

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.¹

¹ 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.

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Change in Control, Ownership, or Conducting Institution

POLICY

A change of control or ownership of a nurse anesthesia program, a single purpose institution, or a conducting institution ~~single purpose institution experiencing a change of control~~ must be reviewed and approved by the Council ~~to determine accreditation status~~ prior to such change being implemented. Failure to obtain prior approval of such change from the Council may result in a lapse of accreditation for the program or institution. 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 (see "Program Closures and Teach-out Plans and Agreements").
 - 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 the 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.

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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~~three 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~~three 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~~three-year deadline.
- f. Consider a request from a program for an extension of the ~~two~~three-year deadline if there is good cause.

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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), including an initial decision that is subject to reconsideration or appeal or a final decision, from the Council has the responsibility to notify its current and prospective students ~~and those accepted for enrollment~~ in writing of that decision within seven business days of receipt of the COA decision letter.

A program that receives an adverse accreditation decision must submit to the COA a teach-out plan and teach-out agreement (see P-1, "Program Closures and Teach-Out Plans and Agreements").

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 within seven business days of receipt of the Council's decision letter.
 - 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 within seven business days of receipt of the COA decision letter.
 - 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), including an initial decision that is subject to reconsideration or appeal and any final decisions, from the Council has the responsibility to notify its ~~applicants-current~~ and prospective fellows in writing of that decision within seven business days of receipt of the notification by the COA Council.
3. A fellowship that receives an adverse accreditation decision must submit to the Council a teach-out plan and teach-out agreement (see F-4, "Fellowship Closures and Teach-Out Agreements").
4. 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.

5. 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 Council's 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.

e.d. The Council will notify the Secretary of the Department of Education, the appropriate state licensing or authorizing agency, and the appropriate accrediting agencies at the same time that it notifies the program of the decision.

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

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

~~f.a. 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.

The following must be accomplished in cases of probation or revocation

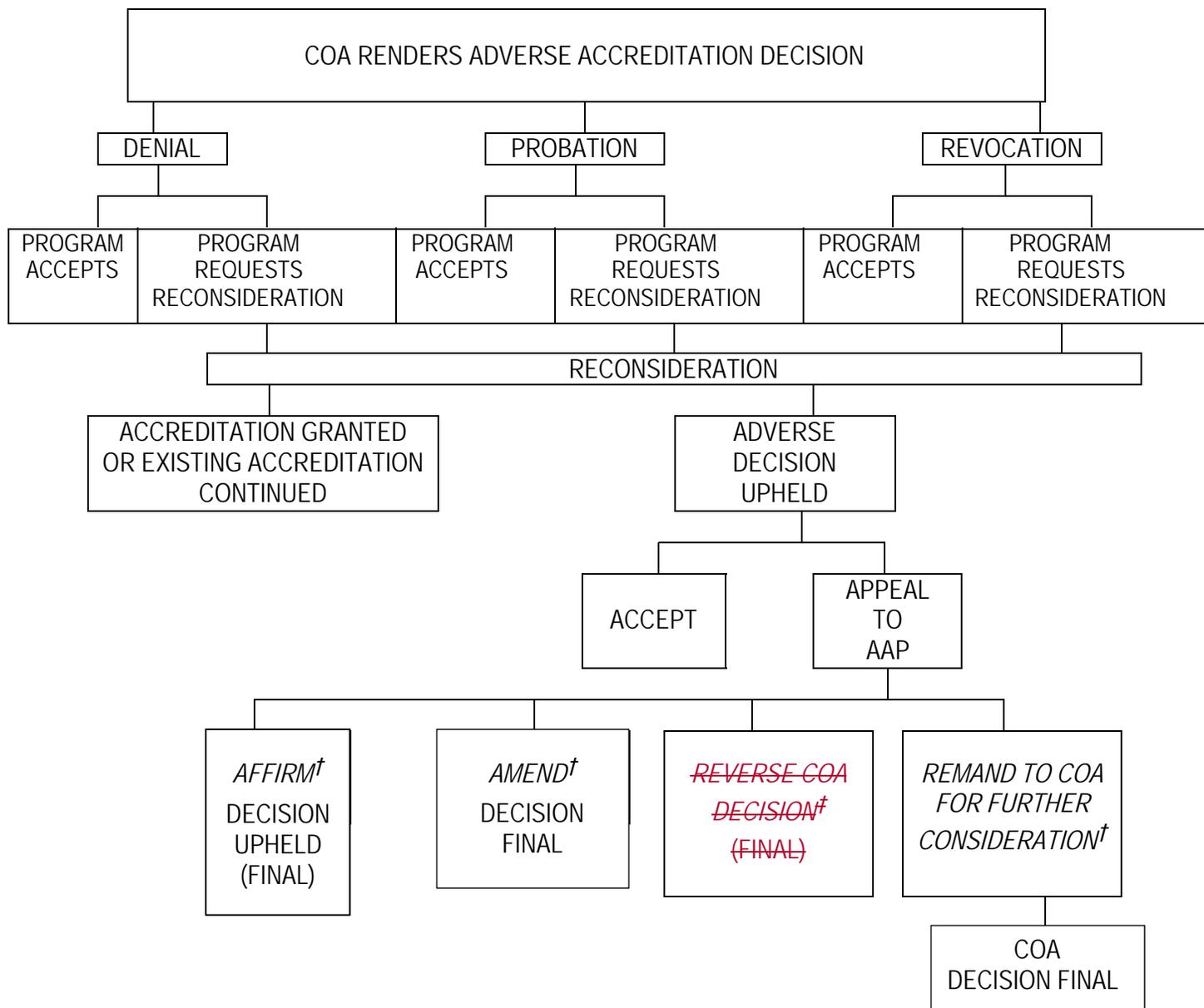
h. Voluntary Withdrawal from Accreditation:

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).

~~Notify Secretary of the Department of Education, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time that it notifies the program of the decision.~~

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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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Fellowship Closures and Teach-Out Agreements and Fellowship Closures

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. Fellowships may also be required to submit teach-out plans and teach-out agreements in circumstances not involving fellowship closures, such as when they are subject to an adverse accreditation decision.

DEFINITION TEACH-OUT PLANS AND AGREEMENTS GENERALLY

1. Teach-out plan: A teach-out plan is a written plan developed by a fellowship that provides for the equitable treatment of fellows if an institution, organization, or fellowship ceases to operate or plans to cease operations before all fellows have completed their program of study. A teach-out plan must contain, at a minimum, the following information; ~~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:~~
 1. An explanation describing reasons for closure, if applicable.
 2. 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:~~
 - ~~1. An explanation describing reasons for closure.~~

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- ~~2. 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:
 - ~~1. An explanation describing reasons for closure.~~
 - ~~2. Notification from the fellowship sponsor stating the date for the last day of operation as an accredited fellowship.~~
 3. A copy of all written notifications 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 to ensure the communications are accurate and consistent.
 - ~~4. A copy of all notifications from the institution about the closure or teach-out options to ensure the communications are accurate.~~
 - ~~5.4. A plan for closure outlining how currently enrolled fellows will be provided with sufficient didactic and clinical experiences to meet accreditation and graduation requirements (including the names of potential teach-out partner institutions, if applicable).~~
 - ~~6.5. A list of current students and the fellowship requirements that each student has completed.~~
 - ~~6. Names of other fellowship providers that could potentially enter into a teach-out agreement with the fellowship.~~
 2. 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 or plans to cease operations before all enrolled fellows have completed the fellowship. 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:
 - ~~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:~~
 - a. Plans for continuing the education of currently enrolled fellows by another fellowship sponsor (including a record retention plan that is provided to all fellows).
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- b. Evidence that the accredited teach-out fellowship has the necessary experience, resources, and support services to:
 - 1) 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; and
 - 2) Remain stable, carry out its mission, and meet all obligations to existing fellows.
 - c. Provisions for currently enrolled fellows, specifying any additional charges (i.e. a clear statement of tuition and fees), 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.
 - d. A list of current fellows and the fellowship requirements that each fellow has completed.
 - e. The number and types of credits the teach-out institution will accept before the fellow enrolls, and a clear statement of the tuition and fees of the fellowship at the teach-out institution.
 - f. A plan to provide all potentially eligible fellows with information about how to obtain a closed school discharge and, if applicable, information on state refund policies.
 - g. A record retention plan to be provided to all enrolled students that delineates the final disposition of teach-out records.
 - d.h. Reference to the location of the teach-out fellowship being as geographically close to the closed fellowship as possible.
 - e.i. Acknowledgement from the accepting fellowship that it agrees to the terms of the teach-out agreement.

