rates.
- 1) The COA's Evaluation and Analysis Committee will review the pass rates provided by the NBCRNA twice each year.
  - 2) The COA will consider at its subsequent spring meeting the pass rates of those programs graduating students between May 1 and October 31; the COA will consider at its subsequent fall meeting the pass rates of those programs graduating students between November 1 and April 30.
    - a) Programs that have met the COA pass rate requirement using Method 2 or 3 for the calendar year under review will be encouraged to evaluate factors that may have a negative impact on their students' ability to pass the NCE and the program's ability to meet the COA pass rate requirement when calculating the pass rate using Method 1.
    - b) Programs that have NCE pass rates lower than the COA pass rate requirement calculated using Method 1, 2, or 3 will receive a letter of concern and will be monitored. The letter of concern will direct the program to immediately conduct a causal analysis (refer to *Guidelines for Developing a Causal Analysis for Certification Examination Status Reports* published in the COAccess program portal Reference Library), and develop and implement a plan designed to improve its graduates' ability to pass the NCE.
    - c) Programs being monitored must submit annual status reports to the COA detailing the efforts they are making to improve their graduates' ability to pass the NCE and the results of previously enacted improvements. The dates that status reports are due will be provided in the letter of concern.
    - d) The monitoring period shall not exceed five years from the date a program is placed on monitoring. To be removed from monitoring, a program must have two consecutive years at or above the COA's pass rate requirement calculated using Method 1, 2, or 3.
    - e) During monitoring, if a program fails to meet or exceed the COA pass rate requirement, the program will be out of compliance with the COA Certification Examination policy and thus out of compliance with Standard I, Criterion A11\* and Standard III, Criterion C21.c.8\* of the *Standards for Accreditation of Nurse Anesthesia Educational Programs* and Standards A.12\* and D.24\* of the *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*. The program will be considered out of compliance with the applicable Standards until it has been removed from monitoring (i.e., until it has met the pass rate requirement benchmark for two consecutive years).
    - f) Programs will be notified of their noncompliance by the COA. During the next 24 months the program must increase and maintain its NCE pass rates to meet or exceed the COA pass rate requirement or face a potential adverse decision.

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\*This criterion is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.





## Change in Control, Ownership, or Conducting Institution

### POLICY

A nurse anesthesia program or single purpose institution experiencing a change of control must be reviewed by the Council to determine accreditation status. Accreditation will not be transferred to a new program or institution and the number of accredited programs or institutions cannot be increased as a result of a change in organizational structure.

### PROCEDURE

1. Requirements for all programs and single purpose institutions:
  - a. Notify the Council of proposed changes at least 60 days before a regularly scheduled meeting of the Council. (Expedited reviews may be requested for a fee.)
  - b. Complete and submit information required by the Council's policy for a major programmatic change.
  - c. Submit additional information, including the following:
    - 1) Identification of the entity or entities that will assume control of the program or single purpose institution.
    - 2) Documentation that the change of control has been authorized by all entities involved.
    - 3) Description of how currently enrolled students will be assured the opportunity to graduate from an accredited program or single purpose institution during the transition period.
  - d. Consider the temporary appointment of a second CRNA program director to oversee the currently enrolled students during the transfer of ownership.
2. Additional requirements for single purpose institutions:
  - a. Provide adequate notice to facilitate the scheduling of an onsite review as soon as practicable but no later than six months after the change.
  - b. Complete an onsite review.
  - c. Demonstrate that it meets the requirements for an additional location, branch campus, when applying for a major programmatic change, if applicable.

3. Council actions

- a. Review the submitted information at the Council's next regularly scheduled meeting or as soon as practicable. (Expedited reviews may be scheduled upon request).
- b. Determine if the requirements for an additional location, branch campus (page M-4) are met before a change in control, ownership, or conducting institution is approved, as applicable.
- c. Assess the effect of the change on the program's or single purpose institution's compliance with accreditation requirements to:
  - 1) Request any additional information or a progress report.
  - 2) Determine if a new accreditation decision is warranted (see Decisions for Accreditation).
  - 3) Determine whether the change in control results in a new program or single purpose institution. If this is the case, perform the following:
    - a) Notify the program or single purpose institution to begin the application process for capability review.
    - b) Specify a date when accreditation will expire to accommodate the graduation of currently enrolled students.
    - c) Notify the conducting entity that it cannot admit new students to an accredited program, pending its approval by the Council as a new program or single purpose institution.
    - d) Set an effective date of approval that is not retroactive. The effective date of approval can be the same date as the accreditation decision if it is made within 30 days of the change.
- d. Conduct an onsite review of a single purpose institution within 6 months of the change of control.
- e. Issue a revised certificate of accreditation displaying the new name of the program or single purpose institution if indicated.

Revised 05/01/13  
Approved 01/17/12

## Clinical Sites - Acquisition

### POLICY

The acquisition of a new clinical site may or may not be considered a major programmatic change (see Major Programmatic Change policy and procedure). The Council will use its discretion in making that determination. An onsite review of a clinical site may be conducted to verify that the additional location has the personnel, facilities, faculty, and resources it claims to have in its application to the Council for approval of the additional location.

A clinical site is an institution or facility where students receive any portion of their clinical education. All such sites must receive approval by the Council prior to the placement of students at the site. Approved clinical sites shall fall into one of two categories:

- **Enrichment Site:** An enrichment site is a nonprimary clinical site that meets one or more of the following criteria: An institution (1) where students receive less than 50% of their total clinical experience; (2) that is not necessary to enable a program to meet the Council's standards; (3) that is unlikely to have a significant impact on a program's ability to continue complying with accreditation standards and policy/procedural requirements; (4) utilized solely as an enriching experience.
- **Required Site:** A required site is a primary clinical site that meets one or both of the following criteria: An institution (1) where students receive 50% or more of their total clinical experience and/or (2) that is necessary to enable a program to meet the Council's standards.

### PROCEDURE

#### 1. Program requirements

- a. Complete the Outline for Requesting Approval of a New Clinical Site form in the program's COAccess portal. The completed form must be supported by the following:

- 1) Documentation that the clinical site has been visited. Program personnel conducting clinical site visits must be a CRNA or anesthesiologist qualified by experience to conduct clinical site visits. The clinical site cannot be visited by clinical faculty of that site (excluding the program administrator or assistant program administrator).

Site visit documentation must evidence that the following activities have taken place as part of a clinical site visit(s) prior to submitting the application for approval:

- a) Identification of the purpose/objectives/outcomes of the rotation.
- b) Meeting with department chair or his/her designee, if applicable.

- c) Meeting with representatives of the clinical faculty.
      - d) Review of facilities.
      - e) Discussion of program policies that would impact students while there on rotation (e.g., supervision and evaluation policies).
    - 2) A signed affiliation agreement between the program and the clinical site/facility.
    - 3) If any other nurse anesthesia educational programs utilize the site the program is applying for, the applicant program must provide documentation (e.g., certified mail receipt, FedEx receipt, email correspondence, or the other programs' written responses) affirming that all other nurse anesthesia programs affiliated with the site have been notified of the applicant's intent to send students to the site. For applicant programs seeking initial accreditation, this notification must be made at least 90 days prior to students being assigned to the new site.
  - b. Only fully completed applications with all supporting documentation will be reviewed.
  - c. A fee for each clinical site requested must be submitted to the COA with the fully completed application in order for the review process to be initiated (see Fee Schedule).
2. Chief Executive Officer's actions
- a. Upon review of the completed application, the Chief Executive Officer or designee will provide preliminary approval. Approval by the Chief Executive Officer or designee will allow the program to temporarily place students at the clinical site pending final Council action/decision at their next regularly scheduled meeting. Programs can expect a decision regarding preliminary approval of their clinical site from the Chief Executive Officer or designee within 45 business days of receipt of the fully completed application.
  - b. If the program requires an expedited decision, the Chief Executive Officer or designee will review the application within 15 business days of the Council's receipt of the fully completed application. Approval by the Chief Executive Officer or designee will allow the program to temporarily place students at the clinical site pending final Council action/decision at their next regularly scheduled meeting. Programs can expect a decision regarding expedited preliminary approval of their clinical site from the Chief Executive Officer or designee within 15 business days of the Council's receipt of the fully completed application.
  - c. A fee for each clinical site requested must be included with the fully completed application in order for the expedited review process to be initiated (ref. Fee Schedule, AA-1—AA-5).

3. Council's actions

- a. The Chief Executive Officer of the Council or his/her designee will review the outline submitted for preliminary approval and present recommendations to the Council, for final Council action/decision, at the next regularly scheduled Council meeting or as soon as practical after receiving the completed document.
- b. The Chief Executive Officer of the Council or his/her designee will determine if the clinical site is a required site, or if it constitutes a major programmatic change. If a new clinical site acquisition is determined to constitute a major programmatic change, the program will be notified and requested to submit additional material, if needed.
- c. The Council will review all preliminarily approved clinical sites at its next regularly scheduled meeting. Action may include, but is not limited to, any one or a combination of the following:
  - 1) Approval.
  - 2) Denial.
  - 3) Deferral of action.
  - 4) Full or focused Self Study report.
  - 5) Full or focused onsite review (an onsite review may be conducted on a degree-granting single-purpose institution if the institution has not been reviewed and approved by a regional accrediting agency or a state agency).
- d. If a required site is approved, plan a focused visit, within six months, to the clinical site if the program has:
  - 1) Little experience operating multiple sites, i.e., has a total of three or fewer existing sites;
  - 2) Not demonstrated, to the Council's satisfaction, that it has a proven record of effective educational oversight of additional sites;
  - 3) Been placed on probation or show cause by the Council or is subject to some limitation by the Council on its accreditation;
  - 4) Experienced rapid growth in the number of additional sites;
  - 5) Change in accreditation status;

- 6) Request to apply as a new program or as an experimental or innovative program.
- e. Notify the program of the Council's decision.

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Revised 05/31/18

## Clinical Sites - Maintenance

### POLICY

Upon initial approval of a clinical site by the Council, programs are required to conduct activities related to maintaining the Council's approval of the clinical site.

### CATEGORIES

Approved clinical sites fall into one of three statuses: **active, inactive, and discontinued.**

- Active clinical site: A clinical site where students are currently assigned.
- Inactive clinical site: A clinical site where students are not assigned for 12 months or longer; programs may assign students to the site within 36 months of the departure of the last group of students in order to reactivate the clinical site without any further approval.
- Discontinued clinical site: A clinical site where the affiliation agreement has been terminated or where students have not been assigned from the program for 36 months; in order to reactivate the clinical site, programs are required to submit the full clinical site application for COA approval.

### PROCEDURE

1. Program requirements
  - a. Document that active clinical sites are visited in person a minimum of once per year. Program personnel conducting clinical site visits must be a CRNA or anesthesiologist qualified by experience to conduct clinical site visits. The clinical site cannot be visited by clinical faculty of that site (excluding the program administrator or assistant program administrator).
    - 1) Suggested criteria to be assessed when performing clinical site visit:
      - a) Verification of purpose and/or objectives of the rotation are being met.
      - b) Verification of completion of student and clinical site evaluations.
      - c) Verification of ongoing communication between program and site.
      - d) Remediation of identified issues.
      - e) Observation of students in the clinical area.
  - b. Obtain approval from the Council prior to converting an enrichment site to a required site. No fee is required.



- 1) Submit a clinical site application completing the questions addressing:
    - a) Name and address of program.
    - b) Name of clinical site, city and state, and question subparts.
    - c) Explanation of the need for converting the site to a required site and question subparts.
    - d) Number of learners and question subparts.
    - e) Notification/documentation to other programs using the clinical site of the program's intent to utilize the site as a required site.
  - c. Report the status of each clinical site as active, inactive, or discontinued on its Annual Report.
  - d. Conduct a clinical site visit prior to the conversion of a site from inactive to active status.
  - e. Report the demographic data for all active and inactive clinical sites when completing the Self Study.
2. Council's actions
- a. Update and maintain the program's CRM database record to reflect the current status of clinical sites.
  - b. Review the demographic data provided in the program's Self Study to ensure complete and accurate data. Provide feedback to the program to correct information, as appropriate.
  - c. Visit selected clinical sites during an onsite review. Sites will be selected by the Council's Chief Executive Officer or designate and Chair of the review team based on considerations to include:
    - 1) Feedback from clinical site evaluations submitted to the Council.
    - 2) Random selection.

## Complaints against Nurse Anesthesia Programs\*

### POLICY

The Council will give appropriate attention to complaints it receives that specifically relate to noncompliance of nurse anesthesia educational programs with the *Standards for Accreditation of Nurse Anesthesia Educational Programs, Standards for Accreditation: Practice Doctorate\*\**, *Standards for Accreditation of Post-Graduate CRNA Fellowships*, or the Council's policies and procedures. It will review complaints from students, faculty, individuals associated with a nurse anesthesia program, or other individuals who have knowledge of a program. The complainant shall not submit electronic **protected health information** (PHI) to the COA if this is part of the complaint. The Council will not accept electronic PHI submissions.

The Council will not adjudicate individual disputes between individuals and nurse anesthesia educational programs.

### PROCEDURE

1. Responsibility of individual or individuals bringing the complaint
  - a. Options available to complainant:
    - 1) Contact the program director or other program official to attempt to resolve the issue.
    - 2) Contact a representative of the conducting institution to attempt to resolve the issue.
    - 3) Contact the Council only after exhausting any and all internal procedures available to the complainant within the institution(s).
  - b. Complaints filed with the Council must include:
    - 1) The name, mailing address, and telephone number of the complainant.
    - 2) A written statement that the letter of complaint can be released to the program with the signature of each complainant affixed. (Alternative: For valid reasons, anonymity can be requested by asking the Council not to reveal the complainant's identity and to paraphrase the letter before mailing it to the program. Refer to item 3b4 below).
    - 3) Sufficient information and supporting documentation (if available) explaining how the program is violating an accreditation standard or Council policies and/or procedures. Specific violations should correlate with the exact standard and criterion or policy.
    - 4) Documentation that internal procedures within the institution(s) have been exhausted. For individuals not affiliated with a program, contact the program administrator other program official to attempt to resolve the issue.

- 5) Written request to make a personal appearance before the Council if desired.
- 6) Complainant's signature. The Consent Form must be signed and dated for the Council to consider it.

2. Program requirements

- a. Make the Council on Accreditation's mailing address and telephone number available to students.
- b. Upon receiving a notice from the Council that a complaint has been filed:
  - 1) Conduct a timely investigation into all anonymous or signed complaints related to accreditation requirements as follows:
    - a) Immediately investigate any complaint related to the safety of patients or other individuals.
    - b) Respond to the alleged violations of accreditation standards or Council policies and/or procedures within 30 days.
    - c) Present sufficient information and supporting documentation (if available) to demonstrate the program's degree of compliance with accreditation standards and policies.
    - d) Submit a written request for the program representative or representatives to appear before the Council if desired.

3. Council actions

- a. Evaluate a complaint to determine if internal procedures within the nurse anesthesia program have been exhausted.
- b. Evaluate a complaint to determine whether it relates to noncompliance with accreditation standards or the Council's policies and/or procedures.
  - 1) Complaints that indicate possible violations will be brought to the attention of the Council with the name of the complainant affixed unless the person has specifically stated in writing that it is not permissible to reveal his/her identity. If anonymity is appropriate, all communication with the Council, the program director, and onsite reviewers will maintain this anonymity. If the criticisms are vague as to the situation that may be in noncompliance, the Chief Executive Officer of the Council or designee will ask the complainant to provide more specific information before bringing the matter to the Council.
  - 2) If the complaint relates to an issue of **due process** brought by a student, the Chief Executive Officer of the Council or designee will notify the student that evaluation of the complaint for action by the Council mandates identification of the concerned student and that the student must give written

concurrence before the issue can be brought to the attention of the Council. The Council can deal only with issues that charge noncompliance with standards or Council policies and/or procedures, and it will not adjudicate individual disputes concerning due process.

- 3) If upon review, the complaint is determined to relate to possible violations of Council standards and/or policies and procedures, and if internal procedures available within the nurse anesthesia program have been exhausted, the Council acknowledges the complaint and the process continues.
  - 4) Anonymous complaints will not be considered unless a complaint, written or verbal, suggests a risk of harm to the program director, staff, patients, or others (ref. item 1b2 above). The Council's Chief Executive Officer or designee will alert the program director to that risk and request that the issue be investigated and that a report of the investigation be sent to the Chief Executive Officer or designee, if the complaint relates to accreditation standards, policies, and/or procedures.
- c. Place the complaint on the Council's agenda as soon as practicable after the program director's response is received.
- 1) Complaints will be considered at a Council meeting if one is scheduled within 30 days after receipt of the response from the program. Responses to complaints that are received at any time other than within the 30-day period after receipt of the response from the program will be considered by the Council during a telephone conference call.
  - 2) The Council will delay consideration of a complaint only for a valid reason.
- d. If necessary, refer a complainant to appropriate federal, state, and/or other agencies if the complaint does not relate to the Council's standards.
4. Appearance before the Council on Accreditation
- a. The Council must be notified in writing at least 30 days before the Council meeting of the intent of the complainant or program representatives to appear before it. Notification must include the name, titles and organizational affiliation of those people wishing to appear.
  - b. A program being reviewed by the Council with regard to a complaint may send representatives to the Council meeting to address the program's response to the complaint. Expenses incurred by the program are the responsibility of the program.
  - c. Guidelines for the conduct of a personal appearance or telephone hearing will follow the Council's procedure (see Appearances before the Council).
5. Council deliberations

- a. Choose one or more of the following actions (or other actions not listed here):
    - 1) Take no action and dismiss the complaint.
    - 2) Conduct a supplemental onsite review.
    - 3) Defer consideration until the next routinely scheduled onsite review.
    - 4) Make a decision affecting the current accreditation status of the program (see Decisions for Accreditation).
  - b. Notify the program director, other appropriate institutional personnel, and the complainant of the Council's decision within 30 days of the time the decision is made.
6. Maintenance of the program file

The Chief Executive Officer of the Council or designee should follow these guidelines in maintaining the program file:

- a. When the complainant requests confidentiality.

In circumstances where confidentiality is requested by the complainant, the information received by the Chief Executive Officer of the Council or designee will be restated for the purpose of maintaining confidentiality. These documents, with all other official correspondence, will remain confidential until resolution of the issue. The original paper or papers signed by the complainant will be maintained by the Council.

- b. When the complainant does not request confidentiality.

If the individual making the complaint does not request confidentiality, or if the issue involves due process for an individual student, all records will be maintained in the files until resolution of the issue. The original paper or papers signed by the complainant will be maintained by the Council.

- c. The Council will record its official action in the disposition of the issue.

\*The term "program" should be understood as referring to both accredited nurse anesthesia educational programs as well as post-graduate CRNA fellowships. The term "students" should be understood as additionally referring to post-graduate fellows, and "conducting institution" should be understood as referring to a fellowship sponsor.

\*\*Effective 1/01/15

Revised 10/21/16  
Revised 05/30/14  
Revised 01/25/13

## Complaints Initiated against the Council

### POLICY

The Council will review any complaint against it that is related to the Council's standards, criteria, procedures, or conduct.

### PROCEDURE

1. Complainant's requirements
  - a. Contact the Chief Executive Officer of the Council to discuss the complaint and determine whether it can be resolved informally.
  - b. Notify the Council of the complaint in writing within 90 days of the occurrence.
    - 1) Identify specifically how the Council is believed to have made violations as outlined in the policy statement above.
    - 2) Submit documentation to support the complaint.
    - 3) Sign and date the complaint. Anonymous complaints will not be considered.
2. Council actions
  - a. All written, signed complaints will be forwarded to the Council's President within 10 days of receipt.
  - b. The President will appoint a special committee consisting of the AANA Education Committee chair, public representative, and at least one other Council director to study the matter within five working days of being notified of the complaint.
  - c. A summary of the special committee's findings will be presented to the full Council no later than 30 days after the committee has been appointed.
  - d. Any agency personnel or Council member against whom a complaint is lodged will be excluded from participating in the final decision making.
  - e. The complainant will be notified in writing of the outcome of the Council's investigation, including any action taken, within 30 days of completion of the investigation.
  - f. A decision will rarely be delayed. If it is delayed, it will be only for a valid reason.

Revised 05/01/13

## Confidentiality and Disclosure of Information

### POLICY

The accreditation process requires mutual commitments from the Council and a nurse anesthesia program to interact with candor, cooperation, integrity, and trust. All individuals working on the accreditation process have the responsibility to maintain **confidentiality** regarding information of which they become aware as a result of accrediting activities. Only information that is procedurally identified as being public or that legally must be released will be disclosed. The policy is binding on: directors of the Council; staff; consultants; committees, special interest groups, and task forces appointed by the Council; and onsite reviewers.

### PROCEDURE

1. Program requirements
  - a. Be candid and cooperative during onsite reviews and other interactions with the Council.
  - b. Complete a Self Study that honestly describes weaknesses, plans for improvement, and successes in achieving established outcomes.
  - c. Accurately represent accreditation status or any actions taken by the Council regarding the program.
2. Council actions
  - a. Recognize that admission of any weakness by a program constitutes the initial step toward self-improvement. Allow a program time to improve before a public accreditation decision is made.
  - b. Refrain from ranking and/or recommending any accredited program.
  - c. Maintain the confidentiality of documents, records, and proceedings, including:
    - 1) The Self Study document.
    - 2) Correspondence related to the accreditation process for individual programs.
    - 3) Summary report of onsite review.
    - 4) Program's response to the summary report and supporting documentation.
    - 5) Staff analyses.
    - 6) Deliberations regarding accreditation decisions.
  - d. Restrict confidential information as appropriate to:

- 1) Program administrators and designated program officials (ref. “Council Correspondence and Electronic Communication”).
  - 2) Council directors.
  - 3) Staff.
  - 4) Selected consultants.
  - 5) Assigned onsite reviewers.
  - 6) Legal counsel for the COA.
- e. Disclose the following public information:
- 1) Projected dates of a program's onsite review for the purpose of inviting third-party comments.
  - 2) Final accreditation decisions and identification of data in an official list of accredited programs.
  - 3) Final adverse accreditation decisions in accordance with the Council’s policies on public notice and notification of accreditation decisions.
  - 4) Removal of adverse accreditation decisions.
  - 5) Queries regarding a program's accreditation with the current accreditation status or date of onsite review only.
  - 6) Public information from the annual report's database in a manner that protects the identity of individual programs.
- f. Disclose information to the U. S. Department of Education and other appropriate state or regulating agencies, as required by federal law and/or regulation. Redact information that would identify individuals or programs that is not essential to USDE review.
- g. Disclose information as may be legally required.
- h. Take corrective action if a program releases information that misrepresents or distorts any action taken by the Council.

Revised 01/20/17



## Conflicts of Interest

### POLICY

The U.S. Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) require the development of clear and effective controls against conflicts of interest or the appearance of conflicts of interest by Council directors, onsite reviewers, consultants, administrative staff, or other Council representatives.

### PROCEDURE

1. Program requirements
  - a. Notify the Council in writing of any perceived conflicts of interest related to the accreditation process.
  - b. Provide evidence that a conflict of interest exists.
2. Council actions
  - a. Ensure that no current Council director may serve as a consultant to a nurse anesthesia program.
  - b. Allow no current Council director to serve as an onsite reviewer.
  - c. Allow no individual to participate in any accreditation activity related to a program or institution wherein he or she:
    - 1) Graduated.
    - 2) Served as a consultant, worked, or held practice privileges within the last five years.
    - 3) Participated in an onsite review during the past five years.
    - 4) Possesses a pecuniary (financial) interest.
    - 5) Possesses any close personal or professional relationships.
    - 6) Holds a concurrent position that has duties or responsibilities that compete with those of the Council.
    - 7) Has evidence of a conflict of interest, including (but not limited to) residing in the same state as the program or institution under review.
  - d. Ensure that the student director is *not* any of the following:
    - 1) An employee, member of the governing board, owner, shareholder, or consultant to an institution or program that either is accredited by the Council or has applied for accreditation.

- 2) A member of any trade association or membership organization related to, affiliated with, or associated with the Council, with the exception of AANA associate membership.
  - 3) A spouse, parent, child, sibling, or close relative of an individual who is identified as being in the aforementioned groups.
- e. Ensure that the public director is not a current or former member of any healthcare profession providing direct patient care and is *not* any of the following: an employee, member of the governing board, owner, shareholder, or consultant to an institution or program that either is accredited by the Council or has applied for accreditation; a member of any trade association or membership organization related to, affiliated with, or associated with the Council; or a spouse, parent, child, sibling, or close relative of an individual who is a member of the aforementioned groups.
  - f. Inform programs and onsite reviewers that neither party should discuss or enter into a professional or business relationship until after the Council makes the accreditation decision.
  - g. Should a conflict of interest or even the appearance of a conflict of interest arise, remove the involved individual from the accreditation review process and/or accreditation activity.

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Revised 05/31/18  
Revised 10/18/17  
Revised 01/23/15

## Council Correspondence and Electronic Communication

### POLICY

The Council will notify programs of all program-related actions. Council correspondence will be distributed electronically using an institutional e-mail address to program administrators and other institutional officials. Correspondence related to an adverse decision including denial of accreditation, probation, or revocation will also be distributed to the program in hard copy.

### PROCEDURE

1. Program requirements
  - a. Provide current institutional e-mail addresses for the program administrators and all other institutional officials receiving COA correspondence.
  - b. Include the following individuals on the program's list of program officials:
    - 1) Person to whom the program administrator directly reports (e.g., dean or other academic administrator).
    - 2) Chief executive officer (CEO) and/or president of the conducting institution(s) or organization(s).
    - 3) Chief academic officer of the conducting institution(s) or organizations(s).
    - 4) Other designated administrators.
  - c. Notify the COA within 30 days of any changes to the program's list of program officials in accordance with Council procedures.
2. Council actions
  - a. Address the following written Council correspondence to the CRNA program administrator and copied to the assistant program administrator:
    - 1) Clinical site preliminary approval letters
    - 2) Clinical site final approval letters
    - 3) Certification Examination pass rate review letters (see exception 2.b.5)
    - 4) Distance Education decision letters
    - 5) Midpoint or new program evaluation results review letters
    - 6) Progress Report decision letters
    - 7) Results of midpoint or new program evaluations
    - 8) Waiver of graduate degree requirement decision letters
  - b. Address the following written Council correspondence to the CRNA program administrator and copied to the individuals on the program's cc list:

- 1) Initial or continued accreditation decision letters
  - 2) Major programmatic change decision letters
  - 3) Doctoral degree decision letters
  - 4) Midpoint or new program evaluation results review letters
  - 5) Certification Examination pass rate review letters for programs in monitoring
- c. Determine the appropriate recipient(s) of other COA correspondence.

Revised 01/20/17  
Revised 01/17/12

## Credit Hour Assignment for Institutions

### POLICY

When acting as an institutional accrediting agency, the Council on Accreditation assesses an institution to determine if its credit hour determinations meet at least the minimum standards in the federal definition of a credit hour and in light of commonly accepted practice in higher education. Institutions are responsible and accountable for demonstrating that each course has the appropriate amount of student work for students to achieve the level of competency (i.e. learning outcomes) defined by institutionally established course objectives.

### DEFINITION

**Credit hour:** A credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency and reasonably approximates not less than

- (1) One hour of classroom or direct faculty instruction and a minimum of two hours of out-of-class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time; or
- (2) An alternative method of measuring student learning that is at least an equivalent amount of work as required in (1) above of this definition for other academic activities as established by the institution, including laboratory work, internships, practica, and other academic work leading to the award of credit hours.

### PROCEDURE

1. Institutional requirements
  - a. Institutional policy and procedure exists that identifies how credit hours are assigned to courses.
  - b. An institution is accountable for assigning an amount of credit hours for each course that corresponds to the quantity of work reasonably expected to be required in order to achieve those learning outcomes, and for documenting student achievement of objectives.
  - c. Submit an accurate report including the institution's credit hour policy and procedure to the COA for initial approval.
  - d. Provide evidence in the report that the assignment of credit hours meets at least the minimum standards in the definition and conforms to commonly accepted practice in higher education.

- e. Submit a progress report to the Council if there is a significant change in credit hour assignment after they are approved or if there is a conversion of clock hours to credit hours.
- f. Make available to the Council's onsite reviewers the institution's policy and evidence of its reliable application.
- g. An institution must publicly disclose the amount of advanced standing or transfer credits it awards and make available a list of the institutions with which the institution has established any articulation agreements.

## 2. Council actions

- a. Conduct as part of its review of an institution for initial accreditation or continuing accreditation, an effective review and evaluation of the reliability and accuracy of the institution's assignment of credit hours. Review the institution's:
  - 1) Policy and procedure for determining the credit hours, as defined in this policy, that the institution awards for courses; and
  - 2) The application of the institution's policy and procedure to its programs and coursework.
- b. Determine whether the institution's assignment of credit hours conforms to commonly accepted practice in higher education.
- c. Determine whether the institution's policies and procedures result in the establishment of credit hours that meet at least the minimum standards in the definition.
- d. In reviewing and evaluating an institution's policies and procedures for determining credit hour assignments, use a sampling method to determine compliance with this policy.
- e. Provide guidance to onsite review teams on selecting a sample that adequately encompasses degree levels, teaching/learning formats, and delivery modes.
- f. Take such actions that it deems appropriate to address any deficiencies that it identifies at an institution as part of its review and evaluations. Actions can include but are not limited to:
  - 1) Approval
  - 2) Denial
  - 3) Deferral of action
  - 4) Progress report(s)
  - 5) Full or focused Self Study report
  - 6) Full or focused onsite review
  - 7) Change in accreditation status

- g. If, following the institutional review process, the COA finds systemic noncompliance with this policy or significant noncompliance regarding nurse anesthesia education at the institution, promptly notify the U.S. Secretary of Education.

Approved 01/17/12

## Deadline for Compliance with the Standards and Criteria of the Council on Accreditation

### POLICY

Nurse anesthesia programs that have been notified by the Council that one or more areas of the program are not in compliance with the standards and criteria of the Council have a maximum of two years in which to comply with the Council's requirements. Criteria that the Council has designated as critical weaknesses or those that address matters of ethics or safety must be brought into compliance within four weeks after notification by the Council unless there is a valid reason to extend the time period.

Exceptions to the two-year deadline will be considered if there is **good cause** to do so.

### Examples of Good Cause

Examples of barriers that prevent a program from coming into compliance with accreditation requirements that are beyond control of the program include:

- A natural disaster, such as flooding that destroyed records.
- Inability to hire a faculty member following good faith efforts.

The maximum length of an extension for good cause is one year. The Council will not grant additional extensions.

### PROCEDURE

#### 1. Program requirements

- a. If notified by the Council that the program is out of compliance with one or more of the COA's standards or criteria, provide the Council with documentation that it has remedied the deficiencies by the Council's deadline.
- b. If an extension of the deadline is needed, submit a written request for an extension to the Council. The request must include a valid reason for not meeting the deadline.

#### 2. Council actions

A program's compliance with the Council's standards is ascertained from the program's annual report, periodic onsite reviews, and/or progress reports. If, through an evaluation of these documents, the Council finds that the program has failed to comply with any of the Council's standards or criteria, the Council will take the following actions:

- a. Notify the program by e-mail that it is out of compliance with regard to one or more standards or criteria.



- b. Identify the specific standards or criteria with which the program is out of compliance.
- c. Cite the reasons why the program is out of compliance.
- d. State the date by which the program must resolve the deficiencies.
- e. Inform the program that an adverse accreditation decision for revocation will be forthcoming for failure to comply by the two-year deadline.
- f. Consider a request from a program for an extension of the two-year deadline if there is good cause.

## Decisions for Accreditation of Nurse Anesthesia Educational Programs

### POLICY

Accreditation decisions are based on a program's substantial compliance with the Council's *Standards for Accreditation of Nurse Anesthesia Educational Programs* and *Standards for Accreditation - Practice Doctorate\**. The Council strives to consistently apply and enforce its standards in a manner that respects the stated mission of the institution or program, including religious mission, and that ensure that the education or training offered by an institution or program, including any offered through distance education, is of sufficient quality to achieve its stated objective for the duration of any accreditation period granted by the Council. These decisions are final, subject to reconsideration by the Council on Accreditation (COA) and appeal to the Accreditation Appeal Panel (AAP). The COA retains full authority in the granting of all accreditation decisions.

The Council reaches accreditation decisions and takes other appropriate actions based on written procedures governing the accreditation process. It bases its accreditation decisions on published definitions of the various statuses that it can award to programs.

### PROCEDURE

1. Program requirements (both **entry programs** and **completion degree programs**)
  - a. *All* programs: Accurately portray accreditation decisions made by the Council.
  - b. *New* programs: New programs must submit confidential and anonymous student and faculty evaluations two (2) years after the start of the first class of students.
  - c. *Established* programs: Submit confidential and anonymous faculty and student evaluations at the midpoint of an accreditation cycle. For example, a program receiving a 10-year accreditation would submit evaluations at 5 years following the accreditation decision. The COA may accelerate this time frame at its discretion.
2. A program that receives an **adverse accreditation decision** (denial, probation or revocation of accreditation) from the Council has the responsibility to notify its current students and those accepted for **enrollment** in writing of that decision.
3. Additional requirements for CRNA completion degree programs with an adverse accreditation decision
  - a. For completion programs, coexisting with accredited entry programs, where the completion programs award degrees with titles and courses that are unrelated to anesthesia:
    - 1) CRNA students, if any, must be notified that the completion degree program has received an adverse accreditation decision.

- 2) RN students accepted or enrolled in the entry program must be notified if the adverse accreditation decision for the CRNA completion program impacts the entry program in any way.
  - 3) Once an adverse decision is final, any information that is published about the Council's accreditation of the program must make it clear that accreditation is only applicable to the entry program. Publications must not infer accreditation of the completion program.
- b. For CRNA completion degree programs where the Council serves as: (a) an institutional accreditor or (b) as a programmatic accreditor for programs that *do* rely on Council accreditation to access federal funds for their entry students and/or completion students, or (c) as a programmatic accreditor for entry programs when the degree titles reference anesthesia or a significant component of anesthesia-related content is in the curriculum:
- 1) CRNA students, if any, must be notified that the completion program has received an adverse accreditation decision.
  - 2) RN students accepted or enrolled in the entry program must be notified if the adverse accreditation decision for the completion program impacts the entry program in any way.
  - 3) The completion program cannot be conducted as part of an institution that relies on the Council for access to federal funding.
  - 4) The completion degree program cannot be conducted as part of a program if it awards the same degree or is equivalent to the entry program's curriculum.
4. Council decisions for *new programs applying for initial accreditation*
- a. May make the following decisions based on a capability review.
    - 1) *Accreditation*: This decision indicates that the program demonstrates reasonable assurance that it can and will continue to substantially comply with standards for accreditation and that it can admit students. The program begins operation when the first students start the program. Continued accreditation will be considered after graduation of the first class of students. Note that an accreditation decision may include approval pending Chief Executive Officer or Executive Committee review of additional information as required by the Council.
    - 2) *Denial of accreditation*: This decision indicates that the proposed program has not demonstrated reasonable assurance that it can conduct an accredited program. The program may request the Council to reconsider a denial of accreditation.

5. Council decisions for *established programs* and for *new programs that have graduated the first class of students*

- a. *Continued accreditation:* The Council uses the following guidelines and accompanying criteria for awarding continued accreditation. An accreditation decision may include approval pending Chief Executive Officer or Executive Committee review of additional information as required by the Council. History of a program's partial and/or noncompliance of the standards may have an impact on the Council's decision to request a program's evaluations before the midpoint of the accreditation cycle.

