

## 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 any submission that includes PHI.

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. Prior to filing a complaint with the Council, the complainant should:
    - 1) Contact the program ~~director~~ administrator or other program official to attempt to resolve the issue.
    - 2) Contact a representative of the conducting institution to attempt to resolve the issue if the issue is not resolved with the program ~~director~~ administrator or program official.
    - 3) Contact the Council only after exhausting any and all internal procedures available 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, 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 to be considered by the Council.

2. Program requirements

- a. Ensure that the COA's mailing address and telephone number are 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~~administrator, 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 (CEO) 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 CEO 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 will only investigate 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. Notice regarding the complaint will be sent to the program within approximately 10 business days of receipt and in accordance with the COA's "Timeline for Complaints Against a Nurse Anesthesia Program" (ref. Appendix).
  - 4) Anonymous complaints will not be considered unless a complaint, written or verbal, suggests a risk of harm to the program ~~director~~administrator, staff, patients, or others (ref. item 1b2 above). The Council's CEO or designee will alert the program ~~director~~administrator to that risk and request that the issue be investigated and that a report of the investigation be sent to the CEO 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~~administrator'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 individuals 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~~administrator, 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 CEO 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 CEO 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 indefinitely 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 indefinitely by the Council.

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

The program should follow these guidelines in maintaining complaint-related files:

- d. Maintain student records related to grievances and litigation indefinitely and in accordance with the COA's “Record Retention” and “Onsite Review” policies.

\*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: 05/27/22; 10/21/16; 05/30/14; 01/25/13

## 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, including those related to complaints submitted against the program since the time of its last accreditation decision (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.<sup>6</sup>

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<sup>6</sup> Not applicable to observations by USDE personnel.

## 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. Onsite reviews are a minimum of two days in length.

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.

Revised: 01/29/22; 10/21/16; 06/03/16

## Material Available for Onsite Review

### POLICY

A variety of material should be made available to the reviewers. While much of this material is expected to be provided by the program prior to or during the onsite review, certain documents will be compiled by the COA into a backup file shared with reviewers in advance of the visit. Materials that would require having students enrolled in the program would not be available for new programs undergoing capability review. For capability reviews, compliance with Standards related to student outcomes will be assessed by determining whether programs have relevant assessment tools, policies, and procedures in place.

### PROCEDURE

#### 1. Program requirements

Suggested materials to be made available to the onsite review team ~~are~~ include (but are not limited to):

- a. Current Self Study
- b. Budget data
- c. Conducting institution(s) statistics and data
- d. Organizational charts
- e. Philosophy and program objectives
- f. Master schedule
- g. Course outlines and objectives
- h. Examinations, testing material, and scholarly works
- i. Current student brochure
- j. Student records (e.g. applications, life support certifications, etc.)
- k. Faculty teaching and time commitment data
- l. Minutes of faculty/committee meetings, specifically documenting program improvement using the ongoing evaluation process
- m. Reports of evaluation conferences
- n. Copies of all summative program review sections of COA Annual Reports since the last onsite review
- o. Student time commitment data

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- p. Published accurate information about the nurse anesthesia program's programmatic accreditation status.
  - q. Published information indicating the specific academic program covered by the accreditation status.
  - r. Example in program documents of where the name, address, telephone number and URL (<https://coacrna.org>) of the Council on Accreditation of Nurse Anesthesia Educational Programs is published.
  - s. Examples of published information for the most recent graduating class including but not limited to:
    - a) attrition.
    - b) employment of graduates within six months of graduation.
    - c) NBCRNA NCE pass rate for first first-time takers (see Glossary "Published Outcomes").
  - t. Student evaluations of the quality of
    - a) courses
    - b) didactic instruction
    - c) clinical sites
    - d) clinical instruction
    - e) teaching and learning environment
    - f) advising/mentorship
    - g) their own achievement (self-evaluation)
    - h) program
    - i) institutional/program resources
    - j) student services
    - k) curriculum
  - u. Faculty evaluations of
    - a) the quality of faculty services offered by the program
    - b) their own contributions to teaching, practice, service, and scholarly activities (self-evaluation)
  - v. Alumni evaluations of the quality of the program and their preparation to enter anesthesia practice (self-evaluation) for the preceding three years
  - w. Employer evaluations for the preceding three years
  - x. Outcome measures of academic quality including:
    - a) student attrition
    - b) NBCRNA NCE pass rates and mean scores
    - c) employment rates
    - d) any other outcome methods of student achievement identified by the program and/or institution (see Glossary "Academic Quality").