~~7. 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.~~

~~8. 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.~~

3. In addition to closures, the Council may require fellowships to submit a teach-out plan (and in some circumstances, a teach-out agreement) for approval in the following circumstances:

- a. The Council acts to place the fellowship on probation or equivalent action (only teach-out plan required).
- b. The Council acts to withdraw, terminate, or suspend the accreditation of the fellowship (teach-out plan and teach-out agreement required).

- c. A state licensing or authorizing agency notifies the Council that the fellowship's license or legal authorization, as applicable, has been or will be revoked (teach-out plan and teach-out agreement required).
4. In addition to closures and the circumstances identified in section 3 above, the Council will also require fellowships that act as single purpose institutions and that are responsible for administering Title IV HEA programs to submit a teach-out plan (and in some circumstances, a teach-out agreement) for approval in the following circumstances:
- a. The U.S. Secretary of Education notifies the Council that the institution is participating in Title IV, HEA programs under a provisional program participation agreement and the U.S. Secretary of Education has required a teach-out plan as a condition of participation (only teach-out plan required).
- b. For a nonprofit or proprietary institution, the U.S. Secretary of Education notifies the Council of a determination by the institution's independent auditor expressing doubt about the institution's ability to operate as a going concern or indicating an adverse opinion or a finding of material weakness related to financial stability (only teach-out plan required).
- c. The U.S. Secretary of Education notifies the Council that the U.S. Secretary of Education 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 (teach-out plan and teach-out agreement required).
- d. The U.S. Secretary of Education notifies the Council that the institution has been placed on reimbursement payment method under 34 C.F.R. 668.162(c) or level 2 heightened cash monitoring requiring the U.S. Secretary of Education's review of the institution's supporting documentation under 34 CFR 668.162(d)(2) (teach-out plan and teach-out agreement required).

CLOSURE 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.
- a.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 and teach-out agreements that have been made among fellowship sponsors for prior approval by the Council, if any.
4. 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.
5. 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.

COUNCIL ACTIONS

- 9.1. In the event of a closure, 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*.
- 10.2. 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:
- a. A determination that fellows will be treated equitably as established by requirements in this policy and procedure.
 - b. Fellows are notified of the circumstances requiring a teach-out plan, including a closure, and additional charges, if any.
 - c. A decision to require a teach-out agreement as part of the teach-out plan (when only a teach-out plan has been submitted).
- 11.3. 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.
- 12.4. In the event of a closure, Determine whether to conduct accreditation reviews that are scheduled between the time of closure notification and the actual closure.
- 13.5. Notify other accrediting agency(s) when a teach-out plan is approved if the fellowship is accredited by other agency(s).

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 and independent 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.

Additional location: A facility that is geographically apart from the main campus of the institution and at which the institution offers at least 50% of a program.

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

- A substantial ~~C~~change in the established mission or objectives of the institution or program.
- Change in the legal status or form of control or ownership of ~~the a~~ conducting institution, a nurse anesthesia program, or a single-purpose 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 (an aggregate change of 25% or more of the clock hours, credit hours, or content of a program since the program's most recent accreditation review).

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- 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.~~
 - Change in the way an institution measures student progress, including whether the institution measures progress in clock hours or credit hours, semesters, trimesters, or quarters, or uses time-based or non-time-based methods.
 - 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 or branch campus at which the institution offers at least 50% of an educational program.
 - The addition of an additional location or 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.

An institution that is currently on probation or subject to other adverse accreditation decision, has been subject to such decisions by the Council over the prior three academic years, or (for single-purpose institutions) is provisionally-certified by the U.S. Department of Education to participate in Title IV student financial aid programs must receive prior COA approval to enter into a written agreement under which a non-Title IV institution or organization offers up to 25% of a program.

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 an [additional location where at least 50% of an educational program is offered or](#) branch campus must also submit the following:
- 1) Provide adequate notice to the Council of the establishment of an [additional location or](#) 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 [additional location or](#) branch campus.
 - e) Plans for regular evaluation of the location.
 - f) Projected revenue, expenditures, and cash flow at the [additional location or](#) branch campus to evidence financial stability.