10 years: Compliance (no areas of concern).

8 years: Substantial compliance (no areas of critical weakness).

6 years: Minor deficits exist (no areas of critical weakness) and/or earlier review indicated based on recently corrected deficiencies or a history of recurrent problems.

4 years: Plans to correct substantial deficits and/or areas of critical weakness are in place.

- 2 years:
- 1) Substantial deficits exist and remain unresolved and/or
  - 2) A question of program stability has been raised and/or
  - 3) Multiple areas of noncompliance or critical weaknesses remain unresolved.

- b. *Continued accreditation with progress report:* This is continued accreditation with the requirement of one or more written reports submitted to the Council that provide additional information and indicate progress in improving substantial compliance with the *Standards for Accreditation of Nurse Anesthesia Educational Programs* or *Standards for Accreditation - Practice Doctorate\**.

- c. *Show cause:* The Council may issue a Show Cause letter (see Show Cause)

- d. *Probation:* The Council may give notice that a program's accreditation is in jeopardy by placing it on probation. Probation will not exceed one year in length (see Probation Procedure). Probation may be conferred on the basis of one or more of the following deficiencies, but it is not limited to:

- 1) Failure to comply with the Council's standards, policies, and procedures.
- 2) Failure of a program to respond by the established deadline after receipt of the summary report that identifies serious deficiencies observed during the onsite review.
- 3) Failure to submit a Self Study by the established deadline.

- 4) Failure to submit a progress report by the date requested.
- 5) Failure to respond to a Show Cause letter.
- e. *Revocation of accreditation:* The Council may revoke accreditation when:
  - 1) Evidence indicates that the number and/or severity of deficiencies cannot be corrected before the next class of students (see Revocation Procedure).
  - 2) If the program fails to respond to a Show Cause letter.
6. Council decisions for *CRNA completion degree programs*

Any accreditation decision listed for new programs or established programs can apply to CRNA completion degree programs.
7. Council's deferral of action
  - a. After a capability review, the Council may choose to defer action on the accreditation decision pending additional information.
  - b. For an established program, the Council may defer action to no later than its next meeting to consider additional documentation. The accreditation of the program is not altered during the deferral period.
8. Council's notification to program of decision
  - a. Notify the program in writing within 30 days of the Council's decision.
  - b. Provide written specifications of any identified deficiencies while giving the program opportunity for a written response prior to a final accreditation decision.
  - c. For a nurse anesthesia educational program that has received an adverse decision:
    - 1) Provide the program with the reasons for the action.
    - 2) Advise the program of its right to accept the decision or request reconsideration (see Reconsideration).
    - 3) In the event the decision is upheld upon reconsideration, notify the program that it may appeal, utilizing the appellate process (see Appellate Review).

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## Decisions for Accreditation of Post-Graduate CRNA Fellowships

### POLICY

The Council on Accreditation of Nurse Anesthesia Educational Programs (Council) accredits nurse anesthesia programs within the United States and Puerto Rico that award post-master's certificates, master's, or doctoral degrees, including programs offering distance education, and post-graduate fellowships.

A Post-Graduate CRNA Fellowship (fellowship) accredited by the Council contains advanced education and training in a focused area of specialty practice or concentration. The fellowship is developed for Certified Registered Nurse Anesthetists (CRNAs). Non-clinical fellowships may be applicable to other advanced practice registered nurses (APRN) (see Glossary, "Advanced Practice Registered Nurse"). Although each fellowship may be unique, the *Standards for Accreditation of Post-Graduate CRNA Fellowships* are intended to promote quality and consistency for accreditation purposes.

All accredited fellowships must demonstrate adherence to the current *Standards for Accreditation of Post-Graduate CRNA Fellowships*.

Accredited Fellowships must undergo a periodic review by the Council to be considered for continued accreditation.

### PROCEDURE

1. Fellowship sponsor requirements (continuing and intermittent fellowships)
  - a. Follow the application procedures for accreditation of the fellowship as appropriate (refer to Application Process for Post-Graduate CRNA Fellowships policy, A-23—A-26).
  - b. Respond to written requests from the Council by the designated deadlines.
  - c. Conduct the fellowship as it was designed when accredited by the Council.
2. A fellowship that receives an adverse accreditation decision (denial, probation or revocation of accreditation) from the Council has the responsibility to notify its applicants and fellows in writing of that decision.
3. Council actions
  - a. Consider:
    - the recommendation from the Fellowship Review Committee (refer to policy Onsite Reviewers and Fellowship Review Committee – Application and Appointment, O-8—O-13), based upon the following:
      - compliance with *Standards for Accreditation of Post-Graduate CRNA Fellowships*.

- *End of Post-Graduate Fellowship Evaluations* completed by fellows.
- timeliness and completeness of transcript submission.
- timeliness and completeness of the fellowship's response to Council requests.
- number and nature of complaints filed with the Council.
- feedback from communities of interest (such as Boards of Nursing).
- percentage of fellows who complete the fellowship.
- percentage of fellows who complete the fellowship who attain specialty certification (if offered).
- attempts to continually improve.
- other information available to the Council.

4. Council decisions for Accreditation/Continued Accreditation of continuous or intermittent fellowships:

The fellowship may be granted accreditation for up to 5 years. The Council will notify the fellowship of the decision and publish the number of years of accreditation (example: 3 years accreditation from Month/Year to Month/Year). An accreditation decision may include approval pending Chief Executive Officer or Executive Committee review of additional information as required by the Council.

- 5 years: Compliance
- 4 years: Substantial compliance
- 3 years: Recently corrected deficiencies or history of recurrent problems
- 2 years: Plans to correct deficiencies or history of recurrent problems are in place
- 1 year: Multiple areas of deficiency or history of recurrent problems exist
- Denial: Failure to comply with the Councils Standards, Policies, and/or Procedures
- Revocation: The Council will follow its Revocation Procedure published in the Accreditation Policies and Procedures Manual. (refer to Revocation Procedure, R-8—R-9)

a. Council decisions for Accreditation for onetime Fellowships:

The fellowship may request accreditation for a one time offering. If the fellowship is in compliance with the Standards, accreditation will be for the length of time (in months) of the fellowship. The Council will notify the fellowship of the decision and publish the dates of accreditation and that the fellowship is a onetime offering (example: Accreditation from Month/Year to Month/Year: Onetime offering).

An accreditation decision may include approval pending Chief Executive Officer or Executive Committee review of additional information as required by the Council.

- Length of Post-Graduate Fellowship: Compliance
- Denial: Failure to comply with the Councils Standards, Policies, and/or procedures

b. Probation for fellowships:

The Council may put a fellowship on probation at any time, based on this policy (refer to Probation Procedure, P-8—P-9). The Council will determine the length of probation on a case by case basis; however, probation will not exceed one year in length. The fellowship is required to notify applicants and fellows that the fellowship is on probation. Probation may be conferred on the basis of, but not limited to, one or more of the following deficiencies:

- Failure to comply with the Council's standards, policies, and procedures.
- Failure to request continued accreditation by the established deadline.
- Failure to submit a progress report or other Council requests by the stated deadline.
- Legitimate complaints against the fellowship that indicate that patient safety has been/is being jeopardized.

Fellows graduating from a Fellowship on probation will graduate from an accredited Fellowship.

c. Council's notification to fellowship sponsor within 30 days of Council's decision

d. Publish a *List of Accredited Fellowships* after notification of the fellowship sponsor

e. Publish adverse decisions for accreditation after notification of the fellowship sponsor.

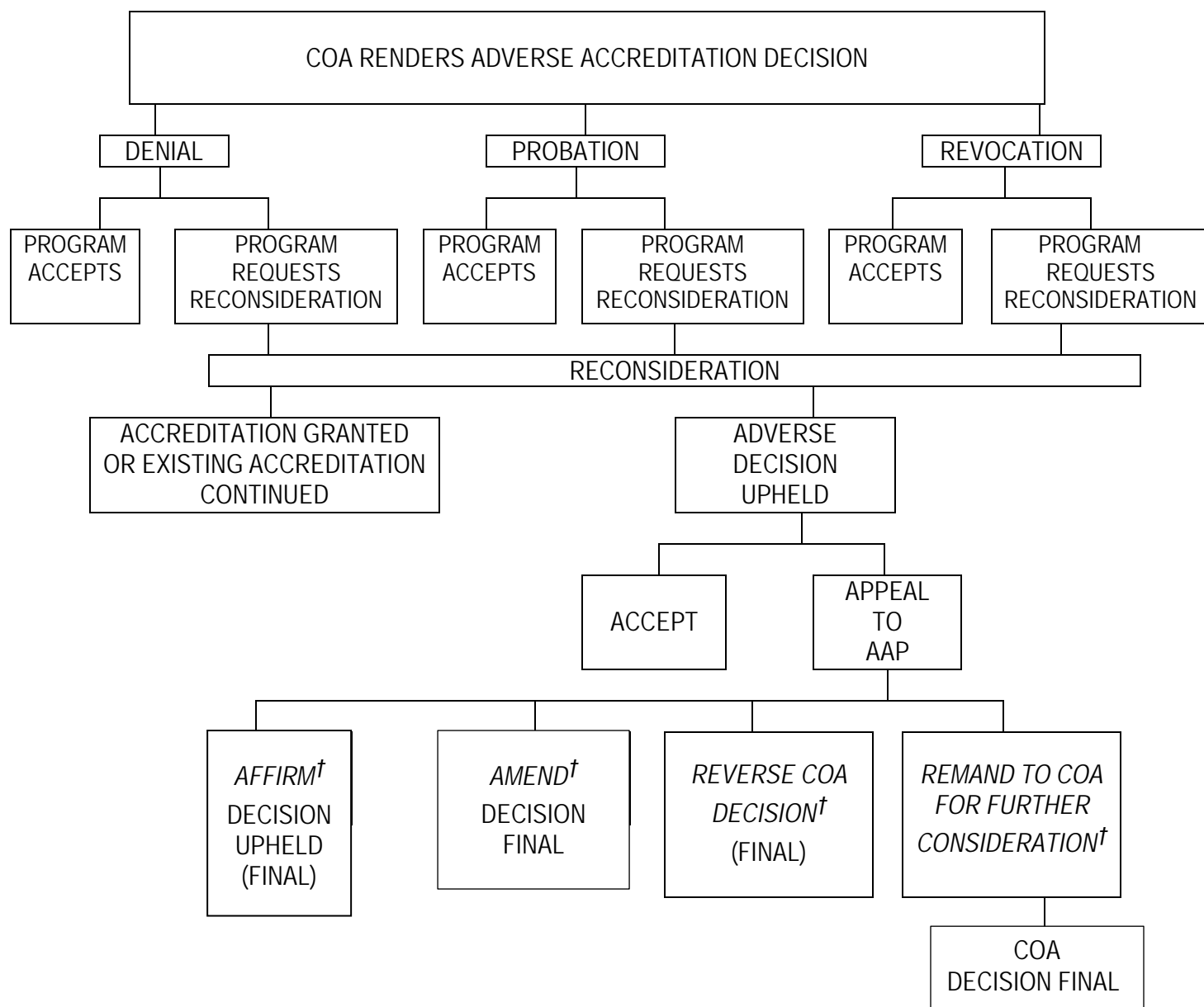
f. Voluntary Withdrawal from Accreditation:

A Fellowship may voluntarily ask that it no longer be accredited by sending a written request to the Council (refer to Voluntary Withdrawal from Accreditation policy, V-4).

g. Adverse decisions are subject to Council's reconsideration and appeals policies. Adverse decisions are probation, revocation and denial.



## Adverse Decision Accreditation Cycle\*



\*The term “program” should be understood as referring to both accredited nurse anesthesia educational programs as well as post-graduate CRNA fellowships. The term “students” should be understood as additionally referring to post-graduate fellows, and “conducting institution” should be understood as referring to a fellowship sponsor.

†Refer to the “Rules for Appellate Review” policy, A-17

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## Distance Education

### POLICY

The Council requires that distance education programs and courses meet the same standards and achieve the same outcomes as traditional education offerings. Programs are required to comply with the Council's approval requirements by responding to items as indicated in its approval applications.

The increasing use of technology as an instructional strategy in onsite classroom instruction has blurred the distinction between onsite instruction and distance education. So-called hybrid or web-enhanced strategies, which combine the use of technologically delivered instruction with face-to-face interaction with faculty and other students in a classroom at the instructional site, are becoming more and more common. Programs are not required to apply to the COA for approval of hybrid or web-enhanced courses if the course requires regular face-to-face interaction at the program site throughout the term.

### DEFINITIONS

Distance education in the context of nurse anesthesia education:

Distance education: An educational process that is characterized by the separation, in time or place, between instructor and student and supports regular and substantive interaction between the students and instructor and student-to-student interaction, either synchronously or asynchronously. The term includes courses in which 50 percent or more of instruction is provided via communication technologies, including Internet-based courses both asynchronous and synchronous, two-way and one-way interactive video, audio conferencing, multimedia, compact disc, video cassette, and audio tape.

Distance education course: A course where 50 percent or more of required activities is offered at a distance. For example a 2 credit course which is equivalent to 30 contact hours becomes a distance education course when 15 or more contact hours offered are conducted with a separation in time or place, between the instructor and/or student (See Distance Education definition above.)

Plan of study: Any curriculum plan that results in the award of a degree or certificate in nurse anesthesia.

Distance education program: A program where 50% or more of the total curriculum of any plan of study is offered via distance education and leads to the award of a degree or certificate. For example, if the curriculum of a plan of study consists of 40 credit hours and 20 or more are offered in a distance format the program is considered to be a distance education program.

Identity of a distance education student: The program has in place effective procedures that: 1) ensure that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit; 2) make clear in writing that these processes protect student privacy; and 3) notify students at the time of registration or **enrollment** of any projected additional costs associated with the verification procedures.

The COA considers the following distance education curricular changes to constitute a major programmatic change:

- The first course offered by distance education to matriculated nurse anesthesia students as a part of their entry level or completion degree plan of study.
- The increase in the percentage of distance education offered reclassifies the plan of study as a distance education program (as defined above).

## PROCEDURE

### 1. Program and institutional requirements

- a. Programs must submit the Outline for Requesting Approval of Distance Education Courses and/or Programs before implementing a distance education course or a distance education program. The outline will be made available through the program's portal on the Council's COAccess system.

### 2. Institutional requirements

- a. If an institution is offering postsecondary education through distance education to students in a state in which it is not physically located, document that the institution meets any state requirements for it to be legally offering postsecondary education in that state.

### 3. Council actions

- a. Consider the request for approval of a distance education offering at its next regularly scheduled meeting after receipt of the completed application.
- b. Determine whether the request is substantive enough to warrant Council action and notify the program of the decision.
- c. Assess the effects the addition of distance education may have on the ability of the program to meet or maintain accreditation standards and other policy/procedural requirements.
- d. Evaluate distance education offerings at the time the program submits confidential and anonymous faculty and student evaluations at the midpoint of an accreditation cycle and prior to a scheduled onsite review.

- e. Action can include, but is not limited to any one or a combination of the following:
- 1) Approval. An accreditation decision may include approval pending Chief Executive Officer or Executive Committee review of additional information as required by the Council.
  - 2) Denial.
  - 3) Deferral of action.
  - 4) Progress report(s).
  - 5) Full or focused Self Study report.
  - 6) Full or focused onsite review. (An onsite review may be conducted to a degree-granting single-purpose institution if the institution has not been reviewed and approved by a regional accrediting agency or a state agency.)
  - 7) Change in accreditation status.
  - 8) Request to apply as a new program or as an experimental or innovative program.
  - 9) The Council reserves the right to have a distance education program or course undergo additional review by a consultant and to consider this evaluation in determining approval of a distance education offering.
- f. Notify the program of the Council's decision.

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## Doctoral Degree Approval (for CRNA completion degree programs)

### POLICY

The Council is a nationally **recognized accrediting agency** for the accreditation of institutions (**institutional accreditation**) and programs (**programmatic accreditation**) of nurse anesthesia within the United States, its territories, and protectorates, at the post-master's certificate and **master's** or **doctoral degree** levels, including programs offering distance education.\* Doctoral degrees that are considered for approval include the **practice-oriented doctoral degree** and the **research-oriented doctoral degree**. This would include such degrees that prepare RN graduates for entry into practice or to prepare CRNAs to obtain the degree. (See Doctoral Degree Approval [for entry into nurse anesthesia practice]).

Any nurse anesthesia program for which the Council serves as an institutional accreditor, versus a programmatic accreditor, must obtain approval for every doctoral degree offered to CRNAs.

Any nurse anesthesia program for which the Council serves as a programmatic accreditor is required to obtain approval for courses of study that prepare CRNAs to obtain degrees when the certificate or degree title references anesthesia or when a significant component of the curriculum includes anesthesia-related content.

Other institutions that do not provide entry-level nurse anesthesia programs will also be considered for accreditation if the program prepares CRNAs to obtain degrees that include reference to anesthesia in the degree title or that contain a significant component of anesthesia-related content in the curriculum.

All programs offering **graduate degrees for CRNAs** must demonstrate adherence to the current *Standards for Accreditation of Nurse Anesthesia Educational Programs* and/or *Standards for Accreditation of Nurse Anesthesia Programs: Practice Doctorate\*\** as well as the U.S. Department of Education's regulations.

### PROCEDURE

1. Requirements for an applicant program or institution seeking approval for a CRNA completion degree program when it does not conduct a nurse anesthesia program for RN students seeking entry into practice:
  - a. Complete the requirements in the Council's policy and procedure on Capability Review for Accreditation, including a Self Study in preparation for an onsite review.
  - b. Demonstrate that the degree title references anesthesia and/or a significant component of the curriculum includes anesthesia-related content.

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\* The Council will not approve any new master's degree programs for accreditation beyond 2015. All accredited programs must offer a doctoral degree for entry into practice by January 1, 2022. On January 1, 2022 and thereafter, all students matriculating into an accredited program must be enrolled in a doctoral program.

- c. Demonstrate that the course of study for CRNAs meets the *Standards for Accreditation of Nurse Anesthesia Programs: Practice Doctorate*. Documentation in support of the course of study must focus on the CRNA completion program students.
  - d. Document that the university that is to award the degree has approved the degree.
  - e. Use the COA's *Guidelines for Preparing/Reviewing Doctoral Degree Applications* when preparing an application for a practice-oriented doctoral completion degree. All narratives and appropriate supporting documentation must focus on the students in the CRNA completion degree program. Documentation related to the entry into practice offering should only be included if it is relevant to the completion degree program
  - f. Submit all required information as instructed by Council staff.
2. Requirements for established programs applying for approval of practice-oriented doctoral completion degree programs:
    - a. Complete the requirements as published in the Application for Approval of Doctoral Degrees for CRNAs (completion degree programs), which can be retrieved through the COAccess system.
    - b. Document that the university that is to award the degree has approved the degree.
    - c. Use the COA's *Guidelines for Preparing/Reviewing Doctoral Degree Applications* when preparing an application for a practice-oriented doctoral completion degree. All narratives and appropriate supporting documentation must focus on the students in the CRNA completion degree program. Documentation related to the entry into practice offering should only be included if it is relevant to the completion degree program..
    - d. Submit all required information as instructed by Council staff.
3. Additional requirements for established programs applying for approval of research-oriented doctorates (i.e., PhD or DNSc):
    - a. For an application made in conjunction with continued accreditation of an accredited degree program (e.g., master's degree) submit a Self Study for the new doctoral program, and a Self Study for continued accreditation of the current degree program. The current degree program that is seeking continued accreditation and proposed research doctoral degree program will be evaluated during one onsite review.
    - b. For an application *not* made in conjunction with continued accreditation of an accredited degree program, a Self Study must be completed in preparation for a focused onsite review of the new doctoral program.

- c. Submit all required information as instructed by Council staff.
4. Following Council approval of the degree, implement within 18 months or provide the Council with an explanation of the reasons for the delay. The explanation must include any changes in governance, resources, or changes in the planned curriculum.
  5. Council actions
    - a. Consider approval of the degree proposal at its next regularly scheduled meeting or as soon as practicable.
    - b. Confirm that the degree requirements conform to commonly accepted standards for similar degrees based on information submitted by the program.
    - c. Assess the effects the new degree may have on the ability of the program to meet or maintain accreditation standards and other policy/procedural requirements.
    - d. Determine if a full or focused Self Study and/or a full of focused onsite review should be conducted (i.e., for an application that does not routinely require a Self Study).
    - e. Determine if the program should be requested to apply as a new program or an experimental or innovative program.
    - f. Make an accreditation decision according to Council procedure. The Council may defer action to consider additional documentation (see Decisions for Accreditation).
    - g. Notify the program of the Council decision within 30 days.
    - h. If a program does not implement the degree within 18 months of Council approval, the Council may revoke approval upon review of explanatory information from the program. The program may be required to resubmit a full application for approval of the degree.

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## Doctoral Degree Approval (for entry into nurse anesthesia practice)

### POLICY

The Council is a nationally recognized accrediting agency for the accreditation of institutions (**institutional accreditation**) and programs (**programmatic accreditation**) of nurse anesthesia within the United States, its territories and protectorates, at the post-master's certificate, master's or doctoral degree levels, including programs offering distance education. (See Waiver of Graduate Degree Requirement for post-master's certificates, and Doctoral Degree Approval [for CRNA completion degree programs]).

Doctoral degrees that are considered for approval under the following procedure include the practice-oriented doctoral degree and the research-oriented doctoral degree that prepare RN graduates for entry into practice. The procedural requirements pertain to (1) applicant programs and (2) established programs seeking to change the type of doctoral degree program they offer to students.

Any nurse anesthesia program for which the Council serves as an institutional accreditor or programmatic accreditor is required to obtain approval for every graduate degree offered to RNs seeking entry into nurse anesthesia practice.

All programs offering degrees must demonstrate adherence to the current *Standards for Accreditation of Nurse Anesthesia Educational Programs* and/or *Standards for Accreditation of Nurse Anesthesia Programs: Practice Doctorate\**, and the U.S. Department of Education's regulations. Programs offering post-master's certificates are also required to comply with the Council's policy and procedure for Waiver of the Graduate Degree Requirement.

### PROCEDURE

1. Requirements for *applicant* programs
  - a. Demonstrate that the conducting institution is eligible for accreditation according to the Council's policy.
  - b. Complete the requirements in the Council's policy and procedure on Capability Review for Accreditation, including a Self Study in preparation for an onsite review.
  - c. Document that the university that is to award the degree has approved the degree.
2. Requirements for *established* programs (practice-oriented or **research-oriented doctoral degrees**)
  - a. Demonstrate that the conducting institution is eligible for accreditation according to the Council's policy.



- b. Clearly identify the purpose of the degree in relation to the mission of the conducting institution and definitions contained in this manual.
- c. Identify whether the degree is a practice-oriented doctoral degree, or a research-oriented doctoral degree.
- d. Identify the name of the doctoral degree, as it will appear on a diploma.
- e. Document that the degree requirements conform with commonly accepted standards for similar degrees.
- f. Document that the university that is to award the degree has approved the degree.
- g. Document compliance with accreditation requirements for the currently offered degree during the approval process for the doctoral degree program.
- h. For practice-oriented doctoral degree applications made in conjunction with continued accreditation of an accredited degree program (i.e., master's degree program):
  - 1) Demonstrate that the requirements for the doctoral degree are significantly beyond those required for a master's degree.
  - 2) Complete a Self Study for the established accredited degree program (e.g., master's degree) in preparation for an onsite review as instructed by the Council.
  - 3) Complete the Application for Approval of a Practice-Oriented Doctoral Degree for Entry into Nurse Anesthesia Practice and submit it as instructed by the Council.
  - 4) Single-purpose institutions are required to complete a Self Study for the new doctoral degree program in preparation for an onsite review, instead of completing the Application for Approval of a Practice-Oriented Doctoral Degree. The current degree program that is seeking continued accreditation and the proposed doctoral program will be evaluated during one onsite review.
- i. For practice-oriented doctoral degree applications that are *not* made in conjunction with continued accreditation of an accredited degree program (e.g., master's degree programs):
  - 1) Demonstrate that the requirements for the doctoral degree are significantly beyond those required for a master's degree.
  - 2) Complete the Application for Approval of a Practice-Oriented Doctoral Degree and submit it as instructed by the Council.
  - 3) If a single-purpose institution, complete a Self Study for the new doctoral degree program in preparation for an onsite review, instead of completing the Application for Approval of a Practice-Oriented Doctoral Degree.

- j. For the research-oriented doctoral degree (i.e., PhD or DNSc) that is made in conjunction with continued accreditation of an accredited degree program (e.g., master's degree or practice-oriented doctoral degree):
    - 1) Demonstrate that the requirements for the doctoral degree are significantly beyond those required for a master's degree and a practice-oriented doctoral degree.
    - 2) Demonstrate that the conducting institution is eligible for accreditation according to the Council's policy.
    - 3) Complete a Self Study in preparation for an onsite review for the currently accredited master's degree program as instructed by the Council.
    - 4) Complete a second Self Study for the new doctoral degree program in preparation for an onsite review as instructed by the Council. The current degree program that is seeking continued accreditation and the proposed research doctoral program will be evaluated during one onsite review.
  - k. For the research-oriented doctoral degree (i.e., PhD or DNSc) that is *not* made in conjunction with continued accreditation of an accredited degree program (e.g., master's degree or practice-oriented degree):
    - 1) Demonstrate that the requirements for the doctoral degree are significantly beyond those required for a master's degree and a practice-oriented doctoral degree.
    - 2) Demonstrate that the conducting institution is eligible for accreditation according to the Council's policy.
    - 3) Complete a Self Study in preparation for an onsite review as instructed by the Council.
  - l. Following Council approval of the degree, implement within 18 months or provide the Council with an explanation of the reasons for the delay. The explanation must include any changes in governance, resources, or changes in the planned curriculum.
3. Council actions
- a. Assist and review an eligible applicant program in its preparation for accreditation status according to the policy and procedure for Capability Review for Accreditation.
  - b. Provide the program with instructions about submitting documents to the Council.
  - c. Consider approval of the degree proposal at the Council's next regularly scheduled meeting or as soon as practicable.
  - d. Confirm that the degree requirements conform to commonly accepted standards for similar degrees based on information submitted by the program.

- e. Assess the effects that implementation of the doctoral degree program may have on the ability of the program to meet or maintain accreditation standards and other policy/procedural requirements.
- f. Consider any negative findings from an onsite accreditation review of an established accredited program that raise a question about compliance with accreditation requirements for its currently offered graduate degree.
- g. Consider the program's record of compliance with accreditation standards to determine if past deficiencies were resolved and have not recurred.
- h. Action can include, but is not limited to, any one or a combination of the following:
  - 1) Approval. An accreditation decision may include approval pending Chief Executive Officer or Executive Committee review of additional information as required by the Council.
  - 2) Denial.
  - 3) Deferral of action.
  - 4) Progress reports.
  - 5) Full or focused Self Study.
  - 6) Full or focused onsite review.
  - 7) Change in accreditation status.
  - 8) Request to apply as a new program or as an experimental or innovative program.
- i. Notify the program of the Council's decision.
- j. Request completion of a focused Self Study on Standards relevant to the doctoral degree to be completed at the same time the COA will review the program's student and faculty midpoint evaluations of the doctoral degree program.
- k. If a program does not implement the degree within 18 months of Council approval, the Council may revoke approval upon review of explanatory information from the program. The program may be required to resubmit a full application for approval of the degree.

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## Eligibility for Accreditation

### POLICY

A nurse anesthesia program will be considered eligible for accreditation if the purpose(s) of the **program(s)** offered is within the **scope of the Council's activity**, and pursued in an institutional setting appropriate for higher education and training of nurse anesthetists. Applicant programs' degree-granting institutions must be accredited by a regional accrediting agency officially recognized by the U.S. Secretary of Education to accredit institutions prior to seeking Council accreditation.

### PROCEDURE

#### 1. Requirements for *applicant* programs

Submit the following information before writing a Self Study and requesting an onsite review.

- a. Demonstrate by appropriate documentation that the program is legally authorized to be conducted by at least one of the following:
  - 1) Senior college or university.
  - 2) Medical facility.
  - 3) Professional corporation in conjunction with a medical facility, senior college, or university.
  - 4) **Single-purpose institution.**
- b. Demonstrate that the institution awarding the degree or degrees has:
  - 1) A charter and/or other formal authority from an appropriate government agency authorizing it to award the degree(s) conferred.
  - 2) The degree-granting institution is accredited by a regional accrediting agency. The accrediting agency must be officially recognized by the U.S. Secretary of Education to accredit institutions.\*
  - 3) The necessary operating authority for each jurisdiction in which the institution conducts activities.
- c. Demonstrate by appropriate documentation that the following requirements will be met:
  - 1) Potential for professional and educational growth of students and faculty.
  - 2) A curriculum to enable graduates to attain certification as nurse anesthetists, including sequencing of courses for the entire program and a description for each course.

- 3) Agreements with sufficient accredited clinical sites to provide required cases and experiences for the total number of students to be enrolled when the program is fully implemented (e.g., first-, second-, and third-year classes). If any other nurse anesthesia educational program utilizes any of the proposed clinical sites, provide documentation that affirms that the administrators for other nurse anesthesia educational programs affiliated with the site have been notified of this program's intentions to send students to the site (ref. "Clinical Sites – Acquisition" policy, item 1a3).
  - 4) Appropriately qualified administrative personnel, faculty, and resources to comply with the Council's *Standards for Accreditation of Nurse Anesthesia Educational Programs* and/or *Standards for Accreditation of Nurse Anesthesia Programs: Practice Doctorate*.<sup>\*</sup> Onsite visits will be aborted if the applicant program cannot provide documentation of the employment (e.g., a properly executed contract or evidence of current employment) of a qualified CRNA program administrator at the time of the onsite visit.
  - 5) A financial plan providing evidence of sufficient financial resources to implement and sustain an accredited program.
- d. For a distance education program seeking institutional approval, provide documentation evidencing the following:
- 1) Evidence of the legal authority to operate at its home base and where any other physical presence has been established.
  - 2) Evidence of the legal authority to operate in every jurisdiction where the program will be delivered.

2. Requirements for *established* programs

Submit the following information in preparation for an onsite review.

- a. When the program is operated by the degree-granting institution: A letter from the chief executive officer of the conducting institution that reaffirms the institution's legal authorization to operate the program and award the degrees and/or certificates. The letter should identify the degree awarded to graduates of the nurse anesthesia program.
- b. The degree-granting institution is accredited by a regional accrediting agency. The accrediting agency must be officially recognized by the U.S. Secretary of Education to accredit institutions.\*
- c. When the program is operated by a non-degree-granting entity:
  - 1) A letter from the chief executive officer of the conducting entity that reaffirms the entity's legal authorization to operate the program.

- 2) A letter from the chief executive officer of the degree-granting institution that reaffirms the institution's legal authorization to award the degrees and/or certificates. The letter should identify the degree awarded to graduates of the nurse anesthesia program.
- d. When the program is jointly operated by a degree-granting institution and a non-degree-granting entity:
  - 1) A letter from the chief executive officer of the degree-granting institution that reaffirms the institution's legal authorization to operate the program and award the degrees and/or certificates. The letter should identify the degree awarded to graduates of the nurse anesthesia program.
  - 2) A letter from the chief executive officer of the non-degree-granting entity that reaffirms the entity's legal authorization to operate the program.
3. Council actions
  - a. For *applicant* programs:
    - 1) Review program documentation to determine whether the applicant program meets eligibility requirements.
    - 2) Notify the applicant program of its eligibility status.
    - 3) Provide an eligible applicant with materials to begin a Self Study in preparation for an onsite accreditation review.
    - 4) Provide telephone consultation as indicated.
  - b. For *established* programs:
    - 1) Review program documentation to reaffirm that the established program meets eligibility requirements.
    - 2) Notify the program if its eligibility status is questionable and ask for clarification or additional documentation.
    - 3) Revoke the program's accreditation and remove the program from the accredited list of nurse anesthesia programs if it no longer meets eligibility requirements for accreditation.
    - 4) Notify the program that it has the right to ask for reconsideration of the Council's decision to revoke accreditation before filing an appeal.

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Revised 06/03/16

## Evaluation of Onsite Reviewers

### POLICY

All onsite reviewers will be evaluated individually after each accreditation review. Program representatives, the staff analyst, Council directors, and reviewers will be given the opportunity to evaluate or comment on the reviewers' performance. The reviewers should receive feedback from these evaluations to provide them with information needed to reinforce positive performance and/or identify opportunities for improvement. Evaluations will be treated confidentially and reserved for Council use only.

### PROCEDURE

#### 1. Program requirements

For evaluation of the reviewers:

- a. Distribute copies of the program evaluation of onsite reviewers to other responsible parties who may wish to provide input.
- b. Complete the onsite reviewer's evaluation form and submit it to the Council within 10 business days of the completion of the onsite review.
- c. Upon receipt of onsite reviewers' written responses to unsatisfactory evaluations (ref. section 2d below) provided to the program by the Council, review any written responses and either accept or refute them. Program responses must be submitted to the Council within 10 business days.

#### 2. Council actions

- a. Provide the Evaluation of Onsite Reviewer form to the program:
  - 1) Inform the program that any charges of bias in reference to the conduct of the onsite review must be made within 10 business days of the completion of the onsite review.
  - 2) Provide instructions for submission of the completed form.
- b. The Chief Executive Officer of the Council or designee will review the evaluations upon their receipt in the Council's office.

- c. In the event of a satisfactory evaluation, the Chief Executive Officer of the Council or designee will:
- 1) Provide the **chair reviewer** with the entire evaluation after the accreditation decision has been rendered. The team reviewers will receive their individual evaluations after the accreditation decision has been rendered.
  - 2) Place a copy in each reviewer's file to be reviewed by the appropriate Council committee upon consideration for reappointment.
- d. In the event of an unsatisfactory evaluation, the Chief Executive Officer of the Council or designee will:
- 1) Provide each reviewer with his/her individual evaluation. The chair reviewer will receive the entire evaluation.
  - 2) Investigate the circumstances surrounding the adverse evaluation, including: (a) discussing the matter with the reviewer or reviewers and program administrator; (b) assessing the circumstances that may have prompted the report; (c) permitting the reviewer(s) to respond in writing to the evaluation; and (d) sharing the reviewer's written response with the program when relevant.
  - 3) Place a copy of the reviewer's written statement in his/her personal file, which the Council holds.
  - 4) Share the findings with the Council's President regarding their potential impact on the accreditation decision. If a complaint against a reviewer relates to bias, conflict of interest, or inappropriate application of the *Standards for Accreditation of Nurse Anesthesia Educational Programs* or *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*, the Council's Executive Committee may determine the extent to which the review should proceed or whether another onsite review should be conducted.
  - 5) Remit a copy of the report surrounding the investigation to the Council workgroup that has been assigned to review the program. The workgroup will make a recommendation regarding accreditation if the review has not been aborted.
  - 6) Furnish a statement on the outcome of the investigation to the onsite reviewers and program and place an additional copy of the report in each reviewer's personal file.
  - 7) If representatives of the program that made the complaint choose to appear before the Council, provide the pertinent reviewer or reviewers with an opportunity to appear before the Council at the Council's expense.
  - 8) Share all relevant written correspondence with appropriate parties.