y. Documentation related to formal complaints submitted against the nurse anesthesia program (including formal correspondence from the COA)

y.z. Audio taping equipment if applicable

## 2. Council actions

The COA will provide onsite reviewers with the following back-up materials:

- a. Correspondence reaffirming the program's eligibility for accreditation in advance of its current continued or initial accreditation review.
- b. All COA decision letters sent to the program since the time of its last accreditation review.
- c. Student and faculty evaluations collected from the program, including but not limited to those collected at the midpoint of its accreditation cycle and prior to its current accreditation review. For new programs undergoing their first continued accreditation review, the COA will also provide the student and faculty evaluations collected two (2) years after the start of the program's first class of students.
- d. Other documents relevant to the program's accreditation review, including COA correspondence related to formal complaints against the nurse anesthesia program under review.

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Revised 10/18/17

Revised 10/14/15

Revised 1/24/14

# STANDARDS FOR ACCREDITATION OF NURSE ANESTHESIA PROGRAMS

## Practice Doctorate

Approved by the Council on Accreditation of  
Nurse Anesthesia Educational Programs

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- 10. 2. physical resources including facilities, equipment, and supplies
- 10. 3. learning resources including clinical sites, library, and technological access and support
- 10. 4. faculty
- 10. 5. support personnel
- 10. 6. student services (*see Glossary, "Student services"*)
- \* 11. The program seeks Council approval before increasing class size and demonstrates reasonable assurance there are adequate resources as delineated in Standard A.10.
- \* 12. The program is required to act in accordance with the Council's *Accreditation Policies and Procedures*.
- 13. There is evidence that eligibility and certification requirements are maintained by institutions or programs relying on Council's accreditation to participate in Higher Education Opportunity Act, Title IV programs (*see Glossary, "Title IV eligibility"*).

\* Failure to fully comply with one or more of these Standards is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.

**Title IV eligibility** - Title IV Higher Education Opportunity Act (HEOA) federal programs administered by the US Department of Education have a requirement for institutions or programs participating in federally funded programs to be accredited by an institutional accreditor recognized by the US Secretary of Education. Examples of federal programs where accreditation provides a federal link to funding are Direct Loans, Student Aid Programs (Stafford, PLUS, and consolidation loans), and Federal Perkins Loans. Programs (and/or their conducting institutions) relying on the Council's accreditation to participate in Higher Education Opportunity Act, Title IV programs must demonstrate that they have reviewed the default rates in the student loan programs under Title IV of the Higher Education Act, based on the most recent data provided by the U.S. Secretary of Education. These programs' conducting entities must demonstrate compliance with an institution's responsibilities under Title IV of the Higher Education Act, including: results of financial or compliance audits and program reviews and other information that the U.S. Secretary of Education may request. The programs must provide evidence that students are made aware of their ethical responsibility regarding financial assistance they receive from public or private sources.

**Unshared governance** - An unshared governance is a formal arrangement in which 2 or more organizations or institutions are controlled by separate administrative authorities. Written affiliation agreements are necessary between entities that participate in an unshared governance arrangement.

**Wellness and substance use disorder** – Wellness is defined as a positive state of the mind, body, and spirit reflecting a balance of effective adaptation, resilience, and coping mechanisms in personal and professional environments that enhance quality of life. Substance use disorder (SUD), previously known as chemical dependency and often referred to as addiction, is a chronic and progressive disease which threatens physical and mental health and is individually characterized by a multiplicity of behaviors from misuse through dependency/addiction to alcohol and/or drugs (legal and illegal). The wellness/SUD curriculum must be an evidence-based program of study that may include but is not limited to the following five key conceptual components and learning objectives:

1. Importance of wellness to healthcare professionals: Describe the integration of healthy lifestyles, adaptive coping behaviors and tools to prioritize self-care and lessen career stressors. Build awareness of risk factors for substance use and mental health disorder and suicidal ideation. For workplace wellness, introduce conversational strategies for effective communications and the role CRNAs can take in promoting a health work environment.
2. Healthy lifestyles: Describe attitudes, behaviors, and strategies (i.e., healthy nutrition and hydration, exercise, sleep patterns, risk reduction) to support personal and professional well-being, encourage work/life balance, and mitigate physical or mental illness. Describe the effect of self-care as it relates to optimized patient safety.
3. Mental well-being: Describe adaptive behaviors to lessen the intensity of experienced stress and traumas to reduce the potential of unresolved feelings adversely affecting mental health. Discuss positive techniques, such as meditation, deep breathing, and

## 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 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 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 “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 Council's 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. A decision for denial of accreditation is subject to 20 U.S. Code 1099b(e).