- g) Operation, management, and physical resources at the additional location or branch campus.
- h) Adequate faculty, facilities, resources and academic and student support services.
- i) Long range planning for any expansion.

3) ~~Completion Complete of~~ a Self Study focusing on the additional location or 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. 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.~~

~~a.b. 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. For requests to enter into a contract under which an institution or organization not certified to participate in the Title IV, HEA programs offers between 25% and 50% of one or more of the accredited institution's programs, the Council will make a decision within 90 days of receipt of a materially complete request unless the Council determines that significant circumstances related to the change require additional review, in which case such review shall be completed within 180 days of the materially complete request.~~

~~b.a. 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 ~~B~~branch ~~C~~ampus or an additional location that is not a branch campus where at least that offers 50% or more of an educational program is offered. 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 ~~b~~Branch ~~c~~ampus or the additional location. 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 an additional location or bBranch 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 01/17/12

Program Closures and Teach-Out Plans and Agreements and Program Closures

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. Programs and institutions may also be required to submit teach-out plans and teach-out agreements in circumstances not involving program closures, such as when they are subject to an adverse accreditation decision.

DEFINITIONS TEACH-OUT PLANS AND AGREEMENTS GENERALLY

1. Teach-out plan:—A teach-out plan is a written plan that developed by an institution or program that provides for the equitable treatment of students if an institution or program ceases to operate or plans to cease operations before all enrolled students have completed their program of study, ~~and may include a teach-out agreement between institutions.~~ A teach-out plan must contain, at a minimum, the following information:

~~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:~~

1. An explanation describing reasons for closure ~~(voluntary closure only), if applicable.~~
2. Notification from the chief executive officer of the conducting institution stating the date for the last day of operation as an accredited institution/program.
3. A copy of all written notifications to current and accepted students and any others, if any, of the date of closure and the authorized accreditation status of the institution/program under which it will operate until closure to ensure the communications are accurate and consistent.
- 3.4. A list of current students and the program requirements that each student has completed.

4.5. A plan for closure outlining how currently enrolled students will be provided with sufficient didactic and clinical experiences to meet accreditation and graduation requirements (including the names of potential teach-out partner institutions, if applicable).

2. 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 or plans to cease operations before all enrolled students have completed the program of study.

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:

~~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:~~

- a. Plans for continuing the education of currently enrolled students at another accredited institution/program (including a record retention plan that is provided to all students).
- b. Evidence that the accredited teach-out institution or program has the necessary experience, resources, and support services to:
 - 1) 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;
 - 2) Remain stable, carry out its mission, and meet all obligations to existing students
- c. Provisions for currently enrolled students, specifying any additional charges (i.e., a clear statement of tuition and fees), 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.
- d. A list of students currently enrolled in the program and program requirements each student has completed.
- e-e. The number and types of credits the teach-out institution will accept before the student enrolls, and a clear statement of the tuition and fees of the program at the teach-out institution.
- f. A plan to provide all potentially eligible students with information about how to obtain a closed school discharge and, if applicable, information on state refund policies.

- g. A record retention plan to be provided to all enrolled students that delineates the final disposition of teach-out records.
- d.h. Reference to the location of the teach-out institution/program being as geographically close to the closed program as possible.
- i. Acknowledgement from the accepting program that it agrees to the terms of the teach-out agreement.

2.3. In addition to closures, the Council may require programs to submit a teach-out plan (and in some circumstances, a teach-out agreement) for approval in the following circumstances:

- ~~5. 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.~~
 - a. The Council acts to place the institution or program on probation or equivalent action (only teach-out plan required).
 - b. The Council acts to revoke the accreditation of the program or institution (teach-out plan and teach-out agreement required).
 - a.c. A state licensing or authorizing agency notifies the Council that the license or legal authorization for either the program or the institution has been or will be revoked (teach-out plan and teach-out agreement required).
- ~~6. 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.~~

3.4. In addition to closures and the circumstances identified in section 3 above, the Council will also require single-purpose institutions and programs responsible for administering Title IV, HEA programs to submit a teach-out plan (and in some circumstances, a teach-out agreement) for approval in the following circumstances:

- ~~7. Single purpose institutions or programs responsible for administering Title IV-HEA programs are required to submit teach-out plans for approval if:~~
 - a. The U.S. Secretary of Education notifies the Council that the institution is participating in Title IV, HEA programs under a provisional program participation agreement and the U.S. Secretary of Education has required a teach-out plan as a condition of participation (only teach-out plan required).
 - b. For a nonprofit or proprietary institution, the U.S. Secretary of Education notifies the Council of a determination by the institution's independent auditor expressing doubt about the institution's ability to operate as a going concern or indicating an adverse opinion or a finding of material weakness related to financial stability (only teach-out plan required).

- c. The U.S. Secretary of Education notifies the Council that the U.S. Secretary of Education 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 institution (teach-out plan and teach-out agreement required).

- d. The U.S. Secretary of Education notifies the Council that the institution has been placed on reimbursement payment method under 34 C.F.R. 668.162(c) or level 2 heightened cash monitoring requiring the U.S. Secretary of Education's review of the institution's supporting documentation under 34 CFR 668.162(d)(2) (teach-out plan and teach-out agreement required). 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.

CLOSURE PROCEDURES

1. Single purpose institutions or programs closing voluntarily and involuntarily are required to submit a written teach-out plan.
2. Submit teach-out agreements that have been made among institutions/programs for prior approval by the Council, if any.
3. 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.
4. 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.

Council actions

COUNCIL ACTIONS

1. In the event of a closure, 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*.
2. 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:
 - a. A determination that students will be treated equitably as established by requirements in this policy and procedure.
 - b. Students are notified of the circumstances requiring a teach-out plan, including a closure, and additional charges, if any.
 - c. A decision to require a teach-out agreement as part of the teach-out plan (when only a teach-out plan has been submitted).
3. 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.
4. ~~Determine~~ In the event of a closure, determine whether to conduct accreditation reviews that are scheduled between the time of closure notification and the actual closure.
5. 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.

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Revised 05/01/13

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 including decision letters, of all final 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.

12) All COA decision letters and formal correspondence sent to the program since the time of its last accreditation review.

13) Student and faculty evaluations of the program conducted by the COA, including but not limited to those collected at the midpoint of the program's accreditation cycle and prior to its current accreditation review.

2. Council actions

- a. Keep current, formal 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 final accreditation decisions, including all adverse actions and correspondence significantly related to those decisions.
 - 3) Final ~~D~~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).

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 current and prospective students with written notice of revocation of accreditation, including initiated revocation actions subject to reconsideration or appeal and final revocation actions, within seven business days of receipt of the final notice from the COA.
- b. Accurately portray the accredited status as being revoked within seven business days of receipt of the notice from the COA.
- 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).
- f.g. A program that receives an initiated revocation decision must submit to the Council a teach-out plan and teach-out agreement (see P-1, "Program Closures and Teach-Out Plans and Agreements" and F-4, "Fellowship Closures and Teach-Out Agreements").

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.~~
- b. Inform the program of the right to have the decision reconsidered and to appeal if the revocation is upheld upon reconsideration.
- c. Notify the Secretary of the Department of Education and other appropriate federal agencies, the appropriate state licensing or authorizing agency, and the appropriate accrediting agencies at the same time that it notifies the program of the decision, whether it is an initiated or final revocation decision.
- d. Provide written notice to the public of a revocation decision, whether it is an initiated or final revocation decision, within one business day of its notice to the institution or program.
- e. Within 60 days of a final revocation decision, provide a brief statement to the Secretary of the Department of Education and other appropriate federal agencies, the appropriate state licensing or authorizing agency, the appropriate accrediting agencies, and the public regarding the reasons for the COA's decision and any official comments from the affected institution or program, or evidence the institution or program has been offered the opportunity to provide official comment.
- e.f. Notify the program that its accreditation status before the revocation decision will remain pending appeal.
- ~~e.g.~~ Invite the program to appear before the Council.
- e.h. 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.
- f.i. Notify the program of ~~all the~~ decision and reason for the decisions within 30 days. All Council correspondence will be sent by e-mail and a hard copy by overnight delivery.
- ~~g.~~ ~~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