- 9) Maintain copies of all available documentation surrounding the investigation in each reviewer's file. The file will then be reviewed by the appropriate Council committee upon consideration for reappointment.
- e. Evaluation of team reviewers by chair reviewer:
- 1) The chair reviewer will evaluate the team reviewers. Evaluation forms will be provided by the Council.
  - 2) The chair reviewer must return the completed evaluation form to the Council within 10 business days of the completion of the onsite visit.
  - 3) On receipt of the evaluations, the Chief Executive Officer of the Council or designee will review and provide a copy of unsatisfactory evaluations to the appropriate Council workgroup reviewing the program.
  - 4) The Council will keep the evaluations on file for consideration in making future appointments.
  - 5) The Council will send a compilation of all evaluations to the team reviewers upon consideration for reappointment. Copies of evaluations will not be sent after each onsite review.
- f. Evaluation of chair reviewer by team reviewers:
- 1) The team reviewers will evaluate the chair reviewer. Evaluation forms will be provided by the Council.
  - 2) The team reviewers must return the completed evaluation form to the Council within 10 business days of the completion of the onsite visit.
  - 3) On receipt of the evaluations, the Chief Executive Officer of the Council or designee will review and provide a copy of unsatisfactory evaluations to the appropriate Council workgroup reviewing the program.
  - 4) The Council will keep the evaluations on file for consideration in making future appointments.
  - 5) The Council will send a compilation of all evaluations to the chair reviewer upon consideration for reappointment. Copies of evaluations will not be sent after each onsite review.
- g. Comment section on the evaluation form:
- 1) The Council will request comments from the program administrator, staff analyst, and Council directors during the accreditation process. Comments from the staff analyst will be requested after the program's response to the summary report. Comments will be requested from the work group that is reviewing the program at a Council meeting.

- 2) The Council will include the comment section with the evaluation sent to the reviewers upon consideration for reappointment.

Revised 05/19/17

## Experimental/Innovative Curricula/Programs

### POLICY

The Council encourages institutions to design and implement **experimental/innovative curricula/programs** that remain within the scope of the institution's mission and resources. These programs must ensure student achievement and enable them to become eligible to take the National Certification Examination (NCE) for the specialty.

### PROCEDURE

#### I. *New programs*

##### 1. Program requirements

- a. Submit a capability study describing an experimental or innovative curriculum/program that encompasses valid postsecondary educational attributes, is approved by the committee of the educational entity assuming responsibility for the curriculum, and substantially meets all the Council's standards and criteria.
- b. Fully inform applicants of the innovative or experimental nature of the curriculum/program before they matriculate into it.
- c. Explain the aims, goals, and potential that the program may or may not become a permanent method of presenting the curriculum or conducting the program.
- d. Construct a timeline in concert with the Council on when and how the program will be reassessed both internally and externally to ensure its validity, determine student achievements, and attain program outcomes.

##### 2. Council actions

On receipt of a **capability Self Study** containing a curriculum, administrative model, or clinical site that the program or Council determines to be experimental or innovative, the Council will initiate the following procedure:

- a. Review the Self Study for completeness.
- b. Determine whether the experimental or innovative component of the program is congruent with the Council's educational standards and/or policies and procedures. Plans that do not meet all standards and criteria will be considered by the Council on the basis of individual merit.

- c. Ensure that the experimental or innovative components of the program do not preclude students from taking the NCE. (The Council may seek the advice of the director and/or chair of the National Board of Certification and Recertification for Nurse Anesthetists or NBCRNA.)
  - d. Request additional information as indicated.
  - e. Request the onsite reviewers to be explicit in describing the experimental or innovative component of the curriculum/program when they write the summary report.
3. Council decisions
- a. Award accreditation, defer action pending receipt of additional information, or deny accreditation. The latter decision indicates that either the entire capability study or the proposed experimental or innovative curriculum/program does not demonstrate reasonable assurance that it is congruent with the Council's standards, policies, or procedures.
  - b. Notify the program of the Council's decision within 30 days.
  - c. Inform the program that it can request reconsideration of any adverse decision (see Reconsideration).

## II. *Existing programs*

1. Program requirements
- a. After consultation with the Council, when appropriate, submit an application for a major programmatic change (see Major Programmatic Change).
  - b. Notify students and applicants that the curriculum is experimental or innovative in nature.
  - c. Explain the aims, goals, and potential that the program may or may not become a permanent way of presenting the curriculum or conducting the program.
  - d. Construct a timeline in concert with the Council on when and how the program will be reassessed both internally and externally to ensure its validity, determine student achievements, and attain program outcomes.
2. Council actions

On receipt of a major programmatic change that requests approval as an experimental or innovative program, the Council will initiate the following procedure:

- a. Review the application:
  - 1) Determine whether the request constitutes a major programmatic change and is substantive enough to warrant Council action and then notify the program of its decision.
  - 2) Assess the effects the change may have on the ability of the program to meet or maintain accreditation standards and other policy/procedural requirements.
  - 3) Consider plans on the basis of individual merit if they do not meet all standards and criteria.
  - 4) Ensure that the experimental or innovative components do not preclude students from taking the NCE. The Council may seek the advice of the director and/or chair of the NBCRNA.
  - 5) Request additional information as indicated.
  
- b. Make a decision that includes, but is not limited to, any one or a combination of:
  - 1) Approval. An accreditation decision may include approval pending Chief Executive Officer or Executive Committee review of additional information as required by the Council.
  - 2) Denial.
  - 3) Deferral of action.
  - 4) Request for a progress report.
  - 5) Full or focused Self Study.
  - 6) Full or focused onsite review. It is possible that an onsite review will be conducted to a degree-granting single-purpose institution if a regional accrediting agency or a state agency has not reviewed and approved the institution.
  - 7) Change in accreditation status.
  - 8) Request an opportunity to apply as a new program or as an experimental or innovative program.

Revised: 01/21/16

## Fees

### POLICY

Programs and post-graduate CRNA fellowships are required to pay annual fees and other fees. Penalties for noncompliance include a monetary fine and/or **show cause** for revocation letter. See the Fee Schedule in the Appendix for detail. All fees are nonrefundable and subject to change.

### PROCEDURE

1. Program requirements
  - a. Pay the initial application fee if a new program.
  - b. Pay annual fees by the established deadline.
  - c. Pay an administrative/consultation fee before an onsite review.
  - d. Pay actual expenses incurred for an onsite review.
  - e. Pay a monetary fine for late payments.
  - f. Pay other fees as appropriate.
  - g. Ensure accurate student registration with the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) by submitting required student data within 30 calendar days of enrollment.
  - h. Notify the NBCRNA within 30 days of any changes in students' enrollment status.
2. Council actions
  - a. All Fees

The Finance Committee will review all fees during the annual January council meeting for possible adjustments. Any new rates, unless otherwise indicated, will be effective September 1<sup>st</sup> of that year.
  - b. Other fees.
    - 1) *Initial application*: Assess a one-time fee for processing the initial application for accreditation of a new program.
    - 2) *Onsite visits*: Assess fees for onsite accreditation visits.
      - a) Assess programs an administrative fee for onsite accreditation visits. Fees are based on whether the program is in capability review seeking

initial accreditation or an established program seeking continued accreditation. Fees also will be assessed based on the review of a master's and/or doctoral program.

- b) Invoice programs for the reviewers' actual expenses. Determination of the size of the review team is the sole prerogative of the Council after consultation with the institution and/or program. Factors that are considered in this determination are the size of the program, the number of affiliations, and the distance between the affiliations.
  - c) For a rescheduled onsite visit, a program will be billed for the actual costs of the cancelled visit, costs of conducting the rescheduled visit, plus an additional fee equal to half the original administrative fee. No refund will be given for the original administrative fee.
- 3) *Doctoral degree offerings*: Assess a fee for review of a doctoral degree for entry into nurse anesthesia practice application or a doctoral degree for CRNAs application. A premium is charged for the expedited review of a doctoral application.
  - 4) *Distance education*: Assess a fee for review of a distance education application. A premium is charged for the expedited review of a distance education application.
  - 5) *Clinical sites*: Assess a fee for review of a clinical site application. A premium is charged for the expedited review of a clinical site application.
  - 6) *Out-of-cycle review*: Assess a fee for an out-of-cycle review. An **out-of-cycle review** refers to the review of program materials, for accreditation decisions or other Council approvals, at the program's request, at any time other than the established COA fall and spring accreditation decision meetings.
    - a) Accreditation decisions include review of a program in capability review for initial accreditation or review of an established program for continued accreditation.
    - b) Other Council approvals include, but are not limited to, waiver of graduate degree and major programmatic change.
  - 7) *Post-Graduate CRNA Fellowships*: Assess a fee for review of a fellowship's application for initial and/or continued accreditation. Fellowships will also be charged a per-fellow enrollment fee upon implementation of the fellowship.
- c. Deadlines.
- 1) For annual fees, the Council will send an invoice to each participating program by October 15 of each year. Annual fees are payable by December 15 of each year.

- 2) The fee for processing an initial application for accreditation is payable at the time the application is submitted.
- 3) The Council will issue a statement for an administrative/consultation fee at the time the onsite review is scheduled. The program must pay this fee in advance of the actual review.
- 4) After an onsite review, the Council will bill for actual expenses incurred in conducting the review. The program must pay this fee within 30 days.
- 5) The fee for an accelerated review is payable at the time of submission.

d. Penalties.

- 1) Programs that do not pay their fees by the established deadline will have a monetary fine levied on them.
- 2) If fees are 60 days overdue, of the program director will receive a letter asking the director to explain why the Council should not revoke accreditation.

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## Fellowship Closures and Teach-Out Agreements

### POLICY

The Council assesses reasons for Post-Graduate CRNA Fellowship closures —both voluntary and involuntary closures— only when the closure is unanticipated. The Council will review unanticipated fellowship closures and review each fellowship’s plans to ensure that fellows graduate from an accredited program in a timely manner. The Council may require a fellowship it accredits to enter into a teach-out agreement as part of its teach-out plan.

### DEFINITIONS

Teach-out plan: A teach-out plan is a written plan that provides for the equitable treatment of fellows if an institution, organization, or fellowship ceases to operate before all fellows have completed their program of study, and may include a teach out agreement between institutions or organizations.

Teach-out agreement: A teach-out agreement is a written agreement between accredited institutions, organizations, or fellowships that provides for the equitable treatment of fellows and a reasonable opportunity for fellows to complete their program of study if an institution, organization, or fellowship ceases to operate before all enrolled fellows have completed the fellowship.

### PROCEDURE

1. Fellowships voluntarily closing *at the end* of their Council-approved accreditation cycle with no fellows currently enrolled are required to submit the following to the Council:
  - a. An explanation describing reasons for closure.
  - b. Notification from the fellowship sponsor stating the date for the last day of operation as an accredited fellowship.
  
2. Fellowships voluntarily closing *before the end* of their Council-approved accreditation cycle with no fellows currently enrolled are required to submit the following to the Council:
  - a. An explanation describing reasons for closure.
  - b. Notification from the fellowship sponsor stating the date for the last day of operation as an accredited fellowship.

3. Fellowships voluntarily or involuntarily closing *before the end* of their Council-approved accreditation cycle with fellows currently enrolled are required to submit a written teach-out plan containing, but not necessarily limited to:
  - a. An explanation describing reasons for closure.
  - b. Notification from the fellowship sponsor stating the date for the last day of operation as an accredited fellowship.
  - c. A copy of written notification to current and accepted fellows, if any, of the date of closure and the authorized accreditation status of the fellowship sponsor under which it will operate until closure.
  - d. A plan for closure outlining how currently enrolled fellows will be provided with sufficient didactic and clinical experiences to meet accreditation and graduation requirements.
  - e. Submit teach-out agreements that have been made among fellowship sponsors for prior approval by the Council, if any. Teach-out agreements must be in writing, signed by both parties, and provide sufficient detail to ensure provision of equitable treatment for fellows. At a minimum, assurances contained in a teach-out agreement must contain:
    - 1) Plans for continuing the education of currently enrolled fellows by another fellowship sponsor.
    - 2) Evidence that the accredited teach-out fellowship has the necessary experience, resources, and support services to:
      - a) Provide a fellowship that is of acceptable quality and reasonably similar in content, structure, and scheduling to that provided by the fellowship sponsor that is ceasing operations;
      - b) Remain stable, carry out its mission, and meet all obligations to existing fellows
    - 3) Provisions for currently enrolled fellows, specifying any additional charges, to receive all the instruction promised by the closed fellowship before its closure but that is not provided to the fellows because of the closure.
    - 4) Reference to the location of the teach-out fellowship being as geographically close to the closed fellowship as possible.
    - 5) Acknowledgement from the accepting fellowship that it agrees to the terms of the teach-out agreement.
  - f. Represent accurately to applicants and others the effect that closure will have on the fellowship's accreditation status after the decision has been officially acknowledged by the Council.

- g. Recognize that official notification of the decision to close will be irrevocable. Programs that voluntarily close but want to reopen must complete the accreditation process defined for new programs.

4. Council actions

- a. Acknowledge the date of fellowship closure in writing to the fellowship and in the *AANA NewsBulletin*. The date of closure will be published in the next printing of the *List of Accredited Fellowships*.
- b. Review the teach-out plan and/or agreement and approve it as soon as practicable. This can occur at a full Council meeting or be carried out by the Council's Executive Committee before a meeting. Review of the teach-out plan and/or agreement will include, but not be limited to:
  - 1) A determination that fellows will be treated equitably as established by requirements in this policy and procedure.
  - 2) Fellows are notified of the closure and additional charges, if any.
  - 3) A decision to require a teach-out agreement as part of the teach-out plan (when only a teach-out plan has been submitted).
- c. Provide timely notification to the fellowship sponsor and the teach-out fellowship sponsor in writing within 30 days after a decision is made on approval of the teach-out agreement.
- d. Determine whether to conduct accreditation reviews that are scheduled between the time of closure notification and the actual closure.
- e. Notify other accrediting agency(s) when a teach-out plan is approved if the fellowship is accredited by other agency(s).

Approved 05/30/14

## Graduate Employment Rate

### POLICY

The Council requires programs to monitor the employment rate (see Glossary: Graduate employment rate) of each cohort of graduates six months after graduation. Programs are also required to report the employment rates averaged over five years in the COA Annual Report. Master's and doctoral **graduate employment rates** must be calculated separately. Employment rates less than 80 percent, averaged over the most recent five years, will require a status report.

#### 1. Program requirements

- a. Track and trend five-year employment rates calculated within six months following students' graduation.

Calculate the five-year employment rate. For example, if the program's graduate employment rate is 96 percent in 2008, 100 percent in 2007, 100 percent in 2006, 90 percent in 2005, and 98 percent in 2004, the five-year average graduate employment rate reported on the 2009 annual report would be:  $(96\% + 100\% + 100\% + 90\% + 98\%)/5 = 96.8\%$ .)

- b. Report employment rates in the COA Annual Report.
- c. If employment rates are lower than 80 percent averaged over the most recent five years, provide a status report to the Council identifying:
  - 1) The program's assessment of the reasons for the employment rate.
  - 2) Strategies the program has identified to increase the employment rate to 80 percent or above.

#### 2. Council actions

- a. Through the COA's Evaluation and Analysis Committee, review the five-year employment rates that each program must provide in the annual report.
- b. Send a letter of concern to programs that have a five-year employment rate lower than 80 percent, directing the program to provide a status report to the Council that includes its assessment of the reasons for the rate and the strategies developed to improve the employment rate to 80 percent or above.

- c. Consider programs that fail to improve their five-year employment rates during the next two reporting periods to be out of compliance with the Council's Graduate Employment Rate policy and thus out of compliance with Standard I, Criterion A11\* of the *Standards for Accreditation of Nurse Anesthesia Educational Programs* or Standard A.12\* of the *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*.
- d. Notify programs of their noncompliance. During the next reporting period the program must bring its five-year employment rate into compliance or face revocation of accreditation.
- e. If the program's employment rate continues to fall below 80 percent during the next year, revoke its accreditation at the first meeting of the COA following the reporting period. The COA will approve exceptions to the deadline only for valid reasons, such as the size of the program and extenuating circumstances that the program has identified.
- f. Ensure that revocation of accreditation is subject to reconsideration and appeal according to COA's policies.

Revised 05/29/15

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\*This Standard is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.

## Health Insurance Portability and Accountability Act (HIPAA) Access to Information Necessary to Perform Accreditation Function, Including Protected Health Information

### POLICY

The privacy rule promulgated by the U.S. Department of Health and Human Services under the Health Insurance Portability and Accountability Act (**HIPAA**) establishes requirements for "covered entities" to provide accrediting agencies with access to "**Protected Health Information**" (PHI) during accreditation activities. As the COA has always required access to PHI on occasion during its accreditation activities, it requires sponsoring institutions to ensure that the COA has access to information in control of the sponsor and clinical sites, and necessary for accreditation purposes as determined by the COA. Under no circumstances shall program personnel or students submit electronic PHI to the Council on Accreditation. Under no circumstances shall the Council on Accreditation accept electronic PHI submissions.

### PROCEDURE

1. Program requirements
  - a. The program's sponsoring institution must take the action necessary, consistent with law, to ensure that COA has access to information necessary to perform its accreditation function, which information is in the control of the sponsoring institution, co-sponsors, and clinical sites.
  - b. The program director will maintain any and all business associate agreements (BAA) between the COA and the sponsoring institution, co-sponsors, and clinical sites relating to the program in nurse anesthesia sponsored by the sponsoring institution, and will make these available to the COA upon site visit and at its request. A signed copy should be submitted to the COA of (i) a 2014 BAA between the COA and a sponsoring institution that is a covered entity, (ii) the representation form, and (iii) if the program previously signed a 2005 COA BAA, a copy of the 2014 HITECH Amendment.
  - c. An exception to the above program requirements is that the COA has executed a separate business associate agreement with the U.S. Department of Defense (DoD) that encompasses all DoD facilities.
2. Council actions
  - a. Focus in this endeavor on the ability to perform the accreditation function.
  - b. If, during a site visit or otherwise, the COA does not have access to information necessary to perform its accreditation function, including, but not limited to, PHI, consider the extent and nature of the lack of access and determine the course of action to take, up to and including adverse accreditation action.

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## Improvement of Academic Quality and Professional Practice within Nurse Anesthesia Programs as Appropriate to Institutional Mission

### POLICY

The Council develops and applies its standards, accreditation policies, and procedures to foster **academic quality** and **professional practice**.

### PROCEDURE

1. Program requirements
  - a. Strive to improve academic quality and professional practice within the program.
  - b. Based on the institutional mission, use the accreditation standards, policies, and procedures as references for improvement within the program.
  - c. Utilize a variety of teaching and learning methods in English to ensure that students can successfully pass the National Board of Certification and Recertification for Nurse Anesthetists' National Certification Examination.
  - d. Suggest ways the Council can revise its documents to stimulate improvement within programs.
2. Council actions
  - a. Determine the need to develop new or to revise existing accreditation policies and procedures that encourage programs to enhance their didactic activities, improve curriculum content, and nurture the research efforts and professional practice of both students and faculty.
  - b. Review the Council's accreditation policies and procedures to ensure that they do not encroach on the institutions' academic freedom or autonomy and that they are appropriate for institutions of postsecondary education.
  - c. Apply the Council's standards, accreditation policies, and procedures to foster academic quality and professional practice.

Revised 10/26/18

## Lapse of Accreditation

### POLICY

The Council will take action to terminate accreditation for inactive programs or for programs that demonstrate they are no longer interested in participating in accreditation activities.

### PROCEDURE

1. Program requirements
  - a. Notify the Council of a decision not to accept students and the effective date.
  - b. Submit an application for major programmatic change.
  - c. Notify the Council of the date when student admission will resume.
2. Council actions
  - a. Inactive admissions process.
    - 1) Provide a written acknowledgment to the program when notified that student admissions have been suspended.
    - 2) Notify the program that it can maintain accreditation for one year after all students have graduated.
    - 3) Consider terminating accreditation to the program when one year has elapsed without students enrolled.
    - 4) Provide the program an opportunity to explain any plans for admitting students that may have an impact on the Council's decision to terminate its accreditation.
    - 5) Notify the program within 30 days after a decision to terminate accreditation.
    - 6) Notify the program that it must complete a capability review as a new program if the program wishes to regain accreditation.
  - b. Lack of interest in accrediting activities.
    - 1) Consider asking the program to show cause why it should not be placed on probation or have its accreditation revoked.
    - 2) Follow the Show Cause policy and procedure when a program misses deadlines or demonstrates serious deficiencies.



## Major Programmatic Change

### POLICY

Planning and implementing programmatic changes that are within the scope of the institution's mission and resources are the prerogative of the conducting institution. The Council does not need to review every change. However, the Council must review all substantive changes and be assured that any substantive change will not adversely affect the capacity of the program to continue to meet accreditation standards. If a nurse anesthesia institution or program relies on the Council's accreditation to participate in Title IV, Higher Education Act (HEA) programs it must meet additional requirements.

### DEFINITIONS

**Institution:** A degree granting educational institution that is accredited in its entirety (as a whole) including nurse anesthesia certificate programs and single-purpose institutions.

**Program:** An educational unit within larger institutions such as universities.

**Branch campus:** An additional location of a nurse anesthesia institution that is geographically separate from the institution's main campus and has its own separate administrative structure, services, and facilities where the institution offers at least 50 percent of an educational program.

**Independence:** A branch campus is considered to be independent of the main campus if the location (1) is permanent in nature; (2) offers courses in educational programs that lead to a degree or certificate; (3) has its own faculty and administrative or supervisory organization; and (4) has its own budgetary and hiring authority.

Major programmatic changes include, but are not limited to, the following:

- Change in the established mission or objectives of the institution.
- Change in the legal status or form of control or ownership of the conducting institution.
- Didactic and/or clinical curriculum changes that represent a significant departure of either the content or method of delivery.
- Acquisition of a clinical site that represents a significant change in clinical learning opportunities (see Clinical Sites-Acquisition policy and procedure).
- Substantial increase in program length.
- Change in degree offered at a degree level different from that which was offered when the Council last accredited the program.
- Change in acting or permanent CRNA program administrator and/or CRNA assistant program administrator.
- Changes in conducting institution, ownership or control.
- Decision not to accept students (inactive admissions process).
- Change in primary academic affiliations.
- Addition of CRNA completion degree program.
- For single purpose institutions and programs relying on Council's accreditation to participate in Title IV, HEA programs:

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

## PROCEDURE

### 1. Program requirements

- a. Attain Council approval prior to implementing the major programmatic change.
- b. For all major programmatic change applications, submit the following:
  - 1) Outline to Be Used in Submitting Major Programmatic Changes. The entire outline, as printed in the appendix, plus supporting information must be submitted as directed by COA staff. (Retrieve the outline through the program's portal on the COAccess system.)
  - 2) Supporting documentation. Examples are letters of support from authorities, curriculum/program design, curricula vitae, and written contracts or agreements.
  - 3) Written request for program representatives to make a personal appearance before the Council if desired.
- c. Some substantive changes are considered in accordance with individual policies and procedures. Applicants are to refer to additional policies as indicated to determine all information that must be submitted for approval.
  - 1) Changes in Conducting Institution, Ownership or Control.
  - 2) Doctoral Degree Approval (for Entry into Practice).
  - 3) Doctoral Degree Approval (for CRNA Completion Degree Programs).
  - 4) Distance Education pertaining to distance education programs.
  - 5) Temporary or Permanent Replacement for a CRNA Program Administrator or Assistant Administrator (submit a letter of notification).

- d. Single purpose institutions or programs responsible for administering Title IV HEA programs that want to establish a branch campus must also submit the following:
  - 1) Provide adequate notice to the Council of the establishment of a branch campus to facilitate scheduling of an onsite review before implementation.
  - 2) Include the following in the application:
    - a) Letter of intent from authority or authorities in the controlling institution(s).
    - b) Clearly identified academic control.
    - c) Proposed starting date.
    - d) Description of the educational program to be offered at the branch campus.
    - e) Plans for regular evaluation of the location.
    - f) Projected revenue, expenditures, and cash flow at the branch campus to evidence financial stability.
    - g) Operation, management, and physical resources at the branch campus.
    - h) Adequate faculty, facilities, resources and academic and student support services.
    - i) Long range planning for any expansion.
  - 3) Completion of a Self Study focusing on the branch campus on a date specified by the Council that is at least 6 months prior to the proposed starting date.
  - 4) Host an onsite review prior to implementation.
- 2. Council actions
  - a. Consider approval of a major programmatic change at the Council's next regularly scheduled meeting or as soon as practicable after receipt of the completed application.
  - b. Determine whether the request is a major programmatic change and is substantive enough to warrant Council action and then notify the program of the decision.
  - c. Determine if didactic and/or clinical curriculum changes represent a significant departure of either the content or method of delivery (e.g., distance education program). A significant departure would require an onsite visit within six months.

- d. Assess the effects that the major programmatic change or changes may have on the ability of the program to meet or maintain accreditation standards and other policy/procedural requirements.
- e. Action can include, but is not limited to, any one or combination of the following:
  - 1) Approval. An accreditation decision may include approval pending Chief Executive Officer or Executive Committee review of additional information as required by the Council.
  - 2) Denial.
  - 3) Deferral of action.
  - 4) Progress reports.
  - 5) Full or focused Self Study report.
  - 6) Full or focused onsite review.
  - 7) Change in accreditation status.
  - 8) Request to apply as a new program or as an experimental or innovative program.
  - 9) Actions required for single purpose institutions administering Title IV funds that are making substantive changes that impact the institution in an essential manner. The following changes have been identified as extensive enough to affect the nature of the institution, its mission and objectives, and the allocation of resources to require a comprehensive evaluation of the whole institution:
    - a. The establishment of a Branch Campus that offers 50% or more of an educational program. In these cases, the Council will conduct a supplemental onsite review to verify that there are sufficient personnel, facilities and resources as claimed in the application prior to considering approval of a Branch Campus. Following approval, the Council will:
      - i. Establish a schedule of regular onsite reviews to the branch campus.
      - ii. Conduct an onsite review if there is a record of ineffective educational oversight.
      - iii. Conduct an onsite review if there is an adverse accreditation decision.
      - iv. Conduct an onsite review if there is a rapid growth in number of additional locations to determine educational quality.

- v. Set an effective date of approval that is not retroactive.  
(Approval of applications for a Branch Campus from single purpose institutions that administer Title IV funds **cannot exceed 5 years.**)
  - vi. Notify the program or single purpose institution of the Council's decision.
- b. A change in control or ownership of a single purpose institution. In this case the Council will require a comprehensive evaluation of the whole institution including an onsite review within six months of the change of control.

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Revised 10/17/14  
Revised 05/01/13  
Revised 01/17/12

## Meetings of the Council

### POLICY

The Council will meet at least twice annually to analyze and evaluate all program evaluation materials, to make accreditation decisions, and to conduct Council business. The business portion of the meeting will be open to the public. A program may appear before the Council according to established policy and procedure.

### PROCEDURE

1. Program requirements
  - a. When reviewed by the Council, a program may elect to send one or more representatives to address issues relating to the evaluation of the program after an onsite review or for other significant issues (see “Appearances before the Council”).
  - b. Base the decision to appear before the Council on the belief that the material available to the Council may require further clarification.
2. Council actions
  - a. Publish dates of the Council meetings for the following reasons:
    - 1) Notify program administrators, faculty, or others who wish to appear before the Council.
    - 2) Notify interested parties who may wish to attend the business portion of meetings.
    - 3) Provide a deadline for written correspondence for consideration at a Council meeting.
    - 4) Provide a deadline for third-party comments about programs.
  - b. Allot time during each Council meeting to allow program administration, faculty, or others to appear for specified reasons that are considered to be appropriate by the Council (see “Appearances before the Council,” “Complaints against Nurse Anesthesia Educational Programs,” and “Third-Party Presentation” policies).
  - c. May request that the chair reviewer be available during the Council's deliberations. The chair reviewer may not participate in the decision.

Revised 05/31/18

## Name Change

### POLICY

The Council on Accreditation should be notified of a proposed name change for an accredited program before the program makes the change. It is important for the Council to be able to certify program name identification (1) to ensure continued eligibility for U.S. Department of Education (USDE) student financial aid and (2) to track official records of programs for internal purposes. The Council is not responsible for adverse actions or outcomes resulting from failure to provide timely notification of a name change.

### PROCEDURE

1. Program requirements

Submit current name and address of the program, the new name, and the date that the new name will become effective.

2. Council actions

Change the program's records as indicated.

## Notification of the Council's Accreditation Decisions

### POLICY

The Council will inform the Secretary of the U.S. Department of Education (USDE) of accrediting actions it has taken with respect to programs it accredits. The Council also notifies state agencies and appropriate accrediting agencies of certain accrediting actions. Additionally, the Council will provide to the Secretary of Education and the public a summary of any review that results in a final decision of probation, denial, or revocation of accreditation.

### PROCEDURE

1. Program requirements

Not applicable.

2. Council actions

- a. The Council will notify the Secretary of Education, appropriate state agencies, appropriate accrediting agencies, and the public of the following information no later than 30 days after an accreditation decision is made. The date the decision becomes effective will be included in the notification.
  - 1) A decision to award accreditation to a program.
  - 2) Adverse accreditation decisions (consisting of denial, probation, or revocation), on the same day the COA sends notification to the program and within 30 days after all appeal mechanisms become final.
  - 3) Information about suspected fraud or abuse on the part of an accredited institution or program.
  - 4) A decision by an accredited program to withdraw voluntarily from accreditation.
  - 5) A decision by an accredited program to let its accreditation lapse.
  - 6) Notice of actual or pending program closures.
- b. The Council will notify the Secretary of Education, appropriate state agencies, appropriate accrediting agencies, and the public of the following information no later than 60 days after a decision is made:
  - 1) A summary of any review that results in probation, denial, or revocation of accreditation. The information will ordinarily consist of that contained in the letter sent to the program representatives informing them of the adverse accreditation decision and the rationale the Council used in arriving at the decision.
  - 2) Any comments the affected program provided regarding the decision, if any.



- c. The Council will provide to the Secretary of Education the following information:
- 1) On request of the Secretary, information regarding an accredited program's compliance with its **Title IV, Higher Education Opportunity Act (HEOA) program requirements**, including its eligibility to participate in Title IV programs, for the purpose of assisting the Secretary in resolving problems with the program's participation with these programs.
  - 2) Absent a specific request for confidentiality from the USDE, the Council may notify a program of inquiries it receives from the USDE as long as the Council has concluded, based on a careful consideration of the circumstances, that disclosure is appropriate.
  - 3) The name of any program that the Council has reason to believe is failing to meet its Title IV, HEA program responsibilities or is engaged in fraud or abuse, and the reason for the Council's concern.
  - 4) On request of the Secretary, a data summary of the Council's major accrediting activities during the previous year.
  - 5) Any proposed change in the Council's policies, procedures, or accreditation standards that might alter the Council's scope of recognition or compliance with the requirement for recognition.
  - 6) A copy of any annual report prepared by the Council.
  - 7) An updated copy of the Council's list of accredited programs.
  - 8) The identity of an institution that increased headcount enrollment of 50% or more within one institutional fiscal year, within 30 days of acquiring such data.
- d. The Council will routinely share with other appropriate recognized accrediting agencies and state agencies information about the accreditation status of a program and any adverse actions it has taken against an accredited program.

## Observation of Onsite Reviews

### POLICY

An individual who desires to broaden his/her perspective of the accreditation process may accompany an onsite review team as an **observer** with the permission of the Council and program. The purpose of the individual accompanying an onsite reviewer team is to observe the process and not to evaluate the program or reviewers. Observation conducted as part of the recognition requirements of the US Department of Education (USDE) will be accommodated in accordance with USDE policies and procedures.

### PROCEDURE

1. Program requirements
  - a. Consider approval of a request for an individual to observe during the onsite review of the program.\*
2. Council actions
  - a. Through the Council's Executive Committee and the Chief Executive Officer or designee, have final approval regarding observers and reviewers.
  - b. Obtain written concurrence from the program director.\*
  - c. Not allow the observer to evaluate the program or reviewers, or to adjudicate any individual disputes between the program and the Council.
  - d. During the Council's deliberation, ensure that if the observer is a Council director, that individual:
    - 1) Will not participate in the accreditation decision.
    - 2) Will not observe an onsite review if there is a conflict of interest with the program or reviewers.
  - e. Allow a Council director to be eligible to observe an onsite review after one Council meeting.
  - f. Maintain confidentiality.
  - g. Ask the observer to provide his/her own travel arrangements without reimbursement of expenses.
  - h. Provide the observer with the following:
    - 1) Self Study and supporting documents.
    - 2) A copy of the reviewers' summary report.
    - 3) The program's written response to the summary report.
    - 4) A staff analysis of response to the summary report.

\*Not applicable to observation by USDE personnel.

Revised: 10/18/17

## Onsite Review

### POLICY

The Council will assign **onsite reviewers** to conduct periodic **onsite reviews** of accredited programs for the purpose of amplifying, clarifying, and verifying the Self Study. Onsite reviews will also be conducted of programs that have completed a Self Study for a capability review and of new programs after graduation of the first class of students. Supplemental onsite reviews may be requested at any time (see Supplemental Onsite Review). Both educators and practitioners will be represented on review teams. An individual or individuals with academic and administrative experience will also be included on teams that evaluate institutions (see Glossary, **Academic personnel** and **administrative personnel**).

### PROCEDURE

1. Program requirements
  - a. Notify the Council in writing if there is reason to request that a substitution be made for one or more members of the review team. An explanation of how the reviewer represents a conflict of interest for the program must be included with the request.
  - b. Participate in all phases of the onsite review in an open and honest manner.
  - c. Afford onsite reviewers the opportunity to talk with faculty, the entire student body, and the administrative staff.
    - 1) More than one reviewer must be present for each conference. If only one reviewer is present, the conference will be taped. The program will submit a signed consent with the Self Study documents before the visit permitting the taping of the conference and will provide the audio taping equipment. The tape will remain the property of the Council on Accreditation and will be destroyed after the final accreditation decision is made.
    - 2) A program must obtain approval from the Council for a **third party** to be present during any portion of an onsite review. The request must be in writing with the signature of the program director affixed and include a valid reason for wanting the third party to be present.
    - 3) Attendees at student conferences are limited to the onsite reviewers and students.
    - 4) Attendees at faculty conferences are limited to the onsite reviewers and faculty. Administrative faculty/personnel will be interviewed separately.
  - d. Afford onsite reviewers the opportunity to observe the students and clinical faculty in the practicum.

- e. Document compliance with the *Standards for Accreditation of Nurse Anesthesia Educational Programs* and/or *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate* for both traditional and distance education offerings.
  - f. Have sufficient data available onsite to demonstrate that (1) all components of a comprehensive evaluation plan are actually being implemented and (2) the program is complying with accreditation standards (see Record Retention).
2. Council actions
- a. For onsite reviewers.
    - 1) Give the Chief Executive Officer of the Council or designee the responsibility of assigning onsite reviewers, utilizing guidelines approved by the Council. Consultation with the Council President or chair of the appropriate Council committee may occur before assignments.
    - 2) Make reviewer assignments on the basis of educational qualifications, professional experience, knowledge of the accrediting process, sensitivity to the individual program design and type of institution, and the ability to perform an impartial, objective evaluation.
    - 3) Ensure that both an **educator administrator** and an **educator practitioner** are assigned to an onsite review team.
    - 4) If at all possible, ensure that an individual with academic and administrative experience is included on teams that evaluate institutions.
    - 5) Ensure that the review team is composed of two or more members, depending on the number of affiliating institutions to be reviewed and the distance between the conducting institution and its various affiliates.
    - 6) Exclude onsite reviewers from onsite reviews of programs with which they may have a conflict of interest (see Conflicts of Interest).
    - 7) For cause, allow the institution or program to request a substitution be made for members of the team scheduled to review its program. The Chief Executive Officer of the Council or designee will select the substitute reviewer or reviewers, who must be approved by the President of the Council.
    - 8) If the Council wants an **observer** to accompany a review team, obtain written concurrence from the CRNA program director of the conducting institution.

b. For onsite reviews.

- 1) Through the Chief Executive Officer of the Council, determine the length of the onsite review by the size of the program and the number and location of affiliates.

Through the Chief Executive Officer of the Council or designee and a member of the COA Executive Committee, consider approving a program's written request for a third party to be present during an onsite review. A request will be granted only for a valid reason.

- 2) Do not allow third parties, other than those approved by the Council and program, to be present during an onsite review.
- 3) Select the clinical sites for onsite reviewers to visit during an onsite review. Sites will be selected by the Chief Executive Officer of the Council or designee and chair of the review team based on considerations to include:
  - a) Feedback from clinical evaluations submitted to the Council.
  - b) Input from the program administrator.
- 4) For a rescheduled visit, a program will be billed for the actual costs of the cancelled visit, costs of conducting the rescheduled visit, plus an additional fee equal to half the original administrative fee. No refund will be given for the original administrative fee.

c. Actions by onsite reviewers.

- 1) Before the review, examine the program's Self Study and its supporting documentation. Additional documents will be reviewed onsite (see program requirements earlier in this policy).
- 2) Review the following sites and facilities:
  - a) Clinical practicum, including selected clinical sites.
  - b) Academic institution or affiliation, if applicable.
  - c) Library facilities available.
  - d) Classroom and offices.
- 3) Meet with the chief executive officer of the conducting facility or his/her designee, members of the didactic and clinical faculty, the entire student body, and other concerned parties.
- 4) Observe the students and clinical faculty in the practicum.
- 5) Before the formal exit conference, present a private summation of the onsite review findings to the program director.

- 6) At the completion of the review, the chair reviewer will give an oral presentation of the summary report to the chief executive officer of the facility, the program director, and other interested persons.

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Revised: 06/03/16

## Onsite Review: Unannounced

### POLICY

The Council reserves the right to conduct an **unannounced onsite review** at a program's expense. A decision for an unannounced review will be based on the Council's belief that there may be areas of noncompliance with the Council's standards, policies, and procedures that could have a significant impact on the quality of student education or patient safety.

### PROCEDURE

1. Program requirements
  - a. As a condition of accreditation, give permission to the Council to conduct unannounced onsite reviews at the expense of the program.
  - b. Facilitate the conduct of an unannounced onsite review by cooperating with the Council and its reviewers.
  - c. Do not complete a Self Study owing to the immediate nature of the review.
2. Council actions
  - a. Determine the need for an unannounced onsite review for valid reasons. For example, an unannounced review would be warranted if a program failed to correct serious allegations of noncompliance with the standards, policies, and procedures to the Council's satisfaction.
  - b. Determine the number of onsite reviewers and the number of review days.
  - c. If time permits, forward a letter to the program or notify the program by telephone within one week before the review. If not, after arriving at the program, the reviewer or reviewers will give a letter of introduction to the program director or to another program representative if the director is not available.
  - d. Request onsite permission to proceed immediately with an unannounced onsite review from both the chief executive officer of the institution and the program director of the accredited program. In the absence of these individuals, a bona fide representative of the institution and the accredited program will be asked for permission to proceed immediately with an unannounced onsite review.
  - e. Focus an unannounced onsite review on specific issues that the Council identified. However, the Council reserves the right to conduct a comprehensive review of the program.
  - f. Through the written summary report of the onsite review, address the team's findings related to investigation of these issues. The report may also include additional issues or areas of concern that the reviewers identified.

- g. Make an accreditation decision after an unannounced onsite review, which may include any of those outlined in this manual (see Decisions for Accreditation).
  - h. For an unannounced visit, a program will be billed for the actual cost of conducting, or attempting to conduct, an unannounced onsite accreditation review plus the administrative/consultation fee. The program must pay all fees within 60 days after the date the Council sends the invoice to the program.
3. Council actions if an institution or program will *not permit* an unannounced onsite review to proceed immediately
- a. The review team will leave the program.
  - b. Thereafter, the Council will forward a **show cause** letter to the chief executive officer and program director seeking justification for reasons why the program should retain accreditation. If the show cause letter is not acknowledged within a 30-day period, the Council will revoke the program's accreditation. All Council correspondence will be sent by e-mail.
  - c. The Council also will send a show cause letter for revocation to the program if it denied permission for the review before arrival of the reviewers.

Revised: 06/03/16



## Onsite Reviewers and Fellowship Review Committee: Application and Appointment

### POLICY

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) will appoint **onsite reviewers** to represent the Council during onsite reviews to nurse anesthesia programs and a Fellowship Review Committee to conduct virtual onsite reviews of Post-Graduate CRNA Fellowships. Before being assigned, a reviewer must be trained on the COA's standards, policies, and procedures as appropriate for programs or fellowships, including the conduct of onsite evaluations.

### PROCEDURE FOR ONSITE REVIEWERS

1. Nominations submitted by representatives of the Council's **communities of interest**.  
Submit written recommendations to the Council office.
2. Council actions
  - a. Send the nominee correspondence that includes selection criteria.
  - b. Appoint a Council committee to review submitted documents and make a recommendation to the full Council.
    - 1) Letter of intent from applicant indicating the rationale for wishing to serve as a **chair onsite reviewer** or a team onsite reviewer.
    - 2) Curriculum vitae.
    - 3) Official transcript directly from the institution of higher education from which the highest degree was received.
    - 4) For an applicant team onsite reviewer, at least one letter of recommendation from one of the following:
      - a) Director of the COA.
      - b) Program director.
      - c) Consultant.
      - d) Chair onsite reviewer.
    - 5) For an applicant chair onsite reviewer, recommendations by two chair onsite reviewers who are familiar with his/her performance.
  - c. Appoint chair onsite reviewers based on selection criteria including:
    - 1) Onsite reviewer credentials and professional experience.

- a) Master's degree and/or higher from an institution of higher education accredited by a nationally recognized accrediting agency.
  - b) Current certification and recertification as a Certified Registered Nurse Anesthetist (CRNA).
  - c) Current membership in the American Association of Nurse Anesthetists (AANA).
  - d) Active involvement in an accredited nurse anesthesia program within the last three years.
  - e) Successful completion of the accreditation process within his/her own program through self-evaluation and onsite review.
  - f) Minimum experience of three onsite reviews.
  - g) Evidence of support for Council policies and procedures.
  - h) Evidence of understanding the role of the chair onsite reviewer to verify, clarify, and amplify the self-evaluation study of a program and to make assessments based on evidence found during an onsite review.
  - i) Evidence of a working knowledge of the *Standards for Accreditation of Nurse Anesthesia Educational Programs* and *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate* and an awareness of areas that constitute critical weaknesses.
- 2) Additional criteria.
- a) Member of an academic community with educational involvement.
  - b) Experience in curriculum development.
  - c) Knowledge of professional accreditation or recognition agencies (e.g., The Joint Commission, U.S. Department of Education, the Council for Higher Education Accreditation [CHEA]).
  - d) Attend (at minimum) every other workshop for onsite reviewers.
- 3) Eligibility exclusions include membership on:
- a) AANA Board of Directors.
  - b) AANA executive staff.
  - c) COA Board of Directors.
  - d) NBCRNA Board of Directors.
  - e) NBCRNA executive staff.
  - f) AANA Foundation Board of Trustees.
  - g) AANA Foundation executive staff.
- d. Appoint team onsite reviewers.
- 1) CRNA.

- a) Master's degree and/or higher from an institution of higher education accredited by a nationally recognized accrediting agency.
  - b) Current CRNA certification and recertification.
  - c) Current AANA membership.
- 2) Anesthesiologist.
- a) Current certification by the American Board of Anesthesiologists or its equivalent.
  - b) Current membership in a professional anesthesia organization.
- 3) CRNA and anesthesiologist.
- a) Active involvement and evidence of support of nurse anesthesia education and practice within last three years.
  - b) Involvement in a successful accreditation process within his/her own program through self-evaluation and onsite review.
  - c) Knowledge of student application process for certification.
  - d) Evidence of support for policies and procedures established by the Council.
  - e) Member of an academic community with educational involvement.
  - f) Curriculum development experience.
  - g) Knowledge of professional accreditation or recognition agencies (e.g., The Joint Commission, U.S. Department of Education, the CHEA).
- 4) Non-CRNA/Non-Anesthesiologist.
- a) Expertise in one or more areas that may be germane to a specific review.
  - b) Evidence of support for policies and procedures established by the Council.
- 5) CRNA eligibility exclusion includes current membership on:
- a) AANA Board of Directors.
  - b) AANA executive staff.
  - c) COA Board of Directors.
  - d) NBCRNA Board of Directors.
  - e) NBCRNA executive staff.
  - f) AANA Foundation Board of Trustees.
  - g) AANA Foundation executive staff.

- 6) Anesthesiologist eligibility exclusions include current membership on:
  - a) ASA Board of Directors.
  - b) NBCRNA Board of Directors.
  - c) NBCRNA executive staff.
  - d) Accreditation or certification agencies for anesthesiology or related specialties.
- 7) Non-CRNA/Non-anesthesiologist eligibility exclusion includes current membership as:
  - a) Public director of the Council(s).
- e. Make appointments as follows:
  - 1) Council directors vote on committee recommendations.
  - 2) Appointment shall be for three-year terms; eligible for reappointment.
  - 3) Onsite reviewers will be identified as **educator administrators** and/or **educator practitioners**.
  - 4) The appointment of a new onsite reviewer is not official until after the individual has successfully completed training on the accreditation standards, policies, and procedures including the conduct of onsite evaluations.
- f. Notify the nominee and the person making the recommendation of the Council's decision.

#### PROCEDURE FOR FELLOWSHIP REVIEW COMMITTEE

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) will appoint members of the Fellowship Review Committee (FRC). The FRC will review information submitted by fellowships including the *Application for Approval of a Post-Graduate CRNA Fellowship* and *Post-Graduate CRNA Fellowship Assessment* and conduct a Virtual Onsite Review of the proposed fellowship. Before being assigned to the committee, the members of the Fellowship Review Committee will be trained on the COA's standards, policies, and procedures, including the *Application Form for Approval of a Post-Graduate CRNA Fellowship*, *Post-Graduate CRNA Fellowship Assessment*, and the conduct of a Virtual Onsite Review.

1. Nominations are submitted to the Council office by representatives of the Council's communities of interest.
2. Council actions
  - a. Send the nominee correspondence that includes selection criteria.

- b. The COA Chief Executive Officer or designee will appoint a Council committee to review submitted documents and make a recommendation to the full Council. Nominees will be required to submit the following documents for consideration:
  - 1) Letter of intent from applicant including the rationale for wishing to serve as a member of the FRC.
  - 2) Curriculum vitae.
  - 3) Official transcript directly from the institution of higher education from which the highest degree was received (if not already on file with the COA).
- c. Appoint Fellowship Review Committee members based on selection criteria including:
  - 1) Current COA Director
  - 2) Qualified professionals
    - a) CRNAs currently serving as COA onsite reviewers.
    - b) Former COA Directors and/or onsite reviewers who remain knowledgeable of accreditation Standards by current involvement in a COA accredited program or fellowship.
  - 3) Expert consultant
    - a) Experts in the area of fellowship specialization must demonstrate three or more years (preferred) of current practice in the area of proposed fellowship specialization.
  - 4) CRNA eligibility exclusion includes current membership on:
    - a) AANA Board of Directors.
    - b) AANA executive staff.
    - c) Accreditation Appeal Panel.
    - d) NBCRNA Board of Directors.
    - e) NBCRNA executive staff.
    - f) AANA Foundation Board of Trustees.
    - g) AANA Foundation executive staff.
- d. Make appointments as follows:

- 1) The FRC will consist of one current COA Director, two qualified professionals, and a non-voting expert consultant as required.
  - 2) Members of the FRC will be appointed by the President of the COA for one-year terms; eligible for reappointment. Expert consultants will be appointed to the committee on an as-needed basis.
- e. Notify the nominee and the person making the recommendation of the Council's decision.

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## Plans for Purposeful Change and Needed Improvement

### POLICY

The Council expects programs to be proactive in planning, implementing, and sustaining purposeful change that improves student achievement and ensures the long-range viability of the program. The Council judges a program's success with respect to student achievement and program effectiveness during programmatic review. Therefore, measurement of **indicators of success** is important.

### PROCEDURE

#### 1. Program requirements

- a. Continuously monitor the program's indicators of success to determine the need for change that will improve student achievement and/or program outcomes.

Indicators of success to be monitored include:

- 1) Performance on the Self-Evaluation Examination (if available).
  - 2) Student satisfaction as recorded on course, clinical site, faculty, and program evaluations and on self-evaluations.
  - 3) Faculty satisfaction as recorded on program evaluations.
  - 4) Quality of scholarly activities.
  - 5) Professional practice of staff and students.
  - 6) Adequacy of resources.
  - 7) Alumni evaluations
  - 8) Employer evaluations.
  - 9) Class size
  - 10) Certification examination pass rates
  - 11) Employment rates.
  - 12) Program completion rates.
  - 13) Fiscal information to document adequate funding for the program.
  - 14) The ability of a program to meet accreditation standards.
  - 15) Other methods of student achievement as identified by the program and/or institution, if any.
- b. Utilize data from the program's indicators of success to identify areas that need to be changed or improved.
    - 1) Planned changes are based on causal analysis, keeping in mind the mission statement of the institution and its resources.

- 2) Changes are reconciled with the Council's standards for accreditation to ensure they are compliant with them.
- 3) Necessary resources are identified and put in place to implement the changes within an identified timeframe.
- 4) The outcome of changes is monitored and assessed to determine their impact on student achievement and/or program outcomes.
- 5) Purposeful change and program improvement are planned for within the context of the institution's strategic plan to ensure the long-range viability of the program.

2. Council actions

- a. Encourage programs to plan for purposeful change and needed improvement.
- b. Provide suggestions to programs on how to improve academic quality during accreditation reviews.
  - 1) Onsite reviewers may make suggestions to encourage improvement as appropriate, in addition to determining the degree of compliance with accreditation standards.
  - 2) A clear distinction will be made between citations needing to be remedied and suggestions for improvement that a program may or may not wish to adopt.
  - 3) The Council will provide consultation to programs on request or refer them to an external consultant.
- c. Monitor a program's success with efforts to improve its effectiveness and student achievement through periodic reports.

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Revised 01/23/15



## Policies and Procedures for Accreditation: Development, Adoption, Evaluation and Revision

### POLICY

It is the responsibility of the Council to formulate, adopt, evaluate, and revise policies and procedures for the accreditation of nurse anesthesia educational programs. Policies and procedures are used to foster educational quality and to facilitate implementation of the *Standards for Accreditation of Nurse Anesthesia Educational Programs* and/or *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*. Policies and procedures are also established to meet the requirements of external agencies and to safeguard the rights, responsibilities, and interests of students, faculty, administrators, the profession, the public, and other members of the community of interest.

The Council's Standards and Policies Committee will undertake a review of twenty-percent of Council policies each year, completing the review of all policies in a five-year cycle. The policies to be reviewed include those in the *Accreditation Policies and Procedures* and *Accreditation Reviewers' Manual*. This committee will draft such changes to be recommended to the COA for its approval. At the discretion of this committee, a COA onsite reviewer and/or a nurse anesthesia practitioner with substantial involvement in a nurse anesthesia program may be appointed by the Council to assist the committee with policy review activities.

Substantive revisions that could have a major effect on programs are subject to review, hearing, and comment by the Council's community of interest. Minor (limited) revisions that are unlikely to have a major effect on programs are subject to comment by the community of interest after adoption by the Council. Editorial revisions are the responsibility of the Council. The decision whether a revision is major, minor, or editorial in nature is a judgment specific to the Council and will be rendered on a case-by-case basis.

### PROCEDURE

1. Program or onsite reviewers' requirements
  - a. Submit suggestions for revisions, including rationale for change.
  - b. Submit comments on draft revisions.
2. Council actions
  - a. Undertake this review as a part of the five-year review cycle or as follows:
    - 1) On request by the Council.
    - 2) When changes occur in the Council for Higher Education Accreditation (CHEA) or U.S. Department of Education (USDE) recognition requirements.
    - 3) Before a CHEA or USDE review.

- 4) When a compelling cause or request from the Council's community of interest demonstrates the need for a policy creation or procedural review.
- b. If any policy or procedure is considered a major revision, send the proposed change to all program directors and to members of the Council's community of interest as the Council deems appropriate for review and comment before adoption/revision and implementation.

Procedure:

- 1) The Council will forward draft revisions or new policies to members of its community of interest as identified by the Council with a statement outlining the purpose for the major revision.
  - 2) The Council will conduct hearings on the proposed changes to the *Accreditation Policies and Procedures* manual at an ASF meeting.
  - 3) The Council will review major revisions to the *Accreditation Reviewers' Manual* with the onsite reviewers at an onsite reviewers' training workshop.
  - 4) The Council will review comments received as a result of this distribution and prepare and adopt final draft policies and procedures.
  - 5) The Council will provide an orientation to the revised policies and procedures at the first ASF meeting that is held after the adoption of the final draft.
    - a) Programs and onsite reviewers will be responsible for submitting reports of difficulties encountered in complying with the policies and procedures by a specified date.
  - 6) From the comments and reports received from the community of interest, the Council will finalize, adopt and publish the *Accreditation Policies and Procedures* manual, or the *Accreditation Reviewers Manual* at which time these will become mandatory for use by the Council, nurse anesthesia educational programs and/or onsite reviewers.
- c. For policies and procedures that are determined by the Council to be minor changes, the Council will notify members of its community of interest, as identified by the Council, of the adoption of these revisions and solicit comments.

Procedure:

- 1) The Council will review comments received as a result of this distribution and determine if any further revisions are necessary.

- 2) The Council will finalize and publish the *Accreditation Policies and Procedures* manual or the *Accreditation Reviewers' Manual* at which time these will become mandatory for use by the Council, nurse anesthesia educational programs, and onsite reviewers.
- d. Changes necessitated by law.
- 1) In the event a change must be made to bring the Council into compliance with legal requirements relative to nurse anesthesia programs and accreditation, the Council has the authority to make such a change.

Revised 05/31/18  
Revised 01/25/13

## Post-Graduate Fellowship Student Enrollment, Transcript, and Evaluation Records

### POLICY

The Council on Accreditation of Nurse Anesthesia Programs (Council) will receive, review, and maintain student enrollment forms and transcripts for accredited Post-Graduate CRNA Fellowships. End-of-fellowship evaluations will be obtained by the Council and results will be provided to the fellowship sponsor.

### PROCEDURE FOR POST-GRADUATE FELLOWSHIP ENROLLMENT

1. Fellowship sponsor requirements
  - a. Submit *Fellowship Enrollment Form* to the Council for each fellow within 1 week of the fellow's first day in the Fellowship (refer to Post-Graduate Fellowship Enrollment Form, AA-30) as directed by COA staff.
  - b. Submit enrollment fee for each fellow (see Fee Schedule).
  - c. Submit a *Fellowship Enrollments Summary* spreadsheet in order to facilitate Council tracking of fellowship cohorts. This summary must be updated for each fellow or cohort that is enrolled.
2. Council actions
  - a. Check enrollment form for completeness.
  - b. Maintain a copy of the *Fellowship Enrollments Summary* spreadsheet in the fellowship's COAccess portal.
  - c. Request additional information or documentation as necessary.

### PROCEDURE FOR POST-GRADUATE FELLOWSHIP TRANSCRIPT:

1. Fellowship sponsor requirements
  - a. Submit the *COA Post-Graduate Fellowship Transcript* to the COA for each fellow who completes the Fellowship within 10 business days of completion (refer to Post-Graduate Fellowship Transcript, AA-32).
  - b. Update the *Fellowship Enrollments Summary* spreadsheet to reflect the date of fellowship completion and date of transcript submission to the COA.

- c. Provide fellow with a copy of the *COA Post-Graduate Fellowship Transcript* within 10 business days of completion.
  - d. Respond to written requests from the Council by the designated deadlines.
2. Council actions
- a. Check *COA Post-Graduate Fellowship Transcript* for completeness and timeliness. Verify that *Fellowship Enrollments Summary* has been modified to include the date of fellowship completion and date of transcript submission for each fellow.
  - b. Retain *COA Post-Graduate Fellowship Transcript*.
  - c. Provide official copy of *COA Post-Graduate Fellowship Transcript* when requested by fellow.
  - d. Request additional information and/or documentation from the sponsor and/or fellow as appropriate.

#### PROCEDURE FOR END OF POST GRADUATE FELLOWSHIP EVALUATIONS

1. Fellowship sponsor requirements
  - a. Review End of Post-Graduate Fellowship Evaluation results provided by the Council (refer to End of Post-Graduate Fellowship Evaluation, AA-36).
  - b. Make changes to the Fellowship if indicated.
  - c. Respond to written requests from the Council by the designated deadlines.
2. Council actions
  - a. Provide the fellow the *End of Post-Graduate Fellowship Evaluation* following receipt of the *COA Post-Graduate Fellowship Transcript*.
  - b. Compile the *End of Post-Graduate Fellowship Evaluation* results, ensuring fellows' anonymity and confidentiality. The compiled results will be made available to the pertinent fellowship as part of the review process.
  - c. Request additional information and/or documentation from the sponsor and/or fellow as indicated.
  - d. Consider *End of Post-Graduate Fellowship Evaluation* results when making subsequent accreditation decisions.

## Probation Procedure\*

### POLICY

The Council may put a program on probation at any time for noncompliance with Council standards, policies, or procedures. Noncompliance with one or more criteria that are designated as critical weaknesses is considered to be of critical concern in decisions regarding accreditation. (See Decisions for Accreditation, the *Standards for Accreditation of Nurse Anesthesia Educational Programs*, and the *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*).

The Council may place a Post-Graduate CRNA Fellowship (PGF) on probation at any time based on this policy. Probation may be conferred on the basis of one or more of the following deficiencies, but is not limited to: failure to comply with the Council's standards, policies, and procedures; failure to request continued accreditation by the stated deadline; failure to submit a progress report or other Council requests by the stated deadline; complaints against the Fellowship that indicated that patient safety has been/is being jeopardized (refer to *Standards for Accreditation of Post-Graduate CRNA Fellowships*).

### PROCEDURE

1. Program requirements
  - a. Provide students with written notice of probation.
  - b. Do not admit new students to the program during a period of probation.
  - c. Accurately portray the program's accredited status as being on probation.
  - d. Decide whether to request reconsideration of the probation decision or to request an appeal of the probation decision if the decision is upheld upon reconsideration.
  - e. Programs: Request an onsite review for purposes of lifting the probation at any time before the end of one year after the final decision.  
  
Fellowships: Request a Virtual Onsite Review for purposes of lifting the probation at any time before the end of the probation period.
  - f. With the request to lift probation, submit documentation to show that all identified deficiencies have been satisfactorily addressed and that the program is in substantial compliance with the *Standards for Accreditation of Nurse Anesthesia Educational Programs*, the *Standards for Accreditation of Nurse Anesthesia Programs - Practice Doctorate\*\**, or the *Standards for Accreditation of Post-Graduate CRNA Fellowships*, whichever is applicable.
  - g. Request appearance before the Council if desired (see Appearances before the Council).

2. Council actions
  - a. Set the effective date of probation. The Council will determine the length of probation for Post-Graduate CRNA Fellowships on a case-by-case basis; however, probation will not exceed one year in length.
  - b. Notify the program in writing of specific reasons for probation by overnight delivery.
  - c. Inform the program of the right to have the decision reconsidered and then appealed if probation is upheld upon reconsideration.
  - d. Notify the program that its accreditation status before the probation decision will be retained, pending reconsideration and appeal.
  - e. Announce probation in the first available edition of the *AANA NewsBulletin* after the establishment of the action and all appeals have been exhausted.
  - f. Plan an onsite review to the program within one year of probation.
  - g. Invite the program to appear before a meeting of the Council.
  - h. Make a decision to lift probation or to revoke accreditation after the onsite review.
  - i. Make a decision regarding the date of the next onsite review for accreditation after the probation has been lifted.
  - j. Notify the program of all decisions within 30 days by overnight delivery.

\*The term “program” should be understood as referring to both accredited nurse anesthesia educational programs as well as post-graduate CRNA fellowships. The term “students” should be understood as additionally referring to post-graduate fellows, and “conducting institution” should be understood as referring to a fellowship sponsor.

\*\*Effective 1/01/15

Revised 05/30/14

## Program Closures and Teach-Out Plans and Agreements

### POLICY

The Council assesses reasons for closures of single purpose institutions and programs —both **voluntary** and **involuntary closures**—and reviews each program's plans to ensure that students graduate from an accredited program in a timely manner. The Council may require a single purpose institution it accredits to enter into a teach-out agreement as part of its teach-out plan.

### DEFINITIONS

**Teach-out plan:** A teach-out plan is a written plan that provides for the equitable treatment of students if an institution or program ceases to operate before all students have completed their program of study, and may include a teach out agreement between institutions.

**Teach-out agreement:** A teach-out agreement is a written agreement between accredited institutions or programs that provides for the equitable treatment of students and a reasonable opportunity for students to complete their program of study if an institution or program ceases to operate before all enrolled students have completed the program.

### PROCEDURE

#### 1. Single purpose institution and program requirements

Single purpose institutions or programs closing voluntarily and involuntarily are required to submit a written teach-out plan containing but not necessarily limited to:

- a. An explanation describing reasons for closure (voluntary closure only).
- b. Notification from the chief executive officer of the conducting institution stating the date for the last day of operation as an accredited institution/program.
- c. A copy of written notification to current and accepted students, if any, of the date of closure and the authorized accreditation status of the institution/program under which it will operate until closure.
- d. A plan for closure outlining how currently enrolled students will be provided with sufficient didactic and clinical experiences to meet accreditation and graduation requirements.
- e. Submit teach-out agreements that have been made among institutions/programs for prior approval by the Council, if any. Teach-out agreements must be in writing, signed by both parties, and provide sufficient detail to ensure provision of equitable treatment for students. At a minimum, assurances contained in a teach-out agreement must contain:



- 1) Plans for continuing the education of currently enrolled students at another accredited institution/program.
  - 2) Evidence that the accredited teach-out institution or program has the necessary experience, resources, and support services to:
    - a) Provide an educational program that is of acceptable quality and reasonably similar in content, structure, and scheduling to that provided by the institution or program that is ceasing operations;
    - b) Remain stable, carry out its mission, and meet all obligations to existing students
  - 3) Provisions for currently enrolled students, specifying any additional charges, to receive all the instruction promised by the closed program before its closure but that is not provided to the students because of the closure.
  - 4) Reference to the location of the teach-out institution/program being as geographically close to the closed program as possible.
  - 5) Acknowledgement from the accepting program that it agrees to the terms of the teach-out agreement.
- f. Represent accurately to applicants and others the effect that closure will have on the program's accreditation status after the decision has been officially acknowledged by the Council.
- g. Recognize that official notification of the decision to close will be irrevocable. Programs that voluntarily close but want to reopen must complete the accreditation process defined for new programs.
- h. Single purpose institutions or programs responsible for administering Title IV HEA programs are required to submit teach-out plans for approval if:
- 1) The Secretary notifies the Council that the Secretary has initiated an emergency action against the institution/program, in accordance with section 487(c)(1)(G) of the HEA, or an action to limit, suspend, or terminate an institution participating in any Title IV, HEA program.
  - 2) A state licensing or authorizing agency notifies the Council that the institution's license or legal authorization to provide an educational program has been or will be revoked.

2. Council actions

- a. Acknowledge the date of program closure in writing to the program and in the *AANA NewsBulletin*. The date of closure will be published in the next printing of the *List of Accredited Educational Programs*.
- b. Review the teach-out plan and/or agreement and approve it as soon as practicable. This can occur at a full Council meeting or be carried out by the Council's Executive Committee before a meeting. Review of the teach-out plan and/or agreement will include, but not be limited to:
  - 1) A determination that students will be treated equitably as established by requirements in this policy and procedure.
  - 2) Students are notified of the closure and additional charges, if any.
  - 3) A decision to require a teach-out agreement as part of the teach-out plan (when only a teach-out plan has been submitted).
- c. Provide timely notification to the single purpose institution or program and the teach-out institution/program in writing within 30 days after a decision is made on approval of the teach-out agreement.
- d. Determine whether to conduct accreditation reviews that are scheduled between the time of closure notification and the actual closure.
- e. Notify other accrediting agency(s) when a teach-out plan is approved if the institution/program is accredited by other agency(s).

NOTE: If a single purpose institution or program closes without a teach-out plan or agreement, the Council will cooperate with the U.S. Department of Education and the appropriate state agency, to the extent feasible, to assist students in finding reasonable opportunities to complete their education without additional charge.

Revised 05/01/13

## Program Listings

### POLICY

The Council will provide public notice of its accredited programs, schedule of onsite reviews, and accreditation decisions.

### PROCEDURE

1. Program requirements
  - a. Provide the Council with accurate information to identify the program.
  - b. Immediately report any pertinent changes and/or errors that appear in official publications.
2. Council actions
  - a. Annually publish the list of programs to be reviewed to invite third-party testimony.
  - b. Following the Council's official business meetings, publish an official listing of accredited programs in alphabetical order by state, city, and program name.
  - c. Publish a hyperlink to the list of accredited programs on the Council's website and in the January issue of the *AANA NewsBulletin*.
  - d. On an annual basis in December, provide the Secretary of the USDE with an updated *List of Accredited Educational Programs*.
  - e. Publish a notice in the *AANA NewsBulletin* when a new program is accredited.
  - f. Publish a notice in the *AANA NewsBulletin* when a program voluntarily withdraws from accreditation or when it lets its accreditation lapse.
  - g. Submit actions relating to adverse accreditation decisions to the *AANA NewsBulletin* for publication:
    - 1) Final decisions of denial, probation, or revocation of accreditation in the next available edition.
    - 2) Removal from probation in the next available edition.

- h. Submit information as public notice on the COA website within 24-hours of notice to the program:
- 1) Withdrawal from accreditation.
  - 2) Lapse of accreditation.
  - 3) Final decisions of denial, probation, or revocation of accreditation.

Revised 05/29/15

## Program Resources and Student Capacity

### POLICY

This policy applies to accredited nurse anesthesia programs preparing students for entry into practice. Programs are required to provide information on student headcount **enrollment** data annually. The Council will use these data to monitor overall growth of the programs it accredits. The Council requires programs to verify there are adequate resources to support an education program that meets Council standards and to secure prior approval before increasing the number of students.

### DEFINITION

Class Size: Class size is the total number of first year enrollees in one year based on NBCRNA data. For programs admitting more than one class per year, the total of all students enrolled in one year is considered to be a single class.

### PROCEDURE

#### 1. Program requirements

- a. A program planning to increase the number of students must secure prior approval from the Council. An application is required to demonstrate that adequate resources are available to support the total number of students (ref. “Application for Increasing Class Size”). The application must be submitted to the Council and the increase must be approved prior to the enrollment date for the cohort in which the increase will occur (see Glossary, “Enrollment”). The application must be submitted in accordance with the deadlines published by the Council:
  - 1) For planned increases in class size:
    - a) Programs with start dates March through June must submit an application by November 1<sup>st</sup> of the previous calendar year.
    - b) Programs with start dates July through November must submit an application by March 1<sup>st</sup>.
    - c) Programs with start dates December through February must submit an application by August 1<sup>st</sup>.
    - d) The COA’s Evaluation and Analysis Committee will review programs’ fully completed applications at a regularly scheduled meeting (December, April, and September) and provide notification of its preliminary decision to programs within 45 business days.

- 2) For unplanned increases in class size:
    - a) Applications received outside of the designated submission timeframes will be reviewed by the Council, with the timing of committee review and preliminary approval determined by the Council on a case-by-case basis.
  - b. The application will include:
    - 1) Rationale for the proposed increase.
    - 2) The current number of enrolled students by year of enrollment.
    - 3) The projected number of students for the next year.
    - 4) The number of students on leave(s) of absence (LOA) and when they will be reinstated.
      - a) Students that are counted towards attrition (ref. "Attrition Monitoring," A-28) and who are readmitted to the first year cohort of the program must be counted towards the program's approved class size when considering enrollees for the next academic year. Students returning from a LOA who repeat a class but are not counted towards program attrition (and who do not restart the program with a new cohort) do not need to be accounted for when considering class size.
    - 5) Plans for adequate resources (financial; program space to include: classrooms, labs, etc.; volume and variety of clinical experiences/number of sites; number of qualified faculty; support personnel, and student services) to demonstrate they are sufficient to provide for the total number of students including reinstated students from LOAs, if any.
2. Council actions
- a. The Council will establish class size for new programs based on existing resources.
  - b. The Council will establish an initial class size for existing programs.
    - 1) The established class size will equal the largest number of students admitted in any class during the previous 3 years starting with the date the policy was implemented.
    - 2) For programs where the established class size would be 41 or more per class, the program must submit an application to the Council providing evidence there are sufficient resources to assure an education program that meets Council standards. (**Exception:** If a program has undergone a satisfactory onsite review with the same number of students now as it had when it was last accredited. **Example:** a program is three years into a 10 year accreditation cycle and has the SAME number of first year students (45 first year students) when the initial class size is determined as it had

- when it was accredited (45 first year students), the program will not have to apply to the Council for approval to admit 45 students into an incoming class.)
- c. The adequacy of resources for student education in accredited programs will be considered by the Council when reviewing applications for increasing the established class size to include the:
- 1) Number and types of clinical cases, required experiences and COA-approved sites available for education. Include the minimum, maximum, and average number of case totals for the program's most recent graduation cohort, in addition to a listing of COA-approved clinical sites impacted by the increase, as supporting documentation.
  - 2) Number of qualified faculty in relation to the total number of students in the program.
  - 3) Sufficiency of financial support for an increased number of students.
  - 4) Adequacy of physical resources, learning resources, support personnel, and student services.
  - 5) NCE pass rate of graduates, as calculated by the COA in accordance with the Certification Examination policy.
  - 6) Current accreditation status and length of accreditation.
  - 7) All unresolved concerns related to the adequacy of resources as well as student and faculty evaluation results related to resources.
- d. Program growth will be monitored:
- 1) Annually by reviewing NBCRNA data on first year enrollees and comparing it to first year enrollees in the prior year and the established number.
  - 2) By reaffirming or adjusting the established class size when programs are reviewed for continued accreditation.
  - 3) By adjusting the established class size at other times for reasons relating to adequacy of resources.
- e. The Council will take such actions that it deems appropriate to address any deficiencies that it identifies at an institution or program as part of its review and evaluation. Actions can include but are not limited to:
- 1) Approval. An accreditation decision may include approval pending Chief Executive Officer or Executive Committee review of additional information as required by the Council.

- a) The Council may grant a one-time, one year approval of an increase in class size to programs transitioning to the doctoral level. This one-time approval is meant to accommodate programs admitting a master's and a doctoral cohort within the same academic year.\* In these cases, programs must submit an *Application for Increasing Class Size* at the same time as their doctoral application.
- 2) Denial
- 3) Deferral of action
- 4) Progress report(s)
- 5) Full or focused Self Study report
- 6) Full or focused onsite review
- 7) Change in accreditation status
- 8) Show Cause

\*One-time approval clause will sunset 12/31/21

Revised 10/26/18  
Revised 05/31/18  
Revised 05/19/17  
Revised 06/03/16  
Revised 01/21/16  
Revised 10/17/14  
Effective 01/01/14



## Programs' Transitions to the Doctoral Level

### POLICY

In 2009, the AANA adopted a position statement supporting doctoral education for entry into nurse anesthesia practice by 2025. The COA adopted a requirement that any students accepted into an accredited program on January 1, 2022 and thereafter must graduate with doctoral degrees. At its October 2015 meeting, the COA revised this language to clarify that all accredited programs must offer a doctoral degree for entry into practice by January 1, 2022; all students matriculating into an accredited program on or after this date must be enrolled in a doctoral program.

### PROCEDURE

#### 1. Requirements for *applicant* programs

- a. The COA will not consider any new master's degree programs for accreditation beyond 2015. All prospective programs seeking COA accreditation after 2015 must offer a doctoral degree for entry into practice (see "Capability Review for Accreditation" and "Eligibility for Accreditation").

#### 2. Requirements for *established* programs

- a. Programs are strongly encouraged to submit their doctoral applications in advance of the January 1, 2022 deadline to allow for the possible need for additional documentation. Any program not approved for a doctoral degree for entry into practice at or before the COA's fall 2021 meeting will be considered out of compliance with the Standards and could face adverse action.
- b. Complete the Application for Approval of a Practice-Oriented Doctoral Degree for Entry into Nurse Anesthesia Practice and submit it as instructed by the COA. All applications for approval of a doctoral degree for entry into practice must be submitted to and receive approval by the COA to meet the requirement that all students matriculating into the program on January 1, 2022 and thereafter are enrolled in a doctoral program.
  - 1) Notify the COA of the program's intent to complete an application and submit the completed application to meet the above requirement. Only completed applications will be reviewed by the COA.
  - 2) The fee for review of a doctoral degree for entry into nurse anesthesia practice application must be included with the fully completed application. Please note that as the 2022 deadline approaches, the COA will allocate additional resources in order to support programs' transitions to offering doctoral degrees for entry into nurse anesthesia practice. As a result, the COA has implemented an escalating fee schedule for review of entry into practice doctoral degree applications. Effective January 1, 2018, an additional surcharge of \$1,000 will be added to the existing fees for doctoral application review. This surcharge will increase by \$1,000 on January 1 each year

- thereafter. The doctoral review fees and surcharge are subject to change. If denied, programs will be required to resubmit a complete application and submit both the doctoral application fee and surcharge.
- 3) Programs submitting doctoral degree applications for review at the same time the COA makes a continued accreditation decision may request a waiver of the surcharge if their onsite visit occurs between fall of 2017 and spring of 2021.
- c. In accordance with the Application for Approval of a Practice-Oriented Doctoral Degree for Entry into Nurse Anesthesia Practice, programs must describe the process by which the currently accredited degree program (i.e., the master's degree program) will be phased out.
- 1) All accredited programs must offer a doctoral degree for entry into practice by January 1, 2022; all students matriculating into an accredited nurse anesthesia program on or after this date must be enrolled in a doctoral program.
  - 2) Programs must inform students taking an approved leave of absence that failure to graduate from an accredited master's degree program before January 1, 2025 may have an adverse effect on students' ability to gain licensure or practice in certain states.
  - 3) Effective January 1, 2018, programs must demonstrate (via website posting) that they have informed potential applicants and students of the COA's doctoral transition requirements. Potential applicants and students must be notified that on January 1, 2022 and thereafter, all students matriculating into an accredited program must be enrolled in a doctoral program. This notification to potential applicants and students must be accompanied by an explanation of the program's plans to apply for COA approval to award a doctoral degree for entry into practice.
- d. On January 1, 2022, all accredited programs that have not received approval to award a doctoral degree for entry into practice will be considered out of compliance with Standard III, Criterion C2 and placed on probation.

### 3. COA Actions

- a. The COA will review doctoral applications submitted in accordance with its established deadlines.
- b. Assess a fee for review of a doctoral degree for entry into nurse anesthesia practice application.
- c. Assess an escalating surcharge for applications beginning January 1, 2018.
- d. Assess an additional fee for out-of-cycle reviews approved by the COA.

## Progress Reports

### POLICY

Occasionally, reports may be required to clarify or demonstrate a program's full compliance with one or more of the Council's standards and criteria or policies and procedures. A **progress report** will be required from the program until such compliance is achieved.

Reasons for progress reports:

- In response to areas that need improvement or do not comply with the *Standards for Accreditation of Nurse Anesthesia Educational Programs* or *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate* that are of sufficient concern to the Council that they should be addressed before the next onsite review.
- When continued accreditation has been conferred but complete resolution of an identified problem has not been accomplished, or for compelling reasons.
- When a bona fide, signed complaint has been presented in accordance with the Council's procedures for complaints or third-party testimony.
- For any cause that provides evidence that the program has ceased to be in full compliance with the *Standards for Accreditation of Nurse Anesthesia Educational Programs* or *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*.
- For any cause that provides evidence that the program is not in compliance with the requirements contained in this *Accreditation Policies and Procedures* manual.

### PROCEDURE

1. Program requirements
  - a. Provide written response to all areas of concern, as requested by the Council.
  - b. Provide clearly marked supporting documentation as examples of how the program is complying with the *Standards for Accreditation of Nurse Anesthesia Educational Programs*, *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*, or the requirements contained in the *Accreditation Policies and Procedures* manual.
  - c. Submit the response and supporting documentation by the designated deadline.
2. Council actions
  - a. Request progress reports based on the definition above.

- b. Review the program's response and decide whether to accept the progress report, reject it, or ask for an additional report. Note that an accreditation decision may include approval pending Chief Executive Officer or Executive Committee review of additional information as required by the Council.
- c. Send a **show cause** letter (see Show Cause) or render an adverse accreditation decision if a program repeatedly fails to resolve an issue for which reports have been requested.
- d. Notify a program of the Council's decision within 30 days by overnight delivery.

Revised 01/21/16

## Public Director to the Council

### POLICY

The Council elects two public directors to represent the consumer perspective. The public directors are elected from a slate of candidates developed by soliciting nominations from service organizations, alumni associations, consumer interest groups, organizations of retired persons, higher education groups, and other similar organizations. The role of the public director is to act as an advocate for the public's interest within the context of Council activities. The combined role of these two public directors is to participate fully in Council deliberations and to curb any tendency of the Council to put professional priorities above the interest of the public in the accreditation process.

### PROCEDURE

1. Program requirements
  - a. Recommend individuals for the public director position.
2. Council actions
  - a. Solicits nominations from nurse anesthesia programs.
  - b. Solicit nominations from a variety of public interest groups.
  - c. Review nominations by the appropriate Council committee and prepare the slate of candidates.
  - d. Vote at the spring Council meeting, with terms commencing at the subsequent fall Council meeting.
  - e. Ensure that the public director, representing the public's interest, has no conflicts of interest. The public director must not be an employee, a member of the governing board, owner, shareholder, or consultant to an institution or program that either is accredited by the Council or has applied for accreditation. The public director must not be a member of any association or organization related to or associated with the Council, and must not be a current or former member of any healthcare profession providing direct patient care. Neither will the public director be a spouse, parent, child, nor sibling of any of the individuals described above.

Revised 05/31/19

## Public Disclosure of Accreditation Decisions and Performance Data

### POLICY

The Council will make public the following information:

- Accreditation standards, policies, and procedures.
- Accreditation decisions.
- Dates of review for accreditation.
- Identification of information and qualifications of Council directors and principal administrative staff
- Plans to undertake a major review or substantial change of its accreditation standards
- The specific reasons for any accreditation review that results in a final decision for probation, denial, or revocation of accreditation.

It may also make public data obtained from the public information section of the programs' annual reports. The Council will notify the Secretary of the U.S. Department of Education (USDE) and the appropriate accrediting agency no later than 30 days after an accreditation decision is made and following a request for reconsideration and appellate review if an adverse decision is made, and will provide these entities all information that the USDE requires.

The Council requires that programs publicly disclose their accreditation status accurately. Programs are required to routinely publish reliable data and information to the public about their academic quality and student achievement. The Council requires public correction of incorrect or misleading information that is released by an accredited program or a program applying for accreditation.

### PROCEDURE

#### 1. Program requirements

- a. A program must publish honest, reliable, accurate data and information to the public regarding its performance. Publications can be in various formats but must include posting the following information on a website that is linked to the Council's *List of Accredited Educational Programs*. The information must include at a minimum:
  - 1) Accreditation status.
  - 2) Specific academic program covered by the accreditation status.
  - 3) Name, address, and telephone number of the Council.
  - 4) Attrition for the most recent graduating class.
  - 5) Employment of graduates within six months of graduation (see Glossary: Graduate employment rate).

- 6) Certification examination pass rate for first time takers.
- 7) Program length, in accordance with the Council's definition.
- b. The program's Self Study, summary report, progress reports, staff analyses, Council deliberations, and correspondence relating to an accreditation review are considered to be confidential.
- c. It is expressly against Council policy for programs or their institutional hosts to distort, take out of context, misquote the official statement of their accreditation and/or anything an onsite review team and the Council have said or put in writing that would in effect tend to mislead the public and provide an advantage to the program, institution, or an individual within the program or institution.

Sample program accreditation statement:

The XYZ Nurse Anesthesia Program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), 222 S. Prospect Ave., Park Ridge, IL 60068; (847) 655-1160. The program's next review by the COA is scheduled for May/October 2XXX.

- d. Under normal circumstances, the extent to which the summary report of the onsite review is released is the prerogative of the administrative personnel of each program. Administrative personnel are encouraged to make the summary report available to their faculty, committees, and affiliates. If the program elects to make accreditation documents available to its communities of interest, it must disclose the accreditation accurately, including the specific academic program covered by that status, and the name, address, and telephone number of the accrediting agency. If a program has entered into a formal contract or is affiliated with a senior college, university, or clinical facility, the chief executive officer of the institution or a designee will be provided with a copy of the summary report and the accreditation decision that the Council rendered.
2. Council actions
- a. Publish a *List of Accredited Educational Programs* that includes the program name, conducting institution(s), website, program director, address, and program type (i.e., post-master's certificate, master's degree, or doctoral degree). With regard to the accreditation review, the current accreditation status, the date of the last review, and the date of the next review are published.
  - b. Following the Council's official business meetings, publish a hyperlink to the list of accredited programs on the Council's website and in the *AANA NewsBulletin*.
  - c. On an annual basis in December, provide the Secretary of the USDE with an updated *List of Accredited Educational Programs*.
  - d. Publish in the *List of Accredited Educational Programs* the names, academic and professional qualifications, and relevant employment and organizational affiliations of the members of the Council's policy and decision-making bodies as

well as the Council's principal administrative staff.

- e. Publish final decisions on probation, revocation, denial for accreditation, and closures in the *AANA NewsBulletin* and on the COA website.
- f. Provide the public with the specific reasons for a final decision of probation, denial, or revocation of accreditation. The Council will develop a statement, termed a Public Disclosure Notice, about the reasons for the action for use in informing the public. The Notice will summarize the specific reasons for the Council's decision along with a response related to the final decision from the institution or program. The program has the right to decline an offer to provide a response.
- g. Provide the program administrators an annual summary of citations from the preceding year.
- h. Inform the public about the harm of degree mills and accreditation mills by posting a link to the CHEA website that contains information on degree mills and accreditation mills.
- i. When undertaking a major revision of accreditation standards, make public the first draft, subsequent revisions, and dates on which the Council should receive suggestions and/or recommendations.
- j. The Council notifies the Secretary of the USDE, appropriate accrediting agencies, appropriate state licensing or authorizing agencies, and the public no later than 30 days after the following accreditation decisions have been made and following a request for reconsideration and appellate review if an adverse decision has been made. In the case of an adverse decision, the public will be informed by written notice within 24 hours of the notice to the institution or program through posting on the Council's website, currently found at <http://coacrna.org>.
  - 1) Decision to grant or reaffirm continued accreditation. The Council will inform the public of the basis for final decisions in a brief statement accompanying the decision on the Report of Actions.
  - 2) Final decision to deny or revoke accreditation. The Secretary of Education will be notified on the same day the program is notified. No longer than 60 days after a final decision the Secretary, appropriate accrediting agencies, and the public will be provided with a brief statement called a Public Disclosure Notice summarizing the specific reasons for the Council's denial or withdrawal of the program's accreditation, along with any comments the program may wish to make.
  - 3) Final decision to place a program on probation. The Secretary will be notified on the same day that the program is notified. No longer than 60 days after a final decision, the Secretary, appropriate accrediting agencies, and the public will be provided with a brief statement called a Public Disclosure Notice summarizing the specific reasons for the Council's decision to place a program



- on probation, along with any comments the program may wish to make.
- 4) The Council's statement to the Secretary regarding the reasons for an adverse decision must include the official comments from the program or evidence that a program was offered an opportunity to provide comments if no comments were received.
  - 5) Decision by an accredited program to withdraw voluntarily from the Council's accreditation activity.
  - 6) Decision by an accredited program to allow its present accreditation to lapse.
  - 7) Decision by an accredited program to close.
- k. The following accreditation documents are confidential:
- 1) Self Study.
  - 2) Summary report of onsite accreditation review.
  - 3) The program's response to the summary report, progress reports, and staff analyses.
  - 4) Council deliberations pertaining to programs and minutes of Council meetings.
  - 5) Summative data from the program's annual report.

#### EXCEPTIONS TO POLICY

1. In the event of a valid subpoena issued by a court or other government entity that has subpoena authority, the Council will respond consistent with law to a subpoena issued by a court or other government entity that has subpoena authority.
2. When an accredited nurse anesthesia program conducts its affairs in a manner that becomes a matter of public concern and/or misrepresents its actual accreditation or any communication of the Council or its onsite review team, the Council will take action. The Council may be forced to make its actions public (i.e., publish the summary report of the onsite review and its letter communicating the accreditation decision and the basis for that decision).
3. Release of any additional information regarding a program by the Council requires the concurrence of the respective program.

#### PROCEDURE FOR ITEM 2 UNDER EXCEPTIONS TO POLICY

1. The Chief Executive Officer of the Council will notify the Council Executive Committee as soon as the Chief Executive Officer receives information regarding such a matter in writing or as published. At the direction of the Executive Committee, the Chief Executive Officer will investigate the circumstances of the release and, as a part of the investigation, give the program 10 days to explain in writing its release of such misleading information.

2. The Council will receive copies of the misleading information and a report of the investigation, after which a conference call will be set up, unless there is a Council meeting to discuss the matter. With a quorum present, the Council will invoke sanctions if the information has not been corrected satisfactorily.

If sanctions are voted, the Council will:

- a. Require the program to immediately make a public retraction and correct all misleading statements in the same manner and in the same publications it used previously. Failure to do so may adversely affect the program's accreditation. The Council may warn the program that any further release of misleading statements could affect the program's accreditation.
- b. Publicly release the appropriate accrediting information to correct the record. In the event the program fails to respond in the same time frame requested by the director and/or fails to retract the statement appropriately as requested, the Council will furnish notice to the program at the same time it releases the material for publication. Furthermore, the program will be provided with a show cause letter asking it to explain why it should not be put on probation or have its accreditation revoked. Failure to comply with this requirement can lead to the Council placing the program on probation and/or revoking its accreditation.
- c. Before any probation or revocation proceedings, set a time for a hearing on the matter at one of the Council's regularly scheduled meetings. The program will have the opportunity to appear before the Council to offer defense of its actions. In the event that the Council makes an adverse accreditation decision, the decision is subject to reconsideration.

Revised 01/20/17  
Revised 05/29/15  
Revised 10/17/14  
Revised 05/01/13  
Revised 05/25/11

## Recognized Accrediting Agencies

The Council will take into account adverse accreditation actions conferred by states and other **recognized accrediting agencies** before it grants accreditation or continued accreditation to a nurse anesthesia program. Information regarding accreditation will be routinely shared with other appropriate accrediting agencies and state agencies as permitted by law.

### PROCEDURE

1. Program requirements
  - a. The director of a nurse anesthesia program must notify the Council in writing within 30 days:
    - 1) When an institution receives an adverse accreditation decision from a recognized accrediting agency.
    - 2) With an explanation of how this adverse decision will affect the program's ability to maintain its compliance with the Council's *Standards for Accreditation of Nurse Anesthesia Educational Programs* and/or the *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*.
  - b. The program must notify the Council when the program or conducting institution:
    - 1) Is the subject of a pending or final action brought by a state agency to suspend, revoke, withdraw, or terminate the program or institution's legal authority to provide postsecondary education in the state.
    - 2) Has been notified of a decision by a recognized agency to deny accreditation or preaccreditation.
    - 3) When a pending or final action has been brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation.
    - 4) Has been placed on probation or an equivalent status imposed by a recognized accrediting agency.
2. Council actions
  - a. The Council will not grant initial accreditation or renew accreditation of a program during a period when the program or conducting institution is the subject of:
    - 1) A pending or final action brought by a state agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education in the state.

- 2) A decision by a recognized agency to deny accreditation or preaccreditation.
  - 3) A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation.
  - 4) Probation or an equivalent status imposed by a recognized accrediting agency.
- b. If the Council grants accreditation to a program after considering the above actions of accrediting agencies or state agencies, the Council will provide the U.S. Secretary of Education with a thorough explanation, consistent with its accreditation standards, as to why the previous threatened or final adverse action by a recognized institutional accrediting agency or a state agency does not preclude the Council's grant of accreditation. An explanation of the Council's decision will be mailed to the Secretary within 30 days.
  - c. If another recognized agency places an institution in which a nurse anesthesia program resides on probation or revokes its accreditation, the Council will promptly review the program's accreditation to determine if it should also take an adverse action such as probation or send a show cause letter to the program. The program will be notified within 60 days of any action the Council deems appropriate.
  - d. The Council will notify the affected program of any action that the Council takes with respect to decisions rendered by other accrediting agencies and state agencies within 30 days of the action.
  - e. The Council, on request, will share with other appropriate recognized accrediting agencies and recognized state agencies information about the accreditation status of a program and any adverse actions it has taken against an accredited program.

Editorial Revisions: 06/03/16

## Reconsideration\*

### POLICY

The following adverse decisions affecting accreditation of a program by the Council are subject to reconsideration and appeal: probation, denial, or revocation of accreditation.

### PROCEDURE

1. Program requirements for reconsideration
  - a. Send a written request for reconsideration so that the Council receives it within 30 days after the program received notice of the adverse accreditation decision. Submission of a request for reconsideration will stay the effect of the Council's decision.
  - b. Include in the request a statement of why the program believes that the adverse decision was improper as well as any existing supporting documentation that the program wishes to have considered as part of the reconsideration process.

A program may present new information at a reconsideration hearing or in written form if a hearing is not held. New information considered by the Council during a reconsideration process will be shared with the appeal body in the event of an appeal.
  - c. Notify the Council whether program representatives want to be present at a hearing before the Council.
  - d. May opt for representation by legal counsel. Legal counsel may represent a program during its reconsideration hearing, including making any presentation that the agency permits the program to make. However, as the nature of accreditation is peer review, the program is encouraged to include presentation by program and program sponsor personnel.
  - e. May choose to present any material that reasonably relates to the decision of the Council. Such evidence should be relevant, reliable, and nonduplicative to be considered by the Council.
  - f. May elect to have the hearing transcribed by a certified court reporter at the program's expense.
  - g. All program expenses incurred in connection with the hearing will be borne by the program.

2. Council actions

- a. The Council will act on a request for reconsideration as soon as practical and may at its discretion take any of the following actions:
  - 1) Seek further information from the program.
  - 2) Grant a hearing.
  - 3) In addition, use information that may be at its disposal during the reconsideration process.
  - 4) Grant or restore the requested accreditation status.
  - 5) Adhere to its initial decision.
  
- b. The program will be given written notification by overnight delivery of the Council's decision regarding the request for reconsideration.
  - 1) If further information is sought, the notice will specify the information required and the date by which it must be submitted.
  - 2) If a hearing is granted, it will be held at the next regularly scheduled meeting of the Council that occurs more than 20 days after the granting of the hearing, unless the Council at its discretion determines that an immediate hearing is necessary. A notice will be provided to the program specifying the time and place of the hearing.
  
- c. The procedure for a reconsideration hearing before the Council will generally follow Council policy (see Appearances before the Council).
  - 1) A tape recording of the hearing shall be made and transcribed, unless the program elects to have the hearing transcribed by a certified court reporter.
  - 2) Subsequent to the hearing or after receiving the further information it has requested, the Council will determine whether to grant or restore the accreditation status requested or to adhere to its initial decision. The program will be notified of the Council's determination by overnight delivery.
  - 3) If the Council adheres to its initial decision, the notice will include a brief statement of the Council's reason and will indicate that the program has a right to appeal to the Accreditation Appeal Panel.
  
- d. A determination to adhere to a decision not to grant or restore accreditation as requested will be deemed to be the final action by the Council. Such final action may be appealed to the Accreditation Appeal Panel.

- e. A decision of the Council may not be appealed unless the program has accepted an offer of reconsideration and the Council has adhered to its initial adverse decision.

\*The term “program” should be understood as referring to both accredited nurse anesthesia educational programs as well as post-graduate CRNA fellowships. The term “students” should be understood as additionally referring to post-graduate fellows, and “conducting institution” should be understood as referring to a fellowship sponsor.

Revised 07/26/17  
Revised 01/23/15

## Record Retention

### POLICY

The Council will maintain complete and current records of all its administrative, fiscal, personnel, and accreditation activities. The Council will also maintain records of all decisions made throughout a program's affiliation with the Council regarding accreditation and major programmatic changes, including all correspondence that is significantly related to those decisions. Nurse anesthesia programs are also required to maintain complete and accurate records in any readily retrievable format. Sufficient data must be available to onsite reviewers to demonstrate that all components of a comprehensive evaluation plan are actually being implemented and the program is complying with accreditation standards. Institutional policies may require programs to maintain other records outside the purview of the Council.

### PROCEDURE

1. Program requirements
  - a. Maintain accurate cumulative records.
    - 1) All student records must be retained until the student passes the National Certification Examination except for records that should be kept indefinitely.
    - 2) Student records to be kept indefinitely include any records that may relate to grievances, litigation, final case records, summative student evaluations, and National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) transcripts.
  - b. In addition to maintaining the student records already identified, ensure that the following information is maintained and available:
    - 1) Program philosophy, objectives, and master schedule.
    - 2) Organizational charts.
    - 3) Administrative policies.
    - 4) Budget data.
    - 5) Committee meeting minutes of the preceding three years.
    - 6) Clinical site demographics and case experiences.
    - 7) Current course outlines, objectives, and student brochure.
    - 8) Examinations and testing materials.
    - 9) Faculty teaching and time commitment data.
    - 10) Alumni evaluations of the quality of the program for the preceding three years.
    - 11) Employer evaluations for the preceding three years.



2. Council actions
  - a. Keep current correspondence between the Council and programs in files that are secured in the Council's office.
  - b. Keep onsite all Self Study materials of programs that are currently under accreditation review. Once the Council completes reviews and renders final accreditation decisions, it will send the self study and accompanying documents to an off-site archive. These documents will be kept for 10 years unless a different date for destruction is placed on them.
  - c. Retain records for each program, which will include the following:
    - 1) The last full accreditation review of each institution or program, including the onsite review team reports, the institution or program's responses to onsite reports, progress reports, any reports of special reviews and major programmatic changes conducted by the Council between regular reviews, and the institution's or program's most recent Self Study report.
    - 2) All accreditation decisions, including all adverse actions and correspondence significantly related to those decisions.
    - 3) Decisions on major programmatic changes and correspondence significantly related to these decisions.
  - d. Keep all the annual report survey instruments for historical and research purposes. After five years, completed reports submitted by programs will be destroyed. Any summary reports or tables generated from the annual reports will be stored indefinitely in the off-site archives.
  - e. Keep current administrative and personnel files in secure files within the Council offices.
  - f. Maintain complaint files in the Council's offices (refer to Complaints against Nurse Anesthesia Programs and Complaints against the Council).

Revised 10/11/19

## Revocation Procedure

### POLICY

The Council may revoke a program's\* accreditation at any time when violations of the *Standards for Accreditation of Nurse Anesthesia Educational Programs*, *Standards for Accreditation of Nurse Anesthesia Programs - Practice Doctorate\*\**, *Standards for Accreditation of Post-Graduate CRNA Fellowships*, and/or policies and procedures are serious enough to indicate that they cannot be resolved. The program has the right to request reconsideration of the decision and to appeal if the revocation is upheld upon reconsideration.

### PROCEDURE

1. Program requirements
  - a. Provide students with written notice of revocation of accreditation.
  - b. Accurately portray the accredited status as being revoked.
  - c. For Programs: Cease the admission of students or clearly inform them they will not graduate from an accredited program and will not be eligible for certification by the NBCRNA.
  - d. For Post-Graduate CRNA Fellowships: Cease the admission of fellows or clearly inform them that they will not graduate from an accredited fellowship. If applicable, advise fellows of any future impact on eligibility for certification.
  - e. Decide whether to request reconsideration.
  - f. Request to appear before the COA if desired (see Appearances before the Council).
2. Council actions
  - a. Set the effective date of revocation.
    - 1) The effective date of revocation of accreditation will permit the completion of the program's academic calendar during the year in which the Council's decision to revoke accreditation occurs.
    - 2) If the Council's decision to revoke accreditation is sustained on appeal, the effective date of revocation will be the day after the final day of the program's academic calendar in which the decision on appeal occurs.
  - b. Notify the program in writing of specific reasons for revocation by overnight delivery.

- c. Inform the program of the right to have the decision reconsidered and to appeal if the revocation is upheld upon reconsideration.
- d. Notify the program that its accreditation status before the revocation decision will remain pending appeal.
- e. Invite the program to appear before the Council.
- f. Announce the revocation of accreditation in the first available edition of the *AANA NewsBulletin* and on the COA website after the establishment of the action and all appeals have been exhausted.
- g. Notify the program of all decisions within 30 days. All Council correspondence will be sent by e-mail and a hard copy by overnight delivery.
- h. Notify the appropriate federal and state agencies and the appropriate accrediting agencies (refer to Decisions for Accreditation of Nurse Anesthesia Educational Programs, D-3—D-6).

\*The term “program” should be understood as referring to both accredited nurse anesthesia educational programs as well as post-graduate CRNA fellowships. The term “students” should be understood as additionally referring to post-graduate fellows, and “conducting institution” should be understood as referring to a fellowship sponsor.

\*\*Effective 1/01/15.

Revised 05/30/14

## Selection and Election of Council Directors

### POLICY

The COA elects directors to represent Certified Registered Nurse Anesthetist (CRNA) educators, CRNA practitioners, healthcare administrators, nurse anesthesia students, universities, and the public. A candidate for directorship must meet written criteria for the specific group to be represented. Only nominees with current completed applications will be considered. Once elected, a director must be trained on the Council's standards, policies, and procedures, including establishing policies and making accrediting decisions. A director must continue to meet the criteria for representing a group. Failure to meet criteria will result in replacing the director according to COA bylaws.

### PROCEDURE

1. Program requirements
  - a. Request the student body to select a classmate whose name can be placed on the slate of candidates from which the Council selects the student representative annually.
  - b. Recommend individuals for the position of public advocate and for other positions as vacancies occur.
2. Council actions
  - a. Establish directorship criteria.
    - 1) **CRNA educator director.**
      - a) Holds one or more graduate degrees from an institution or institutions of higher education accredited by a regional accrediting agency.
      - b) Holds certification or recertification as a nurse anesthetist.
      - c) Has current experience as an educator and/or administrator in a nurse anesthesia education program.
      - d) Successfully completed the Council's accreditation process through self-evaluation and onsite review.
      - e) Is actively involved in the profession, as evidenced by activities such as:
        - i. Attendance at the Assembly of Didactic and Clinical Educators.
        - ii. Attendance at professional nurse anesthesia meetings.
        - iii. Completion of professional anesthesia continuing education offerings.
        - iv. Election or appointment to a position in professional nurse anesthesia organizations.

*f)* One CRNA educator position must be a CRNA program administrator.

2) **CRNA practitioner director.**

*a)* Holds one or more graduate degrees from an institution or institutions of higher education accredited by a regional accrediting agency.

*b)* Holds certification or recertification as a nurse anesthetist.

*c)* Has current experience as a CRNA practitioner.

*d)* Is actively involved in the profession, as evidenced by activities such as:

i. Attendance at professional nurse anesthesia meetings.

ii. Completion of professional anesthesia continuing education offerings.

iii. Election or appointment to a position in professional nurse anesthesia organizations.

*e)* One CRNA practitioner member must have no significant association with a school of nurse anesthesia.

3) **Healthcare administrator director.**

*a)* Holds one or more graduate degrees from an institution or institutions of higher education accredited by a regional accrediting agency.

*b)* Shows evidence of current involvement in a healthcare administration setting and direct interaction with a program of nurse anesthesia.

*c)* Does not have a direct reporting relationship with a current CRNA director on the Council.

4) **Student director.**

*a)* Maintains good standing in an accredited nurse anesthesia education program with a minimum grade average of B.

*b)* Has completed the first year of study by the time the director's term begins.

*c)* Demonstrates active professional involvement.

*d)* Must be a student throughout the COA appointment period of one year.

*e)* Is not eligible for appointment if the student's program administrator or other program faculty is a current COA director.

5) **University administrator director.**

- a) Holds one or more graduate degrees from an institution or institutions of higher education accredited by a regional accrediting agency.
- b) Has direct or indirect line authority or active involvement in a nurse anesthesia program.
- c) Currently serves as an academic officer for a university.
- d) Shows evidence of experience with writing self-studies and participating in university accreditation.

6) **Public director (see also “Public Director to the Council,” P-23).**

- a) Preferably holds one or more graduate degrees from an institution or institutions of higher education accredited by a regional accrediting agency.
- b) Is able to represent the consumer's perspective and to act as an advocate for the public's interest within the context of Council activities.
- c) Demonstrates active involvement in his/her chosen profession and/or community service.
- d) Is not a current or former member of any healthcare profession providing direct patient care.
- e) Demonstrates no direct professional relationship with any of the schools or programs that the Council on Accreditation reviews.

b. Nominations.

1) **CRNA directors.**

- a) Current nominations will be accepted up to one year before a scheduled vacancy.
- b) Only nominees with completed applications will be considered. The application includes
  - i. Letter of intent to serve if elected.
  - ii. Statement about previous experiences with accreditation.
  - iii. Letter of recommendation.
  - iv. Up-to-date curriculum vitae.
- c) CRNAs can self-nominate or be nominated by fellow CRNAs or communities of interest including:
  - i. Council on Accreditation of Nurse Anesthesia

- Educational Programs (COA).
        - ii. AANA Board of Directors.
        - iii. AANA Foundation Board of Directors.
        - iv. National Board of Certification and Recertification for Nurse Anesthetists.
        - v. Nurse anesthesia programs.
  - d) The Council will contact nominees and request them to submit the following:
    - i. Letter of intent to serve if elected.
    - ii. Statement about previous experiences with accreditation.
    - iii. Letter of recommendation.
    - iv. Up-to-date curriculum vitae.
  - e) A list of directorship criteria will be submitted with each request.
  - f) Only nominees with completed applications will be considered.
- 2) **Non-CRNA directors.**
  - a) Current nominations will be accepted up to one year before a scheduled vacancy.
  - b) Only nominees with completed applications will be considered.
  - c) The Council will request names of qualified individuals approximately three to six months before an election.
  - d) Nominations for Council directorship are received from the community of interest, including but not limited to:
    - i. Council on Accreditation of Nurse Anesthesia Educational Programs (COA).
    - ii. AANA Board of Directors.
    - iii. AANA Foundation Board of Directors.
    - iv. American Hospital Association.
    - v. Nurse anesthesia programs.
    - vi. National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).
    - vii. Other associations representing the community of interest (e.g. AARP, formerly American Association of Retired Persons).
  - e) Any party making a nomination must provide in writing:
    - i. Name and address of nominee.
    - ii. Letter of recommendation for nominee.

f) The Council will contact nominees and request them to submit the following:

- i. Letter of intent to serve if elected.
- ii. Statement about previous experiences with accreditation.
- iii. Letter of recommendation.
- iv. Up-to-date curriculum vitae.

c. Election.

1) The Nominations and Appointments Committee of the Council will finalize the ballot prior to the spring meeting.

a) Applications will be reviewed for the purpose of eliminating individuals with conflicts of interest.

b) At least three but no more than five candidates will be chosen for each vacancy.

2) Ballots will be prepared for the spring meeting of the Council and will include the following:

a) Ballot.

b) Curriculum vitae.

c) Letter of recommendation.

d) Letter of intent to serve.

3) Elections will be held at the spring Council meeting according to Council bylaws.

4) Successful candidates will be notified in writing and requested to make a written acceptance.

5) Ballots will be destroyed with the Council's approval following acceptance by the new member.

d. Training.

A newly elected director can participate in Council activities only after being trained on the standards, policies, and procedures. Training will include the process used to establish policies and procedures, and making accreditation decisions based on established standards (see "Training Program for Directors of the Council on Accreditation of Nurse Anesthesia Educational Programs").



## Self Study

### POLICY

Programs are required to complete a **Self Study** as requested by the Council for the purpose of measuring their progress toward attaining established program objectives and the requirements in the *Standards for Accreditation of Nurse Anesthesia Educational Programs* and/or the *Standards for Accreditation of Nurse Anesthesia Programs - Practice Doctorate*.\*

### PROCEDURE

1. Program requirements
  - a. Encourage the participation of the entire faculty, administrative officers, students, persons within the communities of interest, and others who can contribute to the analysis of the program.
  - b. Utilize the Council's Self Study documents as the format for self-evaluation when applying to attain or retain accreditation.
  - c. Complete the written self-evaluation study according to directions from the Council.
  - d. Document compliance with the *Standards for Accreditation of Nurse Anesthesia Educational Programs* and/or the *Standards for Accreditation of Nurse Anesthesia Programs - Practice Doctorate*\* for both traditional and distance education offerings.
  - e. Submit copies of the electronic Self Study form and all supporting documents on or before a date to be set by the Council. Retrieve this form through the program's portal on the COAccess system. Retain a minimum of one copy of the Self Study in the program director's files to serve as a basis for continual self-evaluation of the program and as evidence of substantial compliance with the Council's *Standards for Accreditation of Nurse Anesthesia Educational Programs* and/or the *Standards for Accreditation of Nurse Anesthesia Programs - Practice Doctorate*.\*
2. Program requirements for a collaborative onsite review by the Council and another accrediting agency
  - a. Complete a separate Self Study for the nurse anesthesia program to demonstrate compliance with the Council's standards.
  - b. If desired, seek permission to write one Self Study to document compliance with the Council's standards and that of another accrediting agency.

- c. Submit information on Standard III, Program of Study, for the nurse anesthesia program when one Self Study is written for the Council and another accrediting agency.

3. Council actions

Utilize the Self Study as one of the documents to be considered in reaching an accreditation decision.

\*Effective January 1, 2015

Revised 01/24/14

## Show Cause

### POLICY

After due notice, if an institution does not permit review by the Council, misses deadlines, or demonstrates serious deficiencies in meeting the accreditation requirements, the Council will issue a **show cause** letter by overnight delivery.

### PROCEDURE

1. Program requirements
  - a. Take corrective action within a defined time frame, as specified in the show cause letter.
  - b. Provide the Council with evidence that the issue or issues are resolved.
2. Council actions
  - a. Notify the chief executive officer to ask why the institution or program should continue to be accredited. All Council correspondence will be sent by e-mail and a hard copy by overnight delivery.
  - b. Notify the program that its failure to respond to a show cause letter will result in probation or revocation of accreditation.
  - c. Review the program's response to the show cause letter and decide to accept or reject the explanation.
  - d. Decide at any point in the process whether an onsite review is necessary to assess the program's compliance with the Standards, policies, and procedures.
  - e. Make a decision for continued accreditation, probation, or revocation as indicated.
  - f. Notify the program of its right to have the decision reconsidered or to appeal an adverse decision if it is upheld on reconsideration.

Revised 06/03/16

## Staff Analysis

### POLICY

Council staff or consultants will review and analyze the program's response to the summary report of an onsite review and any supporting documentation. A condensed report will be provided to the Council for review. Staff analysis is also completed for programmatic changes and other issues where condensing information is helpful.

### PROCEDURE

1. Program requirements

Not applicable.

2. Council actions

- a. Write a report outlining the program's response to cited areas of partial compliance and/or noncompliance with the *Standards for Accreditation of Nurse Anesthesia Educational Programs* or *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*.
- b. Use the staff analysis as one of several documents to be considered in making an accreditation decision.
- c. Share the staff analysis with Council consultants or onsite reviewers at the discretion of the Council.

Editorial Revisions: 05/29/15

## Standards for Accreditation: Development, Adoption, and Revision

### POLICY

It is the responsibility of the Council to formulate, adopt, evaluate, and revise the standards for the accreditation of nurse anesthesia educational programs. Although the nature and scope of this responsibility rests with the Council, major (substantive) revisions are subject to review, hearing, and comment by the Council's communities of interest. Minor (limited) revisions are subject to comment by the communities of interest but do not require a full hearing. Editorial revisions are the responsibility of the Council. The decision whether a revision is major, minor, or editorial in nature is a judgment specific to the Council and will be rendered on a case-by-case basis.

### DEFINITIONS

1. Community of interest: A body of individuals that is directly affected by nurse anesthesia education and/or practice, including nurse anesthesia students, faculty, staff, patients, employers, institutions, the public, and the higher education community. In the development of the *Standards for Accreditation of Nurse Anesthesia Educational Programs* and *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate* input is solicited from the AANA Education Committee, directors, faculty of accredited nurse anesthesia programs, the AANA Board of Directors, U.S. Department of Education, CHEA, and others.
2. Standards: The *Standards for Accreditation of Nurse Anesthesia Educational Programs* and *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate* contain essential requirements for accredited nurse anesthesia programs related to governance, program effectiveness, program of study, resources, and accountability.
3. Major (substantive) revisions: Major revisions to the standards may affect the nature of the educational program, its mission and objectives, and the allocation of its resources.
4. Minor (limited) revisions: Minor revisions to the standards are those that deal with quantitative issues, and those that do not affect the nature of institutions under the authority of the Council, their mission, objectives, or the allocation of resources. The communities of interest should be notified of minor (limited) revisions to the standards and guidelines and comments should be solicited, but a full hearing need not be invoked.
5. Editorial revisions: Editorial revisions are the responsibility of the Council and should be incorporated into the ongoing evaluation of the standards as a working document. Editorial revisions may include changes in grammatical structure, formatting of the document, and additions to the glossary.

## PROCEDURE

1. Program requirements
  - a. Notify the Council when revisions(s) of the standard(s) is desired, providing a rationale for the requested change.
  - b. Notify the Council of potential problems in complying with proposed changes in the standard(s) or with existing requirements.
2. Council actions
  - a. Procedure for review and major revision (see Appendix for sample timeline).
    - 1) The Council is responsible for determining the need for major changes in the *Standards for Accreditation of Nurse Anesthesia Educational Programs* and/or *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*, and for initiating such actions. Recommendations for a major revision will be considered by the Council from appropriate persons, councils, programs, or institutions.
    - 2) Upon the Council's decision that a major revision is in order, suggestions for revision will be requested from its communities of interest. A Standards Revision Task Force (SRTF) will be appointed. The SRTF prepares a timeline for completing the change that affords its constituencies a meaningful opportunity to provide input into the change and presents a progress report to the Council.
    - 3) Development and Adoption Phase: This phase includes the development and review of consecutive drafts based upon the input using methods such as results of surveys, suggestions and focus group discussions from the communities of interest.
    - 4) Implementation Phase: At the first Assembly of Didactic and Clinical Educators that is conducted after the adopted standards have been published and distributed, the COA will provide an orientation to the new standards and the revised self study, if appropriate. Open discussion relative to the need for and/or feasibility of the changes will be provided, with an opportunity for the assembly to make recommendations and submit them to the Council. From the reports received and recommendations made at the Assembly, the *Standards for Accreditation of Nurse Anesthesia Educational Programs* and/or *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate* and the self study will be finalized.
    - 5) The adopted standards are to be implemented by programs within one year. The adopted standards will be reviewed by programs in order for

them to revise policies and procedures to comply with the newly adopted standards. Programs undergoing onsite visits during this year may elect to be evaluated under the adopted standards or the previous standards. Programs will be required to comply with all criteria of the standards being addressed. Data regarding difficulties encountered in complying with the adopted standards will be collected by the Council during the year. The Council will determine if additional revisions to the adopted standards are necessary.

At any point in the revision process, if inadequate consensus on a given point in the revision is present, selected steps of this process may be repeated.

b. Procedure for review and minor revisions.

- 1) The Council is responsible for determining the need for minor changes in *the Standards for Accreditation of Nurse Anesthesia Educational Programs* and/or *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate* and for initiating such actions. Recommendations for a minor revision from appropriate persons, councils, programs, or institutions will be considered by the Council. Action will be initiated within 12-months to undertake a minor revision. The Council will develop a timeline for completing the change that affords its constituencies a meaningful opportunity to provide input into the change.
- 2) Upon the Council's decision that a minor revision is in order, affected nurse anesthesia programs will be notified and their comments solicited.
- 3) The Council will review all recommendations received as a result of the distribution and finalize the revisions.
- 4) After adoption by the Council, the revised *Standards for Accreditation of Nurse Anesthesia Educational Programs* and/or *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate* will be published, distributed, and become mandatory for use by nurse anesthesia educational programs and the Council by a specified date.

c. Changes necessitated by law.

In the event a change must be made quickly to bring the Council into compliance with legal requirements relative to nurse anesthesia programs and accreditation, the Council has the authority to make such a change.

## Student Evaluations

### POLICY

Student evaluations will be compiled by Council staff or a Council consultant. The compilation must ensure student anonymity and confidentiality. Such compilations will be made available to the pertinent program as a part of the review process.

Purposes of compiling student evaluations:

- To provide nurse anesthesia students with anonymity and confidentiality in program evaluation.
- To develop a mechanism by which program administration and faculty can receive feedback regarding student evaluations and provide an opportunity to make meaningful improvement to the program as indicated.
- To facilitate a review of composite student evaluations by all parties involved in the accreditation process.

### PROCEDURE

1. Program requirements

To assess the evaluations and determine whether corrective action is needed.

2. Council actions

- a. Council staff compiles all submitted student evaluations.
- b. Furnish the evaluation report to the program administrator before the conduct of the onsite review, at the midpoint of the accreditation cycle, or at any other point at which the Council requires evaluations.
- c. Onsite reviewers may investigate student comments in an attempt to obtain student consensus regarding their evaluation of the program. Where programs have taken corrective action based on student evaluations, this should be noted as a part of the summary report.
- d. Request that programs respond only to aspects of the evaluations that have been incorporated as evidence of partial or noncompliance with the *Standards for Accreditation of Nurse Anesthesia Educational Programs*, *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*, and the policies and procedures.
- e. Retain copies of all student evaluations and reports in the COA office for appropriate disposition after receipt of the signed evaluation report.

Revised 10/16/15  
Revised 01/23/15



## Summary Report of the Onsite Review

### POLICY

At the completion of an onsite review, the chair reviewer will give an oral presentation of the team's findings to the community of interest. The outline contained in the Council's summary report of onsite accreditation review will be followed. A final written version of the **summary report** will be sent to the program for response after the onsite review.

### PROCEDURE

1. Program requirements
  - a. File a written response to the summary report with the Council by a specified date.
  - b. Address in the program's narrative response each citation for an area that requires improvement or has a critical weakness, and include appropriate documentation to demonstrate that the problem has been resolved.
  - c. Submit additional information and documentation as requested.
  - d. With the written response, submit evidence of any factual errors in the summary report.
  - e. Ensure that the program's response to the summary report arrives at the Council's office by a deadline set by the Council.
2. Council actions
  - a. At the conclusion of the onsite review, the chair onsite reviewer will edit the summary report and submit it to the Chief Executive Officer of the Council or designee. An official copy of the summary report, including an assessment of strengths, possible critical weaknesses, and areas needing improvement, is forwarded to the program director and chief executive officer of the conducting institution.
  - b. A program may be considered as not being in substantial compliance with the *Standards for Accreditation of Nurse Anesthesia Educational Programs* and the policies and procedures, and its future accreditation will be in jeopardy if critical or serious weaknesses are unresolved at the time of the accreditation decision. Critical weaknesses include, but are not limited to, failure to comply with criteria designated by an asterisk (\*) in the standards.
  - c. The Council will consider evidence of any perceived factual errors in the report that the program submits.

- d. The Council President may authorize a change in the summary report of an onsite review on the advice of staff or consultants in the following cases:
- 1) When the reviewers failed to cite an area of noncompliance or possible critical weakness where there is clear evidence that the program is in violation of a requirement, as published in the *Standards for Accreditation of Nurse Anesthesia Educational Programs*.
  - 2) When a program has been cited for noncompliance or critical weakness by the reviewers, and there is no significant evidence that the intent of the standard has been violated.

When the Council's President chooses one of the above options, the following actions will be taken, typically by the Chief Executive Officer:

- a) Notify the chair reviewer in writing of the change, with a supporting rationale.
- b) Ask the chair reviewer to respond to the Council regarding his/her concurrence or nonconcurrence.
- c) Notify the program of the change and provide the supporting rationale.
- d) Allow sufficient time for the program to respond with written documentation as a normal part of its response to the summary report of an onsite review.
- e) On receipt of the program's documentation, consider documentation submitted as part of the Council's review process before making a decision on accreditation.

## Supplemental Onsite Review

### POLICY

Reasons that the Council may request a supplemental onsite review include, but are not limited to:

- There is reason to believe that there may be areas of noncompliance with the standards that could have an impact on the quality of student education or patient safety.
- There is a change in the conduct or design of the course of study that brings into question the program's ability to comply with the Council's standards, policies, and procedures.
- A program is seeking to remove its probationary status.
- There is a change in conducting institution and/or ownership.
- There is a need to determine whether the quality of the program is being maintained when there has been a growth in the number of additional clinical locations.

### PROCEDURE

#### 1. Program requirements

A program must provide prompt notification of any of the above events to facilitate scheduling of a review by the Council.

#### 2. Council actions

- a. Conduct an onsite review within six months of a change in the conducting institution and/or ownership of a nurse anesthesia program.
- b. Determine the number of onsite reviewers and the number of review days after consultation with the program director.
- c. Forward a request for a supplemental review to the chief executive officer and program director of the conducting institution, and require a written response by the deadline stipulated by the Council.
- d. In a supplemental review, may focus on specific issues identified by the Council (**focused review**) or may include a comprehensive review of the program.
- e. Instruct the program to submit a complete Self Study or a modified Self Study that focuses on issues identified by the Council. The Council may waive the requirement for a self study.
- f. Specify deadlines for submission of a Self Study and shorten the deadlines to facilitate expedient reviews.

- g. Make decisions after a supplemental onsite review that may include any of those outlined in this manual (see Decisions for Accreditation).
- h. If an institution or program will not permit a supplemental review after due notice, forward a show cause letter to the chief executive officer and program director seeking justification for reasons why the program should retain accreditation. If the show cause letter is not acknowledged within a 30-day period, the program's accreditation will be revoked. All Council correspondence will be sent by e-mail and a hard copy by overnight delivery.
- i. Bill a program for the actual costs of conducting a supplemental onsite accreditation review plus an administrative/consultation fee (see Fee Schedules) according to Council policy. All fees must be paid before the review.

Revised 01/24/14

## Temporary or Permanent Replacement for a CRNA Program Administrator or Assistant Administrator

### POLICY

A program administrator (administrator) who temporarily or permanently leaves his/her position must be replaced by a qualified Certified Registered Nurse Anesthetist (CRNA) who holds a graduate degree. An assistant program administrator (assistant) may replace an administrator on an interim basis.

### PROCEDURE

1. Program requirements
  - a. When a **CRNA program administrator** temporarily or permanently leaves his/her position, notify the Council within 10 working days of departure.
  - b. Submit a plan for filling the program administrator's position that ensures continuous coverage of the position. Plans should address the following items as appropriate to the situation:
    - 1) The appointment of a new permanent program administrator.
    - 2) When an assistant assumes the position of interim program administrator, a concerted effort should be made to appoint an interim assistant.
    - 3) When the assistant's position is not filled, a written procedure for replacing the interim program administrator must be adopted, because no assistant would be available to fill the interim program administrator's position.
    - 4) In a temporary absence of an administrator, the program must send periodic updates to the Council regarding the anticipated return of the permanent program administrator.
    - 5) The program must send the Council periodic updates regarding the anticipated appointment of a permanent program administrator who has permanently left the position. The updates must demonstrate that the program is making a sincere effort to fill the position.
  - c. Submit the following for a temporary or permanent program administrator and/or assistant program administrator:
    - 1) Curriculum vitae.
    - 2) Official transcript sent directly from the institution of higher education from which the highest degree was received.

2. Council actions
  - a. Evaluate compliance with the policy.
  - b. Verify that the institutions of higher education granting the administrators' degrees are accredited by a nationally recognized institutional accreditor.
  - c. Request periodic updates to monitor compliance with accreditation requirements for a qualified program administrator and a qualified assistant program administrator.

Revised 01/21/16

## Third-Party Presentation

### POLICY

The Council supports interested third parties who wish to file written statements or present an oral statement before the Council when a program is scheduled for consideration of an accreditation decision.

### PROCEDURE

1. Program requirements

Abide by the Council's policy for third-party presentation.

2. Council actions

a. The Council will follow the procedure governing oral and written statements as shown here.

1) Public notice.

a) *List of programs:* The Council will annually publish the list of programs to be reviewed. The notice will include the names of the programs scheduled for accreditation review and the deadline for submitting requests by third parties who wish to make an oral presentation or submit a written statement.

b) *Invited presentation:* The Council will send each program under accreditation review an invitation for its representatives to make an oral presentation before the Council to support the program's request for an accreditation decision (see *Appearances before the Council*).

c) *Procedure for presenting oral testimony:*

Third parties who wish to present oral testimony during Council hearings must submit a statement indicating the names of those who will present the testimony and the group (if any) they represent, the purpose of the presentation, and a detailed outline of the data they plan to present. Comments will be limited to the program's compliance with the *Standards for Accreditation of Nurse Anesthesia Educational Programs* and the policies and procedures.

On receipt of third-party statements, the program receives a copy for review and comment. The program may respond to this third-party statement by appending the response to the summary report and/or by oral presentation during the Council's hearing. The program may be present during all third-party oral presentations.

d) Notification of Council.

All Requests to make oral statements before the Council must meet the following criteria:

- i. The request is relevant to a program that the Council is scheduled to review.
- ii. The request has been submitted as directed by Council staff.
- iii. The testimony addresses a program's compliance with the Council's *Standards for Accreditation of Nurse Anesthesia Educational Programs* and the policies and procedures.

- 2) Guidelines for the conduct of appearances will follow Council procedure (see Appearances before the Council).
- 3) Procedure for presenting written statements by third parties.

The Council allows third parties to file a written statement with the Council in support of or in opposition to an accreditation decision providing the following criteria are met:

- a) The parties filing the written statement are identified by name and organization.
  - b) The statement addresses a program's compliance with the Council's *Standards for Accreditation of Nurse Anesthesia Educational Programs* and policies and procedures.
  - c) The statement must be received at least 60 days before the program is scheduled for review by the Council.
- 4) Access of a program under review to written statements in which it has been named by third parties.
    - a) On receipt of a written statement by a third-party, the Council will forward a copy to the affected program for review and comment. The program may respond to the statement in writing provided the response is received as directed by Council staff. Alternatively, the program can address the statement in an oral presentation before the Council.
    - b) Programs that elect to address a third-party written statement during the Council hearing and that plan to submit documentation to substantiate their presentations must submit this documentation at least 30 days before the scheduled meeting.
  - 5) Denial of requests by third parties to make oral statements before the Council.



- a) Any third-party whose request for oral testimony before the Council is denied may appeal to the Accreditation Appeal Panel (AAP) to hear the complaint. Third parties that file an appeal with the AAP will be subject to its Rules for Appellate Review.

Revised 01/25/13

## Use of COA Logo and Seal

### POLICY

The “COA Council on Accreditation” logo and seal are registered trademarks and may only be used as outlined in this policy. The COA logo may only be used in print or electronic format in connection with the official activities or property of the COA, including: business activities and documents, meetings and other functions, educational offerings, partnerships and joint ventures and collateral materials (such as letterhead and business cards). The COA logo may only be used by the staff, board, committees and other designees that officially represent and conduct business for the COA.

Permission for use of the COA seal is extended to COA accredited programs and fellowships only, and solely for the purpose of advertising and promoting the program. The use of the seal by any other entity is not permitted without prior consent from the COA. Individuals, clinical sites, or other organizations or groups not specified here may not use the COA logo or seal without prior, express written consent of the COA.

### PROCEDURE

1. Program requirements for use of the COA seal
  - a. Accredited programs and fellowships may use the COA seal in electronic and print publications consistent with this policy and the COA policy, “Public Disclosure of Accreditation Decisions and Performance Data.”
  - b. The seal must be used in its entirety and original proportions maintained. The seal may not be modified in any way except that it may be reduced or enlarged in size.
  - c. When programs not accredited by the COA are included in a publication with the COA seal, it must be clear which programs are COA-accredited and which are not.
2. Council actions
  - a. The Council will monitor the use of the COA logo and seal.
  - b. The Council reserves the right to revoke the use of the COA seal at any time in its sole discretion, with or without cause.

Effective: 01/20/17

## Validity, Reliability, and Relevancy of the Council's Standards and Criteria

### POLICY

The Council systematically reviews its educational standards and criteria to ensure they are valid and reliable indicators of the quality of education or training provided by institutions or programs that the Council accredits and to determine whether they are relevant to the education or training needs of affected students. The Council also reviews the **validity** and **reliability** of the processes used to apply the standards and criteria and to assess their **relevancy**.

### DEFINITIONS

1. **Validity:** A determination of whether the accreditation standards and criteria actually assess the quality of nurse anesthesia programs.
2. **Reliability:** A determination of whether accreditation standards and criteria can be used as a consistent basis for determining the educational quality of different programs.
3. **Relevancy:** A determination of whether the accreditation standards and criteria are related to current education and clinical training of nurse anesthetists.

### PROCEDURE

1. Program requirements

Not applicable.

2. Council actions

Periodic review of standards and criteria by the following tests:

- a. Analysis for validity, reliability, and relevancy.

Test:

The amount of consensual validation by the Council's community of interest will be conducted through an analytical comparison of groups. The Standards and Policies Committee will request a call for comments of the Council's **community of interest** every 5 years and request that the community of interest examine the standards and indicate whether it believes the standards are valid, reliable, and relevant indicators for measuring the quality of a nurse anesthesia program. The community of interest includes program directors, chief executive officers of institutions that conduct a nurse anesthesia program, students who are currently enrolled in a nurse anesthesia program, practicing CRNAs, and deans of colleges or universities that house a nurse anesthesia program.

Detailed analyses of the survey results will be conducted to identify problems. These analyses will then serve as a guide for intensive evaluation.

b. Additional indicators of *validity*.

The indicators that the Council generally uses to determine validity include the following:

- 1) Degree of congruency with external agencies' recognition criteria.

Test:

The Standards and Policies Committee will examine the standards on as needed basis to determine whether they remain congruent with the U.S. Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) recognition criteria.

- 2) Review of standards to determine those that had the most violations (to determine whether they are valid measures of quality).

Tests:

The Standards and Policies Committee will review the violations reported annually for the standards. If there are a significant number of violations, the committee may request the Council to reconsider whether they continue to be valid indicators for measuring quality in a nurse anesthesia program. If the Council determines that any of the standards are not, it may authorize further study or initiate a revision.

The Standards and Policies Committee will examine five summary reports every five years to determine whether the standards are designed so that onsite reviewers collect the same data and assess them in the same way to determine the quality of a nurse anesthesia program.

- 3) The satisfaction of graduates with their achievement of graduate outcomes.

Test:

A sample of first-time recertified graduates will be surveyed every 5 years to determine their satisfaction with the achievement of graduate outcomes from accredited programs. Analyses of the survey results will be made to identify problems, which will then serve as a guide for possible revision of the standards and criteria.

- 4) The satisfaction of employers with the professional competence of recent graduates.

Test:

A sample of employers will be surveyed every 5 years to determine their satisfaction with the professional performance of recently hired nurse anesthetists from accredited programs. Analyses of the survey results will be made to identify problems, which will then serve as a guide for possible revision of the standards and criteria.

- 5) The ability of programs to design and implement a learning environment which prepares students to enter practice.

Test:

A sample of first-time recertified graduates will be surveyed every 5 years to determine their satisfaction with the achievement of graduate outcomes from accredited programs and a sample of employers will be surveyed every 5 years to determine their satisfaction with the professional performance of recently hired nurse anesthetists from accredited programs. Analyses of the survey results will be made to identify problems, which will then serve as a guide for possible revision of the standards and criteria.

c. Additional indicators of *reliability*.

The procedure that the Council generally uses as an indicator to determine reliability (consistency) is as follows:

- 1) Council proceedings.

Test:

Each Council work group will assess the same accreditation materials from one program on an annual basis to arrive at an accreditation decision. If there is significant consistency, no further action will be needed. If there is significant inconsistency, the reasons for the inconsistency will be determined and noted.

- d. After all the validity, reliability, and relevancy tests have been completed on the standards and accreditation processes, the Council will determine if a major or minor revision of the *Standards for Accreditation of Nurse Anesthesia Educational Programs*, *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*, or the *Accreditation Policies and Procedures* manual are indicated.

## Voluntary Withdrawal from Accreditation\*

### POLICY

An applicant program may voluntarily withdraw a request for accreditation at any time. An accredited program may voluntarily withdraw from accredited status at any time. This policy applies to CRNA preparation and post-graduate fellowship programs. All fees and dues are nonrefundable.

### PROCEDURE

1. Program requirements
  - a. The chief executive officer of the conducting institution of an applicant or accredited program may withdraw a review request at any time before a final accreditation decision by the Council. The written request must be received by the Council office before the date of the final decision rendered by the Council. The dates of the Council meetings are published on the COA website, in the *AANA NewsBulletin* and/or *AANA Journal*.
  - b. The chief executive officer of the conducting institution may withdraw the program from any accreditation status at any time.
  - c. If a program does not plan to close after withdrawing from accreditation, it is responsible for promptly notifying students that the program was removed from the official *List of Accredited Educational Programs* or *List of Accredited Fellowships* on the date the Council received the notice. It is also the program's responsibility to clearly explain to students that they are no longer enrolled in a program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs, which makes them ineligible to take the Certification Examination upon graduation. If applicable, advise post-graduate fellows of any future impact on eligibility for certification.
  - d. If applicable, ensure compliance with requirements described in the Program Closures and Teach-out Plans and Agreements policy (*P-10—P-12*).
2. Council actions
  - a. List a program that chooses to withdraw from accreditation review on the COA website and in the next available edition of the *AANA NewsBulletin*.
  - b. Report the program's status to the U. S. Secretary of Education in accordance with federal regulations. This requirement does not apply to post-graduate fellowships.

\*The term “program” should be understood as referring to both accredited nurse anesthesia educational programs as well as post-graduate CRNA fellowships. The term “students” should be understood as additionally referring to post-graduate fellows, and “conducting institution” should be understood as referring to a fellowship sponsor.

Revised 05/30/14

## Waiver of Graduate Degree Requirement

### POLICY

Programs must award a master's or higher degree to each graduate who entered the program on or after January 1, 1998. Furthermore, the COA has adopted a requirement that all accredited programs must offer a doctoral degree for entry into practice by January 1, 2022; all students matriculating into an accredited program on or after this date must be enrolled in a doctoral program. A waiver of these requirements may be requested for a program when it is unable to award a master's or higher degree to individuals who already possess graduate degrees. A waiver of this requirement may also be requested for universities that offer an approved post-master's certificate or post-doctoral certificate. Granting of the waiver is at the sole discretion of the Council. A waiver will be considered only for institutions and programs that have the ability to award academic graduate degrees.

### PROCEDURE

1. Program requirements
  - a. Submit a written request to the Council as directed by COA staff. The request must state:
    - 1) The reason a waiver is needed or desired.
    - 2) The students for whom a waiver is sought must hold equivalent or higher degrees from accredited colleges/universities, as verified by official transcripts.
  - b. Submit the following supporting documentation with the waiver request:
    - 1) For universities unable to award a second master's degree or doctoral degree:
      - a) A copy of the university's written policy or other authoritative policy/regulation that a program is unable to award a graduate degree to individuals who already possess graduate degrees.
      - b) Written verification, including a copy of the university policy or other authoritative policy/regulation that it is permissible for applicants to be non-degree-seeking students, from the individual who is responsible for the academic affairs of the university (this is usually the vice president or provost of a university).

- 2) For universities able to award a master's degree or doctoral degree but requesting approval for a post-master's or post-doctoral certificate:
  - a) A copy of the university's written policy or other authoritative policy/regulation that a program is approved to award a post-master's certificate or post-doctoral certificate to individuals who already possess graduate degrees.
  - b) Written verification, including a copy of the university policy or other authoritative policy/regulation that it is permissible for applicants to be non-degree-seeking students, from the individual who is responsible for the academic affairs of the university (this is usually the vice president or provost of a university).
- 3) Every university applying for a waiver of the graduate degree requirement must submit:
  - a) Evidence that applicants with graduate degrees have been notified in writing or in an official publication that they will not be awarded a master's or higher degree upon completion of the anesthesia program.
  - b) A plan of study with the waiver request verifying that non-degree-seeking students will complete all requirements, including specific courses and clinical experiences, as required in the *Standards for Accreditation of Nurse Anesthesia Educational Programs* and/or *Standards for Accreditation of Anesthesia Programs – Practice Doctorate*. The program for master's/doctoral and non-degree-seeking students must be substantially equivalent.
  - c) Notification to the Council when a waiver is no longer needed.

## 2. Council actions

- a. Consider requests for waiver of the graduate degree requirement at a regularly scheduled meeting.
- b. Provide notification of its decision to the program within 30 days.
- c. Once granted, a waiver will not expire but will remain in effect until it is no longer needed. The waiver will be subject to review and evaluation by the onsite reviewers during regular onsite reviews.



## Whistleblower Policy

### POLICY

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) is committed to preventing reprisals against employees, volunteers and any individual associated with the COA who report activity undertaken by other COA employees or volunteers in connection with the performance of official COA activity that may be in violation of (i) any state or federal law or related regulation; or (ii) the COA's corporate accounting practices, internal financial controls, or audit (collectively referred to as "Protected Disclosure").

The COA, and any individual associated with the COA, will not:

- Retaliate against an employee or volunteer who has made a Protected Disclosure or who has refused to obey an illegal or unethical request, or otherwise harass or cause such persons to suffer adverse employment consequences; or
- Directly or indirectly use or attempt to use the official authority or influence of his/her position for the purpose of interfering with the right of an employee or volunteer to make a Protected Disclosure to COA leadership.

The COA Whistleblower Policy will be made available via the COA Website and COA employee break rooms.

### Reporting Violations

The COA suggests that employees and volunteers share their questions, concerns, suggestions or complaints with someone who can address them properly. In most cases, an employee's supervisor is in the best position to address an area of concern. However, individuals should always feel free to contact the Chair of the COA's Audit Committee directly, if they so choose. Supervisors are required to report suspected violations to the COA's Audit Committee Chair.

Violations should be reported to the COA's Audit Committee Chair in writing and should be addressed as follows: Audit Committee Chair

Council on Accreditation of Nurse Anesthesia Educational Programs  
c/o John Przepyszny  
1500 K Street, N.W.  
Washington, DC  
20005-1209

Electronic submissions may be directed to the Audit Committee Chair via the COA Website.

## Audit Committee

The COA's Audit Committee is responsible for investigating and resolving all reported complaints and allegations concerning Protected Disclosures and, at the discretion of the Audit Committee Chair, shall advise the Chief Executive Officer.

The Audit Committee shall address all reported concerns or complaints regarding COA violation of state or federal law, corporate accounting practices, internal financial controls or auditing. The Audit Committee Chair shall immediately notify the Audit Committee of any such complaint and work with the committee until the matter is resolved.

## Confidentiality

Protected Disclosures may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

## Handling of Reported Violations

The Audit Committee Chair will promptly notify the sender and acknowledge receipt of a Protected Disclosure (unless such report was submitted anonymously). All reports will be investigated promptly and appropriate corrective action will be taken if warranted by the investigation. Reports and copies of Protected Disclosures shall be retained by the COA's legal counsel.

Revised: 10/26/18  
Revised: 06/03/16  
Revised: 05/31/13  
Approved: 05/20/10

## Fee Schedule

1. Application (capability) fee.

	Current
Capability Fee	\$10,830

2. Annual accreditation fees

a. Due date

Fees are payable in December for the following year. The fees are calculated on a formula based on the following:

Master’s Degree Offerings

A per-student fee for each first-year student times the length of the program in months divided by 24 plus a base fee per program.

Doctoral Degree Offerings

A per-student fee for the maximum number of students enrolled from September 1st - August 31st in a given year times the length of the program in months divided by 36 plus a base fee per program.

b. Calculating the amount of fees

Programs will be contacted in September and asked to complete a survey regarding student enrollment. Based on the survey submitted, the program's annual fees will be calculated as follows:

Master’s Degree

For purposes of this example, assume the per-student fee is \$260 and the base fee is \$1,820. Therefore, a 30-month program with 10 first-year students would calculate the amount of fees owed in the following manner:

$\$260$  (student fee)  $\times 10 \times 30/24 = \$3,250$  plus  $\$1,820$  (base fee), for a total annual fee of  $\$5,070$ .

	Current
Student Fee	\$260
Base Fee	\$1,820

No first-year students

Accredited programs with no first-year students are assessed on the number of second-year students.

Doctoral Degree\*

For purposes of this example, assume the per-student fee is \$104 and the base fee is \$2,340. Therefore, a 36-month program with a maximum total of 40 students would calculate the amount of fees owed in the following manner:

$\$104$  (student fee)  $\times$  40  $\times$  36/36 = \$4,160 plus \$2,340 (base fee), for a total annual fee of \$6,500.

	Current
Student Fee	\$104
Base Fee	\$2,340

\*Note: Annual fees for programs with existing entry-into-practice doctoral degree offerings will be calculated using the Doctoral Degree formula. Annual fees for programs transitioning to an entry-into-practice doctoral degree offering will be calculated using the Doctoral Degree formula if the first class of doctoral degree students was enrolled from September 1st – August 31st in the given year.

No students

Accredited programs with no students are assessed the base amount.

- c. Annual fees for new programs will be calculated on the same basis as described above at the time the program begins operation. The fees will be prorated based on the number of months remaining in the calendar year and payable on receipt of the invoice.
- d. CRNA completion programs

Entry-into-Practice Master’s Degree with a Doctoral Completion Program:

1. Fees for accredited Certified Registered Nurse Anesthetist (CRNA) completion programs are based on the number of full-time equivalent (FTE) students. The amount is to be added to the number of first-year students in calculating the annual fees.
2. To calculate FTEs, add the total number of credit hours taken by all CRNA students and divide by 6. Base the calculation on the number of students enrolled in the current quarter or semester. A fraction is to be rounded to the nearest whole number.

*(Note: If the program’s calculated FTE is greater than the actual number of students enrolled in the completion degree program(s), the actual number of students enrolled will be used.)*

For example, a program with five CRNA students taking a total of 15 credit hours in a current quarter or semester would calculate the number of FTEs in the following manner:

$$15/6 = 2.5 \text{ rounded to } 3 \text{ FTEs}$$

3. The number of FTE CRNA students is to be added to the number of first-year nurse anesthesia students in calculating the annual fees as shown below:

$$\text{Student fee} \times \text{Number of students} \times \text{Length of program (months} \div 24) = \text{Dollar amount} + \text{Base amount} = \text{Total annual fees (first year} + \text{CRNA FTE)}$$

Entry-into-Practice Doctoral Degree with a Doctoral Completion Program:

1. Annual fees for accredited Certified Registered Nurse Anesthetist (CRNA) completion programs are based on the total number of students. The amount is to be added to the total number of nurse anesthesia students enrolled in calculating the annual fees.

3. Onsite reviews

- a. A program in capability review will be billed for the actual costs for conducting an onsite review plus an administrative fee to review a doctoral degree program.

Current
\$5,955

- b. An established program will be billed for the actual costs for conducting an onsite review plus an administrative fee.

Current
\$3,615

- c. For an unannounced visit, a program will be billed for the actual cost of conducting, or attempting to conduct, an unannounced onsite accreditation review plus the administrative/consultation fee.
- d. For a rescheduled onsite visit, a program will be billed for the actual costs of the cancelled visit, costs of conducting the rescheduled visit, plus an additional fee equal to half the original administrative fee. No refund will be given for the original administrative fee.

4. Doctoral degree review

The fee for review of a doctoral degree for entry into nurse anesthesia practice application or a doctoral degree for CRNAs application must be included with the fully completed application. The fee is due whether the application is submitted in conjunction with a Self Study in preparation for a continued accreditation review of a master's degree program or independent of a continued accreditation review. If the program opts to submit both applications at the same time, there is a reduced fee.

	Current
Doctoral Fee*	\$5,955
Both Applications	\$8,930

\*Effective January 1, 2018, an additional surcharge of \$1,000 will be added to the existing fees for doctoral application review. This surcharge will increase by \$1,000 on January 1 each year thereafter (see “Programs’ Transitions to the Doctoral Level,” P-19). Programs submitting doctoral degree applications for review at the same time the COA makes a continued accreditation decision may request a waiver of the surcharge if their onsite visit occurs between fall of 2017 and spring of 2021.

5. Distance education review

The fee for review of a normal or expedited distance education application must be included with the fully completed application.

Additional COA administrative expenses, if any, will be billed to the program.

	Current
Normal	\$1,200
Expedited	\$3,615

Note:

\*The fee for a single doctoral degree application submitted in conjunction with a distance education application is eligible for a reduced fee of \$6,240. Effective 9/1/19, this fee will be \$6,365.

\*\*The fee for a doctoral degree for entry into nurse anesthesia practice application and a doctoral degree for CRNAs application submitted in conjunction with a distance education application is eligible for a reduced fee of \$8,845. Effective 9/1/19, this fee will be \$9,025.

6. Clinical site review

The per-site fee for review of a new or expedited clinical site must be included with the fully completed application.

Additional COA administrative expenses, if any, will be billed to the program.

	Current
Normal	\$270
Expedited	\$1,200

7. Out-of-cycle review

Programs, or applicant programs, making requests for an out-of-cycle review for an accreditation-related decision will be assessed a fee.

Programs or applicant programs making requests for an out-of-cycle review for other Council approvals (such as, but not limited to, waiver of graduate degree, major programmatic change) will be assessed a fee.

	Current
Out-of-cycle - Accreditation decision	\$5,955
Out-of-cycle - All other decisions	\$3,570

8. Fellowship Review

	Current
Application Fee	\$545
Enrollment Fee (per student)	\$115
Transcript Request Fee (per transcript)	\$35
Continued Accreditation Fee	\$260

9. Late fee penalty

Programs will be assessed a penalty of 10 percent of the balance due per day, starting the first day following the fee deadline. The penalty will not be compounded.

Revised 01/19; 01/18; 05/17; 01/17; 06/16; 01/15

## Outline for Requesting Approval of a New Clinical Site

Programs are to complete the Outline for Requesting Approval of a New Clinical Site form in the COAccess portal. Programs can expect a preliminary decision within 45 business days of receipt of the fully completed application for a nonexpedited review. The fee per site **MUST BE** received to initiate review of the application (see Fee Schedules). Programs can expect a preliminary decision within 15 business days of receipt of the fully completed application for an expedited review. Incomplete applications will not be considered for either standard or expedited review.

### DEFINITIONS

Clinical Site: An institution or facility where students receive any portion of their clinical education. All such sites must receive approval by the Council prior to the placement of students at the site. Approved clinical sites shall fall into one of two categories enrichment sites and required sites (see definitions within the outline on the next page).

Please provide your responses to each of the following items in this outline:

1. Official name and address of your program.
2. Clinical site information:
  - a. Name of clinical site, address, city, and state. Do NOT submit the name of a healthcare system. Complete a separate outline for each individual facility in which students will be placed.
  - b. Proposed implementation date
  - c. CRNA or anesthesiologist coordinator name and credentials
  - d. Length of time, in weeks, students utilizing this site will spend at the site
  - e. The percentage of total clinical case requirements the program expects the students will obtain at the site
  - f. Will this be the sole clinical site for any of your students?
  - g. Is the site a CRNA-only site?
  - h. Is this site a military, Veterans Health Administration, or Indian Health Administration site?
  - i. Is this site designated as a critical access hospital as defined by Centers for Medicare & Medicaid Services (CMS)?
  - j. Geographical distance of this site from the main academic or administrative site of the program
    - 1) Identify all didactic education (face-face format and/or distance education format) your students will receive at this site.
    - 2) If distance education (see Distance Education) will be utilized at this site, provide date of COA Distance Education approval:
    - 3) Will this constitute a distance education status change for your program?



3. Explanation of the need for this clinical site. Check one of the boxes below.

Enrichment Site: An enrichment site is a nonprimary clinical site that meets one or more of the following criteria: An institution (1) where students receive less than 50 percent of their total clinical experience; (2) that is not necessary to enable a program to meet the Council's standards; (3) that is unlikely to have a significant impact on a program's ability to continue complying with accreditation standards, and policy/procedural requirements; (4) an institution utilized solely as an enriching experience.

Required Site: A required site is a primary clinical site that meets one or both of the following criteria: An institution (1) where students receive 50 percent or more of their total clinical experience and/or (2) an institution that is necessary to enable a program to meet the Council's standards.

For Required Sites only:

- a. Provide a narrative of the need for this clinical site.
- b. Number of surgical procedures performed per year at this site.
- c. Number of specialty procedures performed per year at this site.
  1. Intracranial
  2. Intrathoracic
  3. Pediatric
  4. Obstetric
- d. Number of Regional Anesthesia procedures (Spinal, Epidural, and Peripheral Blocks) performed per year at this site.
- e. Number of moderate and deep sedation procedures performed per year at this site.
- f. Number of general anesthetic procedures performed per year at this site.

4. Clinical Resources.

- a. Number of nurse anesthesia students from your program to be assigned to the new clinical affiliation at one time
- b. Number of other learners:
  - 1) List all nurse anesthesia programs affiliated with this site.
  - 2) Number of students from other nurse anesthesia programs assigned to this site while your students are assigned.
  - 3) Number of physician anesthesia residents assigned to this site while your students are assigned.
  - 4) Number of dental residents assigned to this site while your students are assigned.
  - 5) Other physician residents (not already listed above) assigned to this site while your students are assigned.
  - 6) Anesthesiologist assistants.
- c. Maximum number of learners at this site at one time (a + b)

- d. Average number of operating rooms and anesthetizing areas available per day to all learners
- e. Average number of operating rooms and anesthetizing areas available per day to your learners
5. Provide documentation that program faculty have visited this clinical site. See COA policy Clinical Sites-Acquisition regarding appropriate program faculty to visit sites. Activities that must be documented as part of the clinical site visit report include a) meeting with department chair or his/her designee, b) meeting with representatives of the clinical faculty c) review of facilities, d) discussion of program policies that would impact students while on rotation (e.g., supervision and evaluation policies).
6. Enclose a signed affiliation agreement between the program and the clinical site/facility. An affiliation agreement between the program and an anesthesia service provider or anesthesia group, alone, is not adequate unless the anesthesia service provider or anesthesia group owns and operates the clinical facility (e.g., a private practitioner's office).
7. Whenever the affiliation agreement is an umbrella agreement covering multiple sites within a healthcare system, the program is required to submit documentation from a clinical site administrator. (The intent of the documentation is to provide the COA with the assurance that the administration of a specific site is aware of the presence of the program's students and accepts responsibility for their learning.
8. Describe student services available to students assigned to this site.
9. If any other nurse anesthesia educational programs utilize the site you are applying for, provide documentation (e.g., certified mail receipt, FedEx receipt, program's written response) which affirms that the other nurse anesthesia program or programs affiliated with this site have been notified of your intentions to send students to this site.
10. Identify the measures taken to ensure the Council has access to data at the site for accreditation purposes (HIPAA).
11. Enclose the required fee (see Fee Schedules).

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Program Director's Signature

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Date

Revised 05/31/18  
Revised 01/17/12

## Outline for Requesting Approval of Distance Education Courses and/or Programs

### POLICY

The Council requires that distance education programs and courses achieve the same outcomes as traditional education offerings.

The increasing use of technology as an instructional strategy in onsite classroom instruction has blurred the distinction between onsite instruction and distance education. So-called hybrid or web-enhanced strategies, which combine the use of technologically delivered instruction with face-to-face interaction with faculty and other students in a classroom at the instructional site, are becoming more and more common. Programs are not required to apply to the COA for approval of hybrid or web-enhanced courses if the course requires regular face-to-face interaction at the program site throughout the term.

### DEFINITION

Distance Education in the context of nurse anesthesia education:

**Distance Education:** An educational process that is characterized by the separation, in time or place, between instructor and student and supports regular and substantive interaction between the students and instructor, either synchronously or asynchronously. The term includes courses in which 50% or more of instruction is provided via communication technologies, including Internet based courses both asynchronous and synchronous, two-way and one-way interactive video, audio conferencing, multimedia, compact disk, video cassette, and audio tape.

**Distance Education Course:** A course where 50% or more of required activities are offered at a distance. For example, a 2 credit course which is equivalent to 30 contact hours becomes a distance education course when 15 or more contact hours offered are conducted with a separation in time or place, between the instructor and/or student (see: Distance Education definition above.)

**Plan of Study:** Any curriculum plan that results in the award of a degree or certificate in nurse anesthesia.

**Distance Education Program:** A program where 50% or more of the total curriculum of any plan of study is offered via distance education and leads to the award of a degree or certificate. For example, if the curriculum of a plan of study consists of 40 credit hours and 20 or more are offered in a distance format the program is considered to be a distance education program.

**Identity of a distance education student:** Verification that the student who participates in class or course work is the same student who registers, completes the course and receives credit for the course. A program is expected to have security mechanisms such as identification numbers or other pass code information in place and to use them each time a student participates online. Other methods may include, but are not limited to, proctored exams or new or other technologies and practices that are effective in verifying student identity.

The COA considers the following distance education curricular change to constitute a major programmatic change.

- The first course offered by distance education to matriculated nurse anesthesia students as a part of their entry level or completion degree plan of study.
- The increase in the percentage of distance education offered re-classifies the plan of study as a distance education program (as defined above.)

The entire outline, as printed below, plus corresponding information must be submitted at least 60-days prior to the next Council meeting. The outline can be downloaded from programs' COAccess portals. Submit the required fee (see: Fee Schedules). Additional COA administrative expenses will be billed to the program, if applicable.

Programs applying for approval to use distance education for the first time must complete the following items.

1. Proposed date of implementation.
2. Curriculum plan or course titles and number of credit hours per course.
3. The percentage of total credit hours that the program currently offers via distance education and the percentage that would be offered if this application is approved.
4. Describe methods for interactions of faculty with students and students with students.
5. Describe how the following resources/infrastructure are provided:
  - a. faculty training or support for course instructional design and utilization of distance education technology
  - b. technology support for students including access to adequate equipment
  - c. educational resources (e.g., library, student services) for students to effectively participate in distance education
  - d. method to verify the identity of a student who participates in class or coursework including processes used to protect students' privacy
  - e. notification to students of any projected additional student charges associated with verifying student identity at the time of registration and/or **enrollment**
  - f. comprehensive plan to evaluate effectiveness of the distance education component and comply with the criterion: "Distance education programs and courses satisfy accreditation standards and achieve the same outcomes as traditional educational offerings" as stated in the COA's Standards for Accreditation of Nurse Anesthesia Educational Programs
6. Identify by name any other nurse anesthesia programs that are affiliated with the distance education courses.

Programs already approved for distance education courses and wishing to apply as a distance education program must complete the following items.

1. Describe the goals for the distance education program.
2. Address questions 4 and 5 above.

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Revised 05/19/17  
Revised 01/21/16  
Revised 01/17/12

## Outline to Be Used in Submitting Major Programmatic Changes

Information requested in the entire outline, as printed below, plus corresponding information must be submitted at least 60-days prior to the next Council meeting as directed by COA staff.

1. New program name, if requesting a name change.
2. Statement of planned major programmatic change and rationale.
3. Proposed date of implementation.
4. Identify the accreditation standard(s) affected by the major programmatic change and describe how the program will continue to remain in compliance with the identified standards. Provide documentation to support the narrative response.
5. If the proposal is related to a change in the doctoral degree:
  - a. Academic institution and institutional unit.
  - b. Identify by name any other nurse anesthesia programs that are affiliated with the academic institution.
  - c. Changes in principal clinical site and/or clinical affiliations; new capacity for teaching purposes; class size increase.
  - d. Please indicate whether the change in degree will result in any changes in control, ownership, or conducting institution of the program. If so, include documentation that the change of control has been authorized by all entities involved.
  - e. Describe how currently enrolled students will be assured the opportunity to graduate from an accredited program during the transition period.
  - f. Is a second CRNA program director being appointed temporarily to oversee the currently enrolled students during the transfer of ownership?
  - g. Degree to be awarded as it will appear on the diploma. Identify area of concentration as it will appear on the diploma, if applicable.
  - h. Explanation of how curricular requirements identified in the standards will be met in the doctoral curriculum.
6. Plan for ongoing evaluation of the major programmatic change.
7. Plan for purposeful change and needed improvement based on ongoing evaluation of the major programmatic change.

Revised 05/31/19

## Application for Approval of Doctoral Degrees for CRNAs (Completion Degree Programs)

**NOTE: Once an application is approved, programs must implement the degree offering within 18 months of the date of approval. Programs implementing a degree more than 18 months after approval will be required to provide an explanation of any changes in governance, resources, or planned curriculum. Upon review of the program’s explanation, the COA will determine if the degree can be implemented as previously approved, or if an entirely new application (including the required fee) must be submitted.**

Programs are required to use the COA’s *Guidelines for Preparing/Reviewing Doctoral Degree Applications* when preparing this application for practice-oriented doctoral completion degrees. The program’s application narrative and supporting documentation must focus on the CRNA completion degree program’s cohort. For example: narrative and documentation addressing outcome measures such as SEE and NCE results are not to be included within this application. Student clinical evaluations/clinical site evaluations are not to be included in this application unless the CRNA degree completion program requires supervised clinical experiences.

### Section A – Change in Academic Unit

- Applies *only* to programs that are changing academic unit, but are *not* changing conducting institution(s) or academic affiliate.
  - The following seven (7) questions incorporate the requirements of the Major Programmatic Change (MPC) policy. A separate MPC application is not required.
1. Current academic unit:  
New academic unit:  
New program name, if requesting a name change:  
Changes in contact information (address, program officials, etc.):
  2. Rationale for change in academic unit. Document that the university has approved the change.  
Proposed date of implementation:
  3. Provide a brief statement of the program's ability to continue compliance with the following criteria due to the change in academic unit: Standards A1, A2, A5, and A7.
  4. If applicable, identify and provide a brief statement of the program's ability to continue compliance with any additional criteria affected by the change in academic unit.
  5. Briefly describe how the change in academic unit affects the program’s resources (financial, physical, faculty, support personnel, etc.).
  6. If the change in academic unit affects the master’s degree awarded:  
Current master’s degree as it appears on the diploma:  
New master’s degree as it will appear on the diploma:

7. If applicable, identify the changes to the master’s degree curriculum due to the change in academic unit.

Section B –Academic Offering

1. Select the item(s) below that best describe your degree offering (identify all that apply):
- a. A nurse anesthesia program currently accredited by the COA to prepare RNs for entry into nurse anesthesia practice
    - 1) The same degree is awarded to both RNs seeking entry into practice and CRNAs in the completion program.
    - 2) Different degrees are awarded to RNs seeking entry into practice and CRNAs in the completion program.
      - a) “Anesthesia” is contained in the degree title or certificate awarded.
      - b) The curriculum contains a significant component of anesthesia related content.
  - b. An institution other than a nurse anesthesia program that is currently accredited by the COA.
    - 1) Offers an educational program for CRNAs with “anesthesia” contained in the degree title.
    - 2) Offers an educational program for CRNAs that contains a significant component of anesthesia related content in the curriculum.
2. Degree to be awarded (identify all that apply):
- Practice-oriented doctoral degree
  - Research-oriented doctoral degree
  - Post-doctorate certificate
3. Date of implementation.
4. Degree to be awarded as it will appear on the diploma or post-doctorate certificate:
- Area of concentration as it will appear on the diploma or post-doctorate certificate, if applicable:
5. Length in months of the doctoral plan of study. (Standard E4)
6. Demonstrate that the conducting institution is eligible for accreditation according to the Council’s policy.
7. Document that the university that is to award the degree has approved the degree.
8. Submit a copy of program and institutional accreditation, if applicable (e.g., NLNAC, CCNE, North Central, Southern Association, etc.).



9. Requirements for application made **in conjunction** with continued accreditation of an accredited degree program (e.g., master’s degree program):  
 not applicable
- a. Complete a Self Study in preparation for an onsite review for the **currently accredited** degree program as instructed by the Council.

For **practice-oriented doctoral** programs: Submit a narrative and supporting documentation to address the following requirements.

#### Conducting Institution

10. Provide an organizational chart(s) of the institution, academic unit and program, including students. Describe differences between the master’s and doctoral organizational structures, if applicable. (Standards A2, A5)
11. Provide a budget that includes both revenue and expenses for at least the first three (3) years of program operation. Discuss how the budget evidences adequate funding for doctoral education, including changes from the master’s program, if applicable. (Standard A10.1)
12. Discuss the adequacy of resources available at the doctoral level to support the size and scope of the program to appropriately prepare students for practice and to promote the quality of graduates. (Standards A10.3, A10.6)

#### Faculty

13. Discuss the numbers of qualified faculty for clinical (if applicable), classroom instruction and scholarly activities at the doctoral level, incorporating the COA Faculty Resources template, and identify changes from the master’s program. Describe and document institutional provision of sufficient time to permit faculty to fulfill their obligations to students including clinical and classroom teaching, counseling and evaluation, and advising on doctoral level scholarly projects. In addition, identify how the institution provides sufficient protected time to permit faculty to fulfill their own scholarly activities, service, administrative and clinical responsibilities. Discuss the qualifications and responsibilities of the program administrator and assistant program administrator. (Standards A8, A9, A10.4, B1, B3, B4, B9, B14)

#### Curriculum

14. Describe the sequential and integrated presentation of didactic (and clinical experiences, if applicable) in the doctoral curriculum and how these will facilitate achievement of the program’s terminal objectives. Clearly identify the differences between the master’s and doctoral programs, including how the requirements of the doctoral curriculum are significantly beyond the master’s degree program in scope and content. Demonstrate that the degree focuses on anesthesia. (Standards E1, E5)

15. Verify that the program is in compliance with the *Distance Education* policy. (Refer to the definitions in the *Accreditation Policies and Procedures* manual, *Distance Education* policy.) (Standards A12, E7)
16. Describe the scholarly work requirement and how students will demonstrate knowledge and scholarship skills within the area of academic focus on completion of the scholarly work. Discuss other established assessment procedure(s) to verify competence in pertinent scholarship skills relevant to the area of academic focus. (Standards E8, H1.1.2)
17. Using the COA Course Content Map, describe how the curriculum is designed to prepare a graduate to function at their full scope of nurse anesthesia practice as a doctorally prepared nurse anesthetist, including achievement of the following competencies. (Standards D14, D23, D26, D31, D32, D33, D35, D40 to D51, E3, and E6)

Use the Map to demonstrate the linkage for each of the Graduate Standards listed below to course outcomes and national standards such as AACN Essentials for Doctoral Education for Advanced Nursing Practice, regional accreditation standards, and/or state nursing board regulatory requirements.

#### Graduate Standards

- D14. Provide nurse anesthesia services based on evidence based principles.
- D23. Use science-based theories and concepts to analyze new practice approaches.
- D26. Utilize interprofessional and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.
- D31. Integrate critical and reflective thinking in his or her leadership approach.
- D32. Provide leadership that facilitates intraprofessional and interprofessional collaboration.
- D33. Adhere to the *Code of Ethics for the Certified Registered Nurse Anesthetist*.
- D35. Apply ethically sound decision making processes.
- D40. Inform the public of the role and practice of the CRNA.
- D41. Evaluate how public policy making strategies impact the financing and delivery of healthcare
- D42. Advocate for health policy change to improve patient care.
- D43. Advocate for health policy change to advance the specialty of nurse anesthesia.
- D44. Analyze strategies to improve patient outcomes and quality of care.
- D45. Analyze health outcomes in a variety of populations.
- D46. Analyze health outcomes in a variety of clinical settings.
- D47. Analyze health outcomes in a variety of systems.
- D48. Disseminate **scholarly work**.
- D49. Use information systems/technology to support and improve patient care.
- D50. Use information systems/technology to support and improve healthcare systems.
- D51. Analyze business practices encountered in nurse anesthesia delivery settings.

Curriculum Standards

- E3. The curriculum meets commonly accepted national standards for similar degrees.  
E6. All courses have clearly stated objectives/outcomes.

Policy

18. Provide a copy of a draft webpage or brochure to evidence truth and accuracy in advertising of the doctoral program. (Standard G2)

Program Effectiveness

19. Describe the program's written systematic evaluation plan for continuous self-assessment that incorporates the below areas. Discuss how the evaluation data collected is used to monitor and improve program quality and effectiveness, and to monitor student achievement. Explain the process used to revise the program evaluation plan and related evaluation tools to meet the needs for evaluation of the doctoral program. (Standard H):
- a. Formative and summative evaluations of each student that are conducted for the purpose of counseling students and documenting student achievement.
  - b. A terminal evaluation is completed to demonstrate student achievement of the Graduate Standards D14, D23, D26, D31, D32, D33, D35, and D40 to D51.
  - c. Faculty advising provides students with ongoing feedback, both formal and informal.
  - d. Student evaluation of the quality of courses, didactic and clinical instruction (if applicable), clinical sites (if applicable), teaching and learning environment, advising/mentorship, their own achievement (self-evaluation) and the program, including institutional/program resources, student services and the curriculum.
  - e. Faculty evaluation of the quality of faculty services, the program and their own contributions to teaching, practice, service and scholarly activities (self-evaluation).
  - f. Alumni evaluation of the quality of the program (self-evaluation).
  - g. Outcome measures of academic quality including any methods of student achievement identified by the program and/or institution.

For **research-oriented doctoral** programs:

20. For an application made **in conjunction** with continued accreditation of an accredited degree program (e.g., master's degree) submit a self study for the new doctoral program, and a Self Study for continued accreditation of the current degree program. (Note: The current degree program seeking continued accreditation and proposed research doctoral degree program will be evaluated during one onsite review.) For an application **not made** in conjunction with continued accreditation of an accredited degree program, a Self Study must be completed in preparation for a focused onsite review of the new doctoral program.

Revised: 10/26/18  
Revised: 10/18/17  
Revised: 01/21/16  
Revised: 05/29/15

**Application for Approval of a Practice-Oriented Doctoral Degree  
for Entry into Nurse Anesthesia Practice  
(Only applies to established programs where COA serves as a  
Programmatic Accreditor)**

**NOTE: Once an application is approved, programs must implement the degree offering within 18 months of the date of approval. Programs implementing a degree more than 18 months after approval will be required to provide an explanation of any changes in governance, resources, or planned curriculum. Upon review of the program’s explanation, the COA will determine if the degree can be implemented as previously approved, or if an entirely new application (including the required fee) must be submitted.**

Programs are required to use the COA’s *Guidelines for Preparing/Reviewing Doctoral Degree Applications* when preparing this application.

**Section A – Change in Academic Unit**

- Applies *only* to programs that are changing academic unit, but are *not* changing conducting institution(s) or academic affiliate.
  - The following seven (7) questions incorporate the requirements of the Major Programmatic Change (MPC) policy. A separate MPC application is not required.
1. Current academic unit:  
New academic unit:  
New program name, if requesting a name change:  
Changes in contact information (address, program officials, etc.):
  2. Rationale for change in academic unit. Document that the university has approved the change.  
Proposed date of implementation:
  3. Provide a brief statement of the program's ability to continue compliance with the following criteria due to the change in academic unit: Standards A1, A2, A5, and A7.
  4. If applicable, identify and provide a brief statement of the program's ability to continue compliance with any additional criteria affected by the change in academic unit.
  5. Briefly describe how the change in academic unit affects the program’s resources (financial, physical, faculty, support personnel, etc.).
  6. If the change in academic unit affects the master’s degree awarded:  
Current master’s degree as it appears on the diploma:  
New master’s degree as it will appear on the diploma:

7. If applicable, identify the changes to the master's degree curriculum due to the change in academic unit.

### Section B – Doctoral Offering

1. Degree to be awarded as it will appear on the diploma:  
Area of concentration as it will appear on the diploma, if applicable:
2. Date of implementation.
3. Length in months of the full-time doctoral plan of study, and length in months of part-time option if available. If full time study is less than 36 months, submit supporting rationale that ensures compliance with accreditation standards. (Standard E4)
4. Demonstrate that the conducting institution is eligible for accreditation according to the Council's policy.
5. Document that the university that is to award the degree has approved the degree.
6. Submit a copy of program and institutional accreditation, if applicable (e.g., NLNAC, CCNE, North Central, Southern Association, etc.).
7. If the currently accredited degree program will be phased out, describe how currently enrolled students will be assured the opportunity to graduate from an accredited program during the transition period.
  - a. Identify the anticipated graduation date of the last master's level class.
  - b. Identify the date of discontinuation of the master's degree, which should be after the date of degree conferral.
8. Number of students the program plans to enroll in years 1, 2 and 3 of the doctoral program. Programs admitting a master's and a doctoral cohort within the same academic year must submit an Application for Increasing Class Size at the same time as their doctoral application.

Submit a narrative and supporting documentation to address the following requirements:

### Conducting Institution

9. Provide an organizational chart(s) of the institution, academic unit and program, including students. Describe differences between the master's and doctoral organizational structures, if applicable. (Standards A2, A5)
10. Provide a budget that includes both revenue and expenses for at least the first three (3) years of program operation. Discuss how the budget evidences adequate funding for doctoral education, including changes from the master's program, if applicable. (Standard A10.1)

11. Discuss the adequacy of resources available at the doctoral level to support the size and scope of the program to appropriately prepare students for practice and to promote the quality of graduates. (Standards A10.3, A10.6, A11)

#### Faculty

12. Discuss the numbers of qualified faculty for clinical, classroom instruction and scholarly activities at the doctoral level, incorporating the COA Faculty Resources template, and identify changes from the master's program. Describe and document institutional provision of sufficient time to permit faculty to fulfill their obligations to students including clinical and classroom teaching, counseling and evaluation, and advising on doctoral level scholarly projects. In addition, identify how the institution provides sufficient protected time to permit faculty to fulfill their own scholarly activities, service, administrative and clinical responsibilities. Discuss the qualifications and responsibilities of the program administrator and assistant program administrator. (Standards A8, A9, A10.4, B1, B3, B4, B9, B14)

#### Curriculum

13. Describe the sequential and integrated presentation of didactic and clinical experiences in the doctoral curriculum and how these will facilitate achievement of the program's terminal objectives. Clearly identify the differences between the master's and doctoral programs, including how the requirements of the doctoral curriculum are significantly beyond the master's degree program in scope and content. Demonstrate that the degree focuses on anesthesia. (Standards E1, E5)
14. Verify that the program is in compliance with the *Distance Education* policy. (Refer to the definitions in the *Accreditation Policies and Procedures* manual, *Distance Education* policy.) (Standards A12, E7)
15. Describe the scholarly work requirement and how students will demonstrate knowledge and scholarship skills within the area of academic focus on completion of the scholarly work. Discuss other established assessment procedure(s) to verify competence in scholarship skills relevant to the area of academic focus. (Standards E8, H1.1.2)
16. Using the COA Course Content Map template, show how the curriculum is designed to focus on the full scope of nurse anesthesia practice, including the following course content and achievement of the following competencies. (Standards E2.1, E2.2, E3, E6, D8, D14, D23, D26, D31, D32, D33, D35, D40 to D51)

Use the Map to demonstrate the linkage for each of the Graduate Standards listed below to course outcomes and national standards such as AACN Essentials for Doctoral Education for Advanced Nursing Practice, regional accreditation standards, and/or state nursing board regulatory requirements.

Courses and course content:

Course(s): Advanced Physiology/Pathophysiology, Advanced Pharmacology, Basic and Advanced Principles in Nurse Anesthesia, and Advanced Health Assessment (see Glossary “Advanced Health Assessment”).

Content: Advanced Physiology/Pathophysiology (120 contact hours), advanced pharmacology (90 contact hours), basic and advanced principles in nurse anesthesia (120 contact hours), research (75 contact hours), advanced health assessment (45 contact hours), human anatomy, chemistry, biochemistry, physics, genetics, acute and chronic pain management, radiology, ultrasound, anesthesia equipment, professional role development, wellness and substance use disorder, informatics, ethical and multicultural healthcare, leadership and management, business of anesthesia/practice management, health policy, healthcare finance, integration/clinical correlation (see Glossary “Wellness and substance use disorder,” “Pain management, acute,” “Pain management, chronic,” “Professional role development,” and “Radiology”).

Graduate Standards:

- D8. Perform a comprehensive history and physical assessment.
- D14. Provide nurse anesthesia services based on evidence based principles.
- D23. Use science-based theories and concepts to analyze new practice approaches.
- D26. Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.
- D31. Integrate critical and reflective thinking in his or her leadership approach.
- D32. Provide leadership that facilitates intraprofessional and interprofessional collaboration.
- D33. Adhere to the *Code of Ethics for the Certified Registered Nurse Anesthetist*.
- D35. Apply ethically sound decision making processes.
- D40. Inform the public of the role and practice of the CRNA.
- D41. Evaluate how public policy making strategies impact the financing and delivery of healthcare.
- D42. Advocate for health policy change to improve patient care.
- D43. Advocate for health policy change to advance the specialty of nurse anesthesia.
- D44. Analyze strategies to improve patient outcomes and quality of care.
- D45. Analyze health outcomes in a variety of populations.
- D46. Analyze health outcomes in a variety of clinical settings.
- D47. Analyze health outcomes in a variety of systems.
- D48. Disseminate **scholarly work**.
- D49. Use information systems/technology to support and improve patient care.
- D50. Use information systems/technology to support and improve healthcare systems.
- D51. Analyze business practices encountered in nurse anesthesia delivery settings.

### Policy

17. Provide a copy of a draft webpage or brochure to evidence truth and accuracy in advertising of the doctoral program. (Standard G2)

### Evaluation

18. Describe the program's written systematic evaluation plan for continuous self-assessment that incorporates the below areas. Discuss how the evaluation data collected is used to monitor and improve program quality and effectiveness, and to monitor student achievement. Explain how evaluation tools used for the master's program have been revised to assess the quality of the doctoral curriculum including the graduate standards (Standard H):

- a. Formative and summative evaluations of each student that are conducted for the purpose of counseling students and documenting student achievement.
- b. A terminal evaluation is completed to demonstrate student achievement of the Graduate Standards.
- c. Faculty advising provides students with ongoing feedback, both formal and informal.
- d. Student evaluation of the quality of courses, didactic and clinical instruction, clinical sites, teaching and learning environment, advising/mentorship, their own achievement (self-evaluation) and the program, including institutional/program resources, student services and the curriculum.
- e. Faculty evaluation of the quality of faculty services, the program and their own contributions to teaching, practice, service and scholarly activities (self-evaluation).
- f. Alumni evaluation of the quality of the program and their preparation to enter anesthesia practice (self-evaluation).
- g. Employer evaluation of the performance of recent graduates.
- h. Outcome measures of academic quality including student attrition, NBCRNA NCE pass rates and mean scores, employment rates, and any other outcome methods of student achievement identified by the program and/or institution.

Revised 10/26/18  
Revised: 07/09/18  
Revised: 01/21/16  
Revised: 05/29/15  
Revised: 01/31/14



## Application for Increasing Class Size

A program planning to increase the number of students must submit this application and receive Council approval prior to the enrollment date for the cohort in which the increase will occur (see Glossary, “Enrollment”). The COA’s Evaluation and Analysis Committee will review programs’ fully completed applications at a regularly scheduled meeting (December, April, and September) and provide notification of its preliminary decision to programs within 45 business days.

### DEFINITION

Class Size: Class size is the total number of first year enrollees in one year based on NBCRNA data. For programs admitting more than one class per year, the total of all students enrolled in one year is considered to be a single class.

### PROCEDURE

#### **Programs Establishing Initial Class Size of 41 or More**

Programs where the **initial** class size is determined to be 41 or more will be required to submit this application providing evidence that there are currently existing sufficient resources to assure an educational program that meets Council standards. (**Exception:** if a program has undergone a satisfactory (10 year accreditation awarded) on-site review with the same number of students upon determination of initial class size as it had when it was last accredited). **Example:** a program is three years into a 10 year accreditation cycle and has the SAME number of first year students (45 first year students) when the initial class size is determined as it had when it was accredited (45 first year students), the program will not have to apply to the Council for approval to admit 45 students into an incoming class.)

#### **Programs with Proposed Class Size Increase Resulting in 40 or Less First Year Students**

Provide narrative responses to items **1 through 6.a** below.

#### **Programs with Proposed Class Size Increase Resulting in 41 or More First Year Students**

Provide narrative responses to items **1 through 6.g** below.

#### **Programs with Unresolved Concerns Related to Adequacy of Resources Proposing to Increase Class Size**

Provide narrative responses to items **1 through 6.g** below.

#### **Programs in Monitoring for NCE Pass Rate Performance Proposing to Increase Class Size**

Provide narrative responses to items **1 through 6.g** below.

#### **Programs Experiencing Rapid Growth over the Last 3-5 Years**

Programs experiencing a one-time large increase or significant increases in class size as determined in at least one annual report during the last 3 to 5 years (or some other factor) must provide responses to items **1 through 6.g** below.

Programs applying for approval of an increase in class size must complete the following items as directed above:

- 1) Rationale for the proposed increase.
- 2) Official start and end dates for the program.
- 3) The current number of enrolled students by year of enrollment.
- 4) The projected number of students for the next year.
- 5) The number of students on leave(s) of absence (LOA) and when they will be reinstated.
- 6) Plans for adequate resources to include:
  - a) Number and types of clinical cases, required experiences and COA-approved sites available for education. Include the minimum, maximum, and average number of case totals for the program's most recent graduation cohort, in addition to a listing of COA-approved clinical sites impacted by the increase, as supporting documentation.
  - b) Number of qualified faculty in relation to the total number of students in the program.
  - c) Sufficiency of financial support for an increased number of students.
  - d) Adequacy of physical resources, learning resources, support personnel, and student services.
  - e) NCE pass rate of graduates, as calculated by the COA in accordance with the Certification Examination policy.
  - f) Current accreditation status and length of accreditation.
  - g) All unresolved concerns related to the adequacy of resources as well as student and faculty evaluation results related to resources.

Revised 10/26/18  
Revised 05/31/18  
Revised 05/19/17

## Application for Approval of a Post-Graduate CRNA Fellowship

Title of Fellowship:

Focused area of specialty practice or concentration:

Sponsor of Fellowship (Individual, group, institution, etc.):

Address:

City:

State:

Zip:

Length in months:

At any given time, what will be the maximum number of Fellows?

Proposed date of implementation:

Information regarding the Director:

Name (with credentials):

Phone Number:

Email Address:

Will the Fellowship will be a:

- One time offering (Maximum length of Accreditation will be the length, in months, of the Post-Graduate Fellowship)
- Continuous or intermittent offering

Complete the *Post-Graduate CRNA Fellowship Assessment* (attached)

Enclose the required fee (see Fee Schedule)

I attest that I have read the *Standards for Accreditation of Post-Graduate CRNA Fellowships* and agree that the proposed Fellowship will meet the Standards.

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sponsor (if different from the Director)

\_\_\_\_\_  
Date

## Post-Graduate CRNA Fellowship Assessment

Provide a brief narrative to address how the Fellowship meets each of the following Standards.

Each response must be limited to 300 words or less. Any “Required Documentation” identified is in addition to the word limit. The COA desires to make this process informative, yet non-onerous. Therefore, the Fellowship is required to submit 4 specific documents (identified as “Required Documentation”). Any further documents are optional and only should be submitted if necessary to support the narrative response to the Standards.

### Section A – Conducting Organization Standards

1. The Fellowship has a clearly defined mission and purpose.
2. The Fellowship resources are adequate to provide the educational experiences and opportunities required to fulfill the needs of the Fellowship.
3. The organization clearly states the title of the Fellowship, to include the focused area of specialty practice or concentration.
4. Fellowships involving patient care are limited to CRNA Fellows.
5. Fellowships for CRNAs that involve patient care must uphold the AANA Scope of Nurse Anesthesia Practice, AANA Standards for Nurse Anesthesia Practice, requirements of a certification agency in the specialty (NBCRNA specialty certification, if available, and/or other applicable standards and guidelines).

### Section B – Faculty/Mentor Standards

1. The Fellowship has a director and faculty/mentors who are credentialed experts, and/or who are experientially and/or academically qualified in the area of specialty practice or concentration (see Glossary “Credentialed Expert,” “Faculty/Mentors,” and “Experientially Qualified”).  
[Required Documentation: Provide CV of the director and key faculty/mentors.]
2. The faculty/mentors are committed to providing effective training of Fellows and a quality educational environment conducive to learning.
3. The faculty/mentors document evaluations of the Fellow at regular intervals and at the completion of the Fellowship.

### Section C – Fellow Standards

1. The Fellow meets the Fellowship’s admission criteria and holds licensure as a registered professional nurse and/or APRN as required by state law (see Glossary “Advanced Practice Registered Nurse”).  
[Required Documentation: A complete list of admission criteria]

2. Only CRNAs or other APRNs are enrolled, who by academic and experiential achievement have the ability to benefit from their education (see Glossary “Advanced Practice Registered Nurse” and “Ability to Benefit”).
3. The CRNA Fellow is certified/recertified by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).
4. The CRNA Fellow maintains an accurate record of clinical procedures personally performed on patients, if applicable, and other educational experiences.
5. The non-CRNA Fellow maintains an accurate record of educational experiences.
6. The Fellow demonstrates professionalism, including a commitment to educational, professional and personal integrity. The CRNA Fellow subscribes to the AANA Code of Ethics for the Certified Registered Nurse Anesthetist.

#### Section D – Graduate Standards

1. At the completion of the Fellowship, the Fellow demonstrates knowledge and skills required of the area of specialty practice or concentration.
2. At the completion of the Fellowship, the Fellow demonstrates attainment of objectives/outcomes identified by the Fellowship.

#### Section E – Curriculum Standards

1. The Fellowship is designed to provide the CRNA with knowledge and skills in a focused area of specialty practice or concentration.
2. The goals and objectives/outcomes of the Fellowship are clearly identified.

[Required Documentation: Terminal objectives/outcomes of the Fellowship, including, but not limited to: “The Fellow demonstrates professionalism, including a commitment to educational, professional and personal integrity” and “The CRNA Fellow subscribes to the AANA Code of Ethics for the Certified Registered Nurse Anesthetist.”]

3. The length of the Fellowship is of sufficient duration to meet the goals and objectives/outcomes of the Fellowship.
4. The Fellowship must be primarily learning oriented with educational considerations taking precedence over any service delivery and revenue generation.
5. Fellowships designed to develop and/or augment the Fellow’s clinical scope of practice must include a sufficient number of patient care experiences in the curriculum to ensure competency (see Glossary, “Patient care experiences”). Simulated clinical experiences may augment learning but cannot replace patient care experiences.

Section F – Clinical Site Standards (if applicable)

1. The patient population available to the CRNA Fellow is adequate to achieve the goals and objectives/outcomes of the Fellowship.
2. Mentored experiences are available for the CRNA Fellow to achieve the goals and objectives/outcomes of the Fellowship.

Standard G – Policy Standards

1. The Fellowship submits the COA Post-Graduate Fellowship Transcript to the COA for each Fellow who completes the Fellowship (see Glossary “COA Post-Graduate Fellowship Transcript”).
2. The Fellowship provides the Fellow with a copy of the COA Post-Graduate Fellowship Transcript (see Glossary “COA Post-Graduate Fellowship Transcript”).
3. Truth and accuracy are evidenced in recruiting and admission practices, publications, and advertising.  
[Required Documentation: Any proposed or actual advertising utilized by the Fellowship including the Accreditation status.]
4. Fellowships document that non-CRNA Fellows attest they will not represent themselves as a CRNA by title or function based on completion of a Fellowship.
5. The Fellowship is conducted in accordance with state and federal guidelines that govern the focused area of specialty practice or concentration.

Section H – Evaluation Standards

1. The Fellow evaluates the quality of the Fellowship including faculty/mentors and, if applicable, clinical experiences.
2. The Fellowship uses evaluation data to make improvements.

Revised 05/31/18

## Post-Graduate Fellowship Enrollment Form

The Fellowship Enrollment Form must be completed and signed by the Fellow. It must be verified and submitted by the Director of the Fellowship.

The required fee must accompany the form.

### FELLOW INFORMATION

First Name:

Middle Name:

Last Name:

Maiden Name:

Highest Degree Attained:

AANA ID# (if applicable):

RN and/or APRN license #:

State of Licensure:

Expiration Date:

Date of Birth:

Social Security Number (last 4 digits):

Address:

City:

State:

Zip Code:

Telephone:

Cell:

Home:

Work:

E-mail address:

APRN Role of Fellow's National Certification:

CRNA

CNM

CNS

CNP

Population Focus of the Fellow's National Certification upon admission to the fellowship:

Family/individual across the lifespan

Adult-gerontology

Pediatrics

Neonatal

Women's health: Gender-related

Psych/mental health

Name of Advanced Practice Entry Level Program:

Year Graduated:

Expiration Date of Certification/Recertification:

Date enrolled in Fellowship:

---

Signature of Fellow:

Date

VERIFICATION BY FELLOWSHIP DIRECTOR

I attest that this individual is currently enrolled in the Post-Graduate Fellowship identified below.

Title of Fellowship:

Focused area of specialty practice or concentration:

Sponsor of Fellowship (Individual, group, institution, etc.):

Name of Director & credentials:

E-mail address:

---

Signature of Director

Date



## Post-Graduate Fellowship Transcript

### FELLOW INFORMATION

First Name:

Middle Name:

Last Name:

Maiden Name:

Highest Degree Attained:

AANA ID# (if applicable):

Date of Birth:

Social Security Number (last 4 digits):

Address:

City:

State:

Zip Code:

Telephone:

Cell:

Home:

Work:

E-mail address:

APRN Role of Fellow's National Certification:

CRNA

CNM

CNS

CNP

Population Focus of the Fellow's National Certification upon admission to the fellowship:

Family/individual across the lifespan

Adult-gerontology

Pediatrics

Neonatal

Women's health: Gender-related

Psych/mental health

Name of Advanced Practice Entry Level Program:

Year Graduated:

FELLOWSHIP INFORMATION

Title of Fellowship:

Focused area of specialty practice or concentration:

Sponsor of Fellowship (Individual, group, institution, etc.):

Address:

City:

State:

Zip:

Telephone:

Email address:

Length in months:

Date completed (mm/dd/yyyy):

Name of Director & credentials:

TERMINAL OBJECTIVES/OUTCOMES OF THE FELLOWSHIP

<b>Objective/outcome (list each identified by the Fellowship)</b>	<b>Objective/outcome attained by Fellow (check all that apply)</b>
1. The Fellow demonstrates professionalism, including a commitment to educational, professional and personal integrity.	
2. The CRNA Fellow subscribes to the AANA Code of Ethics for the Certified Registered Nurse Anesthetist.	
3.	
4.	
5.	
6.	
7.	

RECORD OF NON-CLINICAL EDUCATIONAL EXPERIENCES (List experiences attained by Fellow):

<b>Experience</b>	<b>Contact Hours</b>
1.	
2.	
3.	
4.	

RECORD OF CLINICAL EXPERIENCE

If specialty certification is available, list all types and numbers of cases required for certification:

<b>Case Type</b>	<b>(minimum # required)</b>	<b># attained by Fellow</b>
1.		
2.		
3.		
4.		
5.		

Other cases attained by Fellow:

1.
2.
3.
4.

I affirm that this transcript contains a complete and accurate record of the above-named fellow's experiences. I further affirm that the fellow has attained the identified competencies listed above.

\_\_\_\_\_  
Fellowship Director's Signature verifying accuracy of transcript

\_\_\_\_\_  
Date

I affirm that I have read this transcript that it is a complete and accurate record of my Fellowship experiences. I understand that data from the transcript may be used in the aggregate for research purposes. No personally identifying information will be revealed.

---

Fellow's Signature

Date

## Council on Accreditation of Nurse Anesthesia Educational Programs End of Post-Graduate Fellowship Evaluation

The Council on Accreditation of Nurse Anesthesia Educational Programs (Council) accredits post-graduate fellowships. A post-graduate fellowship accredited by the Council must provide advanced education and training in a focused area of specialty practice or concentration. All post-graduate fellowships must demonstrate adherence to the current *Standards for Accreditation of Post-Graduate CRNA Fellowships* (Fellowship). The Council uses the *End of Post-Graduate Fellowship Evaluation* as one mechanism to determine Fellowship compliance with the Standards. Your responses to this evaluation will be shared with the Fellowship.

As a recent graduate of the \_\_\_\_\_ Fellowship, please rate the following statements.

1. Fellowship facilities and resources were adequate to provide the educational experiences and opportunities required to fulfill the needs of the Fellowship.
2. The Fellowship director and faculty/mentors were credentialed experts, and /or experientially and/or academically qualified in the area of specialty practice or concentration.
3. Faculty/mentors were committed to providing effective training of Fellows and a quality educational environment conducive to learning.
4. Faculty/mentors provided me with documented evaluation of my work at regular intervals.
5. Faculty/mentors provided me with a documented evaluation of my work at the completion of the fellowship.
6. The goals and objectives/outcomes of the Fellowship were clearly identified.
7. The length of the Fellowship was of sufficient duration to meet the goals and objectives/outcomes of the Fellowship.
8. Recruiting and admission practices, publications, and advertising were truthful and accurate.
9. I maintained an accurate record of clinical procedures I personally performed on patients, if applicable.
10. I maintained an accurate record of my educational experiences.
11. At the completion of the Fellowship, I was able to attain the objectives/outcomes identified by the Fellowship.
12. At the completion of the Fellowship, I developed the knowledge and skill required of the area of specialty practice or concentration of the Fellowship.
13. I was provided the opportunity to evaluate the quality of the Fellowship.
14. I was provided the opportunity to evaluate the quality of the faculty/mentors.
15. I was provided the opportunity to evaluate the quality of the clinical experiences, if applicable.

Additional Comments (strengths/potential areas for improvement):

Fellow's Signature: \_\_\_\_\_

Fellow's Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

## Sample Timeline for a Major Revision of the Standards

### DEVELOPMENT AND ADOPTION PHASE

Date	Action	Responsibility
January YEAR 1	Report to COA – Provide first draft of revised Standards	SRTF
February	Presentation to the Assembly of Didactic and Clinical Educators on revisions of Standards. Suggestions for revisions requested from communities of interest	COA
March	Call for Comments from communities of interest on First Draft	COA
April	Focus group discussions to be held at Mid-Year Assembly to gather input from communities of interest not likely to have attended the Assembly of Didactic and Clinical Educators.	COA
May	Report to COA	SRTF
May-September	Standards Revision Task Force meets to continue work on developing Second Draft.	SRTF
October	Report to COA Approval of Second Draft.	SRTF
November	Call for Comments Second Draft Focus group discussion at Fall Leadership Academy on suggested revisions in Second Draft.	SRTF
January YEAR 2	Third Draft of Standards to COA for acceptance.	Chair, SRTF
February	Accepted Third Draft forwarded to AANA Board of Directors via the Education Committee for comment and input Recommendations and suggestions for revision requested through (1) Assembly of Didactic and Clinical Educators, (2) announcement in the <u>AANA NewsBulletin</u> , and (3) direct distributions to communities of interest	COA/EC
April	Distribution with a request for review and recommendations (via online survey) to communities of interest. Hearing on the proposed changes at the Mid-Year Assembly.	COA EC & COA
May	Report to COA Final Review and Adoption.	COA

**IMPLEMENTATION PHASE**

Date	Action	Responsibility
June YEAR 2	Preparation and adoption of Standards with implementation date for the following year. Distribution to program directors and other appropriate groups and/or individuals.	Preparation and adoption of Standards with implementation date for the following year. Distribution to program directors and other appropriate groups and/or individuals.
August	Introduction and orientation of Standards at Assembly of Didactic and Clinical Educators.	COA

Note: An initial phase for the development of the first draft of the Standards will be needed. This phase should be completed in approximately six months depending on the extent of the revisions.

Standards Revision Task Force may provide assistance to Education Committee (EC) and COA at various stages in drafting the Standards.



## Timeline for Complaints against a Nurse Anesthesia Program

Note: Timeline begins after receipt of the “Signed Statement Form” which is mailed to the complainant by the Council after receipt of the complainant’s letter.

Date <sup>1</sup>	Action	Responsibility
Day 1	Complaint submitted in writing to COA with signature and required documentation. Request appearance before COA if desired.	Complainant
Day 10	Notice sent to program about the complaint.	COA
Day 40	Response submitted to COA about alleged areas of non-compliance with accreditation standards. If desired, request appearance before COA or to participate on telephone conference call if there is no meeting.	Program
Day 70	Complaint and program's response considered at COA meeting or on telephone conference call.	COA
Day 100	Program and complainant notified of COA's decision. <sup>2</sup>	COA

<sup>1</sup> Days are approximate.

<sup>2</sup> Decision may only be delayed for a valid reason.

## Timeline for Resolution of Complaints against the Council

Date <sup>1</sup>	Action	Responsibility
Day 1	Complaint submitted in writing to the Council by the complainant.	Complainant
Day 10	Complaint forwarded to Council President within 10 days of receipt.	COA
Day 15	Committee appointed to investigate complaint.	COA
Day 45	Committee's findings presented to Council.	COA
Day 75	Complainant notified in writing of Council's investigation and any action taken. <sup>2</sup>	COA

<sup>1</sup> Days are approximate.

<sup>2</sup> Decision may only be delayed for a valid reason.

# Training Program for Directors of the Council on Accreditation of Nurse Anesthesia Educational Programs

## Agenda

1. Introductions
2. Overview
  - a. History of accreditation of nurse anesthesia educational programs
  - b. The value of accreditation
3. Membership
  - a. CRNA educators
  - b. CRNA practitioners
  - c. Student nurse anesthetist
  - d. Health care administrator
  - e. Public representative
  - f. University representative
4. Executive Committee
  - a. President (CRNA)
  - b. Vice President (CRNA)
  - c. Treasurer (Any member)
  - d. Elected each year for 1 year term (spring meeting)
  - e. Meets day prior to COA meeting
5. COA Standing Committees
  - a. Finance
  - b. Audit
  - c. Nominations and Appointments
  - d. Standards and Policies
  - e. Evaluation and Analysis
6. COA Meetings
  - a. Fall - Spring - accreditation decisions (Wednesday, Thursday, Friday)
  - b. Winter - business (Wednesday, Thursday, Friday)
  - c. Meeting agenda and business books
  - d. Attire

7. Logistics - lodging/transportation
  - a. COA reimbursement policy - expense form
  - b. Direct Travel
  
8. Important Documents
  - a. *Standards for Accreditation of Nurse Anesthesia Educational Programs and Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*
    1. Importance and use of documents
    2. Guidelines for interpretation
    3. Illustrative examples of interpretation and application
  
  - b. *Accreditation Policies and Procedures*
    1. Importance and use of document
    2. Guidelines for interpretation and application
    3. Illustrative examples of interpretation and application
  
  - c. *Accreditation Reviewers' Manual*

Overview and purpose of document
  
  - d. Self Study  

Overview and purpose of document
  
  - e. Summary Report of Onsite Accreditation Review  

Overview and purpose of document
  
9. Responsibilities of COA members
  - a. Familiarity with important documents
  - b. Accreditation review process (Appendix)
  - c. Confidentiality
  - d. Conflicts of interest
  - e. Preparation for meetings
  - f. Committee assignments

10. Responsibilities of COA staff
  - a. Accreditation Review Process
    1. Maintain master schedule
    2. Initiate self-studies/reviews
    3. Assign reviewers
    4. Coordinate review time table
    5. Compile COA workbooks
    6. Correspondence
  
11. Consultant/Resource
  - a. COA
  - b. Program Directors (including Program Directors' Update)
  - c. Onsite Reviewers (including Reviewers' Exchange)
  - d. COA consultants
  - e. Communities of Interest
  - f. External agencies
  
12. Liaison
  - a. AANA Board of Directors
  - b. AANA Executive Staff
  - c. AANA Councils
  - d. NBCRNA
  - e. External agencies
  
13. Workshops
  - a. Onsite Reviewers
  - b. Consultants
  - c. Program Directors
  - d. Self Study
  
14. Appeals
  - a. Coordinate related activities
  - b. Prepare documents
  - c. Correspondence
  - d. Attendance

15. COA Accreditation/Recognition (CHEA, USDE)
  - a. Scheduled review and revision of COA documents
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16. Summary
  - a. Questions and answers
  - b. Identification of follow-up activities as needed

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## GLOSSARY

**Academic personnel** - Individuals with faculty appointments who teach in nurse anesthesia programs.

**Academic quality** - Academic quality refers to results associated with teaching, learning, research, and service within the framework of the institutional mission. Academic quality requires an effective learning environment and sufficient resources for faculty and students to obtain the objectives of the program and meet accreditation standards.

**Acceptance of students in new programs** - The effective date when the program begins, as recognized in official correspondence to the program from the Council.

**Accreditation Appeal Panel (AAP)** - The appellate body for adverse accreditation decisions.

**Accreditation mills** – Dubious providers of accreditation and quality assurance that may offer a certification of quality of institutions without a proper basis. The source of this definition is the Council on Higher Education Accreditation (CHEA).

**Active clinical site** - A clinical site that has had students involved in clinical education at the site during the last 36 months.

**Administrative personnel** - Individuals with management responsibilities in an educational institution, such as a dean.

**Adverse accreditation decision** - Decisions including, but not limited to, denial, probation, or revocation.

**Attrition** - Attrition is defined as a measure of students no longer enrolled in the program against the number enrolled as reported on the COA Annual Report. Students no longer enrolled are those who have withdrawn from the program at some point during the reporting year or students who are withdrawn from the program by the program or institution. Students on approved leaves of absence or held back for academic or other reasons are not considered part of the program's attrition until or unless they withdraw from the program or are withdrawn by the program or institution.

**Branch campus** - A nurse anesthesia program that is geographically separate from the institution's main campus and has its own separate administrative structure, services, and facilities where the institution plans to offer at least 50 percent of an educational program.

**Capability self study** - Utilization of a self-study to (1) assist an institution in assessing its capability to conduct an accredited nurse anesthesia educational program and (2) assist in the Council's review of the institutional resources and plans as they relate to the possible award of accreditation.

**Certified Registered Nurse Anesthetist (CRNA) educator director** - The Council elects three certified registered nurse anesthetists who are actively engaged in the teaching or administration of a nurse anesthesia educational program.

**Certified Registered Nurse Anesthetist (CRNA) practitioner director** - The Council elects two certified registered nurse anesthetists who are actively involved in clinical practice.

**Chair reviewer** - A Certified Registered Nurse Anesthetist (CRNA) and the designated leader of the onsite review team. Specific duties pertaining to the review are contained in the *Accreditation Reviewers' Manual*.

**Clinical site** - An approved clinical site is an institution or facility where students receive any portion of their clinical education. All such sites must receive approval by the Council prior to the placement of students at the site. Approved clinical sites fall into one of two categories: enrichment sites and required sites (see definitions in this Glossary).

**Community of interest** - A body of individuals that is directly affected by nurse anesthesia education and/or practice, including nurse anesthesia students, program administrators, faculty, staff, patients, employers, institutions, the public, and the higher education community.

**Completion degree program** - A nurse anesthesia program that enables CRNAs to complete additional studies after graduation from an entry program for the purpose of earning a graduate degree.

**Conducting institution** - The legal entity (institution or organization) that assumes sole, primary, or shared responsibility for the conduct of a program including budgetary support; responsible for ensuring that the program has complied with accreditation requirements.

**Confidentiality** - Communication of information in trust and not for public dissemination.

**CRNA assistant program administrator (CRNA assistant program director)** - A CRNA with an appropriate graduate degree who by position, responsibility, and authority actively assists the CRNA program administrator in the organization and administration of the entire program of nurse anesthesia. The graduate degree must be from an institution of higher education accredited by a nationally recognized accrediting agency. The assistant program administrator must be qualified to assume the responsibilities of the program administrator if required.

**CRNA program administrator (CRNA program director)** - A CRNA with an appropriate graduate degree who by position, responsibility, and authority is actively involved in the organization and administration of the entire program of nurse anesthesia. The graduate degree must be from an institution of higher education accredited by a nationally recognized accrediting agency.

**Degree mills** - Dubious providers of educational offerings or operations that offer certificates and degrees that may be considered bogus. The source of this definition is the Council on Higher Education Accreditation (CHEA).

**Distance education** - An educational process that is characterized by the separation, in time or place, between instructor and student and supports regular and substantive interaction between the students and instructor, either synchronously or asynchronously. The term includes courses in which 50 percent or more of instruction is provided via communication technologies, including



Internet-based courses both asynchronous and synchronous, two-way and one-way interactive video, audio conferencing, multimedia, compact disc, video cassette, and audio tape.

**Distance education course** - A course where 50 percent or more of required activities is offered at a distance. For example a 2 credit course which is equivalent to 30 contact hours becomes a distance education course when 15 or more contact hours offered are conducted with a separation in time or place, between the instructor and/or student (See Distance Education definition above.)

**Distance education program** - A program where 50 percent or more of the total curriculum of any plan of study is offered via distance education and leads to the award of a degree or certificate. For example, if the entry into practice plan of study curriculum consists of 40 credit hours and 20 or more are offered in a distance format, the program is considered to be a distance education program. For example, if the graduate degree for CRNA plan of study curriculum contains 40 credit hours and 20 or more are offered in a distance format, the program is considered as offering a distance education program.

**Doctoral degree** - See practice-oriented doctoral degree and research-oriented doctoral degree.

**Editorial revisions** - Editorial revisions are the responsibility of the Council and should be incorporated into the ongoing evaluation of the standards and policies and procedures as working documents. Editorial revisions may include changes in grammatical structure, formatting of the document, and additions to the Glossary.

**Educator administrator** - An onsite reviewer who spends 60 percent or greater of his/her time engaged in administration, classroom instruction, or miscellaneous activities other than the practice of anesthesia. (See also practice of anesthesia)

**Educator practitioner** - An onsite reviewer who spends 40 percent or greater of his/her time in the practice of anesthesia. (See also **Practice of anesthesia**)

**Enrichment site** - An enrichment site is a nonprimary clinical site that meets one or more of the following criteria: an institution (1) where students receive less than 50 percent of their total clinical experience; (2) that is not necessary to enable a program to meet the Council's standards; (3) that is unlikely to have a significant impact on a program's ability to continue complying with accreditation standards and policy/procedural requirements; and/or (4) that is utilized solely as an enriching experience.

**Enrollment** – The first day a student physically attends class or the first day that instruction is offered, which shall be considered the first day of the calendar track to which a student is assigned (i.e., the first scheduled day of the program).

**Entry program** - A nurse anesthesia program that prepares registered nurses to become certified and enter into nurse anesthesia practice.

**Experimental curriculum/program** - A curriculum or program that is being tested to determine whether it will produce expected outcomes that may or may not become permanent.

**Focused review** - An examination of the circumstances surrounding a particular issue. This may include a self-study and/or an onsite review.

**Good cause** - Barriers that prevent a program from coming into compliance with accreditation requirements that are beyond control of the program. Examples are a natural disaster such as flooding that destroyed records or inability to hire a faculty member following good faith efforts.

**Graduate degrees for CRNAs** - A degree awarded to a Certified Registered Nurse Anesthetist (CRNA) that is commonly known as a completion degree. The CRNA has fulfilled the requirements for a master's degree, practice-oriented doctoral degree, or research-oriented doctoral degree. The primary purpose of the graduate degree is to enable the CRNA to complete additional study and coursework beyond those required for graduation from a nurse anesthesia program and entry into practice as a nurse anesthetist. The curriculum for a graduate degree for CRNAs is similar to the requirements for an equivalent degree that prepares registered nurses for entry into nurse anesthesia practice. The length of study is generally shorter depending on the amount of advanced standing or transfer credits awarded by the degree-granting institution.

**Graduate employment rate** - Graduate employment is defined as occupational engagement in, or an offer of occupational engagement in, any setting that requires performance of duties within the scope of practice of the Certified Registered Nurse Anesthetist (CRNA) as a condition of employment.

**Healthcare administrator director** - The Council elects one representative of healthcare administration who has direct interaction with a nurse anesthesia program.

**HIPAA** - Health Insurance Portability and Accountability Act of 1996. The U.S. Department of Health and Human Services established the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) to implement the privacy requirement of HIPAA. The Privacy Rule standards address the use and disclosure of individuals' health information, called protected health information (PHI).

**Identity of a distance education student:** Verification that the student who participates in class or course work is the same student who registers, completes the course and receives credit for the course. A program is expected to have security mechanisms such as identification numbers or other pass code information in place and to use them each time a student participates online. Other methods may include, but are not limited to, proctored exams or new or other technologies and practices that are effective in verifying student identity.

**Inactive clinical site** - A clinical site that has not had students involved in clinical education at the site for 36 months or longer.

**Independence (of a branch campus)** - A branch campus is considered to be independent of the main campus if the location (1) is permanent in nature; (2) offers courses in educational programs that lead to a degree or certificate; (3) has its own faculty and administrative or supervisory organization; and (4) has its own budgetary and hiring authority.

**Indicators of success** - Documentation of student achievement and attainment of a program's established outcome criteria. For examples of such indicators, refer to the policy Plans for Purposeful Change and Needed Improvement.

**Innovative curriculum/program** - A new or creative way to introduce a curriculum or program that may become permanent. Programs that are developed to prepare broad-based, competent nurse anesthetists but do not necessarily comply with Council's requirements pertaining to specific class hours or the details of the practical experiences.

**Institution** - A senior college or university, hospital, corporation, or other entity with an appropriate state license or a government-sponsored agency involved in the conduct of a nurse anesthesia educational program. An educational institution that is accredited in its entirety (as a whole), including nurse anesthesia certificate programs and single-purpose institutions.

**Institutional accreditation** - Accreditation that is awarded by the Council to an institution in its entirety (as a whole).

**Involuntary closure** - A decision made by the Council to revoke accreditation of a nurse anesthesia program.

**Jointly controlled program** - An arrangement wherein more than one entity, such as a hospital and a university, share control of an educational program.

**Major programmatic change** - Change that has a significant effect on the structure, operation, or educational offerings of a program. Refer to the policy Major Programmatic Change for types of these changes.

**Major (substantive) revisions of the standards** - Revisions that may affect the nature of the educational program, its mission and objectives, and the allocation of its resources.

**Master's degree** - A degree that qualifies a graduate to write the National Certification Examination by virtue of having graduated from an accredited nurse anesthesia program. The primary purpose of the master's degree is to prepare registered nurses for professional practice as nurse anesthetists. The curriculum is a minimum of 24 calendar months of full-time study past the baccalaureate degree, or longer if there are periods of part-time study. The Master of Science in Nursing (MSN) and Master of Science (MS) in anesthesia are examples.

**Minor (limited) revisions of the standards** - Revisions that address quantitative issues and do not affect the nature of institutions under the authority of the Council, their mission, objectives, or the allocation of resources. The communities of interest should be notified of minor (limited) revisions to the standards, and guidelines and comments should be solicited, but a full hearing need not be invoked.

**NCE average pass rate:** For purposes of the Certification Examination policy, the percent of graduates writing the NCE administered by the NBCRNA who received passing scores on their first attempt.

**New program** - A program that results from one or more of the following: (1) the control of the program is transferred to an entirely different conducting institution. (2) substantial curricular changes are planned that were not in effect at the time accreditation was awarded. (3) the Council determines that reorganization of the program is substantial enough to warrant its capability review as a new program.

**Nondiscriminatory practice** - Nondiscriminatory practice is the practice of treating all individuals, including applicants, without regard to race, color, national origin, gender, marital status, sexual orientation, religion, age or disability, consistent with law. Although an applicant should not be required to provide information regarding any protected characteristics, he or she can provide such information on a voluntary basis. An applicant may be asked if he or she can perform the essential tasks or functions of a nurse anesthetist.

**Observer** - An individual who has been approved by the program to accompany the onsite reviewers to the program and observe during the onsite review. Examples of observers include representatives of the Council and representatives of the community of interest within the healthcare field.

**Onsite review** - Review by an onsite review team of the Council to evaluate a program's degree of compliance with the *Standards for Accreditation of Nurse Anesthesia Educational Programs*, as documented by the program in its written self-study. Discussions with faculty, students, and other interested parties are essential to the evaluation process. Any assistance given to the program or its constituents during the onsite review is expected to be offered in a manner that does not obscure the objectivity of the evaluation. In-depth qualitative and quantitative evaluations of the administrative and educational aspects of the program will be obtained.

**Onsite reviewers** - Individuals appointed by the Council to conduct onsite reviews for the Council and nurse anesthesia programs (see Onsite Reviewers: Application and Appointment).

**Out-of-cycle review** - Review of program materials, for accreditation decisions or other Council approvals, at the program's request, at any time other than the established COA fall and spring accreditation decision meetings.

**Patient care experiences** - Fellows personally provide care to actual patients in the clinical environment<sup>1</sup> and must include the full range of experiences appropriate to the area of specialty practice or concentration for which fellows are being prepared. Competency determinations must be validated by evaluation of the fellow's performance with patients in the clinical environment.

**Plan of study** - Any curriculum plan that results in the award of a degree or certificate in nurse anesthesia.

**Policies and procedures** - Requirements as printed in the *Accreditation Policies and Procedures* or the *Accreditation Reviewers' Manual*.

**Practice of anesthesia** - Actual administration of anesthesia and performance of related clinical activities; supervision and instruction of students in the administration of anesthesia; and performance of related clinical activities.

**Practice-oriented doctoral degree** - The primary purpose of the practice-oriented doctoral degree is to prepare registered nurses for professional practice as nurse anesthetists who have additional knowledge in an area of academic focus. The curriculum for a practice-oriented

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<sup>1</sup> Does not include simulation or cadaver experiences.

doctoral degree is a minimum of 36 calendar months in length of full-time study, or longer if there are periods of part-time study. The Doctor of Nurse Anesthesia Practice (DNAP) and Doctor of Nursing Practice (DNP) are examples.

**Professional practice** - Service provided to students, patients, and institutions.

**Program** - An educational curriculum that is designed to provide both didactic and clinical components to prepare a competent nurse anesthetist. The word *program* is commonly used for all types of nurse anesthesia schools, including programs and institutions. In the case of a branch campus, program refers to an educational unit within a larger institution such as a university.

**Programmatic accreditation** - Accreditation that is awarded by the Council to an educational unit within a larger institution.

**Program's graduation cohort:** All graduates of a program who took the certification examination within four months of graduation and any first-time takers from previous classes who sat for the examination during the period following the calculation of the program's certification pass rate for the previous year.

**Program's NCE pass rate:** The number of graduates in the cohort who were first-time takers who passed the NCE, divided by the number of first-time takers who took the NCE, multiplied by 100. (For example,  $9/10 \times 100 = 90\%$ ). If a program's pass rate is below the preferred pass rate, the program's pass rate will be recalculated to include graduates in the three most recent cohorts who passed on their first attempts.

**Protected health information** - Individually identifiable health information.

**Public director to the Council** - The Council elects two public directors to represent the consumer perspective. The public directors are elected from a slate of candidates developed by soliciting nominations from service organizations, alumni associations, consumer interest groups, organizations of retired persons, higher education groups, and other similar organizations. The role of the public director is to act as an advocate for the public's interest within the context of Council activities. The combined role of these two public directors is to participate fully in Council deliberations and to curb any tendency of the Council to put professional priorities above the interest of the public in the accreditation process.

**Recognized accrediting agency** - An accrediting agency that is recognized by the U.S. Department of Education as a reliable authority as to the quality of training offered by educational institutions and programs.

**Relevancy** - A determination of whether the accreditation standards and criteria are related to current education and clinical training of nurse anesthetists; a determination of whether the processes used to assess the standards and criteria actually determine their relevancy to the current educational and clinical training of nurse anesthetists.

**Reliability** - A determination of whether accreditation standards and criteria can be used as a consistent basis for determining the educational quality of different programs; a determination of whether the processes used to apply the standards and criteria can be used as a consistent basis for assessing educational quality.

**Required site** - A required site is a primary clinical site that meets one or both of the following criteria: an institution (1) where students receive 50 percent or more of their total clinical experience and/or (2) that is necessary to enable a program to meet the Council's standards.

**Research-oriented doctoral degree** - The primary purposes of the research-oriented doctoral degree are to prepare registered nurses for professional practice as nurse anesthetists and as researchers capable of generating new knowledge and demonstrating scholarly skills. The curriculum for a research-oriented doctoral degree is a minimum of five to seven years in length past the baccalaureate degree or four to five years in length past the master's degree of full-time study, or longer if there are periods of part-time study. The Doctor of Philosophy (PhD) and Doctor of Nursing Science (DNSc) are examples.

**Scholarly work** - The doctoral program culminates with the completion of a scholarly work that demonstrates the ability to translate research findings into practice. This is an opportunity for the student to prepare a substantial final written work product, applicable to nurse anesthesia practice, that reflects the breadth of skills and knowledge the student has gained throughout the program of study. The final written work product may be in the form of a manuscript submitted for publication, a poster presented at a national meeting, design of innovative clinical practice model, or other effective means of dissemination. The structure and process of the scholarly work will vary according to the requirements of the governing institution and conform to accepted educational standards at the practice doctoral level.

**Scope of Council's activity** - Nurse anesthesia programs that prepare graduates for practice at the post-master's certificate, master's, or doctoral degree levels in the United States, its territories, and protectorates.

**Self study** - A written document that represents an honest attempt by the faculty and program to assess its present status and to determine future goals and methods of achieving them. The self-study is based on the Council's *Standards for Accreditation of Nurse Anesthesia Educational Programs* or the *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*.

**Show cause** - A letter from the Council that asks a program to demonstrate why it should not be placed on probation or have its accreditation revoked.

**Single-purpose institution** - A single-purpose institution is recognized as an entity external to a university that offers a program or programs in only one academic area. This is in contrast to a traditional university that offers a variety of programs and comprehensive services to students. An example of a single-purpose institution is a hospital-based nursing program that has been approved by a state authority to award a Master of Science in Nursing degree. Laws governing the existence or operation of single-purpose institutions vary from state to state.

**Sole conducting organization** - The single legal entity (institution or organization) that assumes sole primary responsibility for the conduct of a program, including budgetary support, and is responsible for ensuring that the program has complied with accreditation requirements.

**Solely controlled program** - An arrangement wherein a single entity has control of an educational program.

**Standards** - The *Standards for Accreditation of Nurse Anesthesia Educational Programs* and *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate* contain essential requirements for accredited nurse anesthesia programs related to governance, resources, program of study, program effectiveness, and accountability.

**Student director** - The Council elects one representative who is currently enrolled and actively engaged in an accredited nurse anesthesia educational program who shall serve as a nonvoting director of the Council.

**Summary report** - An oral report given by the onsite reviewer team at the completion of an onsite review. The summary report is intended to be useful to the program in initiating immediate action on any areas identified as requiring improvement. The final version of the summary report is one of several written documents the Council uses in reaching an accreditation decision.

**Teach-out agreements** - Plans for continuing the education of currently enrolled students at another accredited program when a program closes.

**Team onsite reviewers** - Individuals who are either CRNAs, physician anesthesiologists, or non-CRNAs with expertise in areas that may be germane to a specific review (e.g., free standing institution, distance education).

**Testing period:** The time period during which the program's graduation cohort(s) (see above) has taken the NCE as reported by NBCRNA to programs for one calendar year.

**Third party** - A person unrelated to a program as a teacher, administrator, or student, such as an attorney, a complainant, or an advocate.

**Title IV, Higher Education Opportunity Act (HEOA) program requirements** - Federal requirements for programs that participate in student loan programs authorized under Title IV of the Higher Education Opportunity Act, known as Federal Family Education Loan (FFEL) programs. Examples: Federal Stafford Loan, Federal PLUS, Federal Supplemental Loans for Students, and Federal Consolidation Loans.

**Unannounced onsite review** - An onsite review that is conducted without advance notice to the program or within one week of notice.

**University administrator director** - The Council elects one university representative familiar with the accreditation process who has direct or indirect line authority or active involvement in a nurse anesthesia program.

**Validity** - A determination of whether the accreditation standards and criteria actually assess (1) the quality of nurse anesthesia programs and (2) the efforts of a program to improve its quality; a determination of whether the processes used to apply the standards and criteria actually assess the quality of the educational programs and the efforts by a program to improve its quality.

**Voluntary closure** - A decision made by the conducting institution/owner of a nurse anesthesia program to withdraw from accredited status.