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 unresolved Standards).

8 years: Substantial compliance (no unresolved Standards of critical concern).

6 years: Multiple minor deficits exist (no unresolved Standards of critical concern), and/or recently corrected deficiencies exist which require earlier review to determine sustainability of changes, and/or a history of recurrent problems.

4 years: Plans to correct substantial deficits and/or unresolved Standards of critical concern 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 Standards of critical concern 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*. A progress report on areas of partial- or non-compliance will be required for any of the above continued accreditation decisions of less than 10 years in order to ensure that programs are of sufficient quality to achieve their stated objectives for the duration of the accreditation period.

- 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.

A decision for revocation of accreditation is subject to 20 U.S. Code 1099b(e).

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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## 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 and probation 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, d~~Denial or revocation of accreditation.

**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.

## 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. Revocation decisions are subject to the arbitration requirements of 20 U.S. Code 1099b(e).

### 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 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”).
  - g. A program that receives an initiated revocation decision must submit to the Council a teach-out plan and teach-out agreement (see “Program Closures and Teach-Out Plans and Agreements” and “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. 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.
- f. Notify the program that its accreditation status before the revocation decision will remain pending appeal.
- g. Invite the program to appear before the Council.
- h. Announce the revocation of accreditation in the first available edition of the *AANA E-ssentials* and on the COA website after the establishment of the action and all appeals have been exhausted.
- i. Notify the program of the decision and the reason for the decision within 30 days. All Council correspondence will be sent by e-mail and a hard copy 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.

Editorial Revisions: 05/27/22  
Revised: 07/01/20; 05/30/14

## Reconsideration\*

### POLICY

Adverse decisions (i.e., denial or revocation of accreditation) affecting accreditation of a program by the Council are subject to reconsideration and appeal. A program may also request reconsideration of a decision by the Council to place it on probation. The reconsideration process may only occur once prior to initiation of the Council's appeals process for a given adverse action or probation decision (refer "Adverse Decision Accreditation Cycle" chart).

### 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, though disclosure of the initiated decision will be made in accordance with the COA's "Public Disclosure of Accreditation Decisions and Performance Data" policy.

- 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) An audio 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: 7/01/20; 07/26/17; 01/23/15

## 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. Action will be initiated within 12 months to undertake a major revision.
    - 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.

## 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. 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.

### TEACH-OUT PLANS AND AGREEMENTS GENERALLY

1. A teach-out plan is a written plan 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. A teach-out plan must contain, at a minimum, the following information:
  - a. An explanation describing reasons for closure, if applicable.
  - 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 all written notifications to current and accepted students and any others 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.
  - d. A list of current students and the program requirements that each student has completed.
  - e. A plan for closure ~~outlining demonstrating how that~~ currently enrolled students ~~will behave been~~ 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 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:

- 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:
    - 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
  - 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. Documentation must be provided to evidence that students have been provided with a clear statement of any additional charges incurred.
  - d. A list of students currently enrolled in the program and program requirements each student has completed.
  - 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. Documentation must be provided to evidence that students have been provided with information related to transfer credits and tuition/fees 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.
  - 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.
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:
- 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).
  - 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).
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:
- 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

1. In the event of a closure, acknowledge the date of program closure in writing to the program and in the *AANA E-ssentials*. 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. 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.

Revised: 07/01/20; 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. Council directors will dispose of all materials and notes regarding confidential information following the rendering of a final decision on accreditation or other matter.
  - 3) Staff.
  - 4) Selected consultants.
  - 5) Assigned onsite reviewers. As required by policy, onsite reviewers will be required to indicate the method of destruction of all programmatic Self Study documents, review materials, and notes upon receipt of an accreditation decision letter.
  - 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) Initiated ~~or~~ and 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: 05/27/22; 01/20/17

## 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 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 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. In such circumstances, the Council will notify the Secretary of Education, the appropriate accrediting agencies, and the public within 10 business days of receiving notification from the program that it is withdrawing voluntarily from accreditation.
  - 5) A decision by an accredited program to let its accreditation lapse. In such circumstances, the Council will notify the Secretary of Education, the appropriate accrediting agencies, and the public within 10 business days of the date on which accreditation lapses.
  - 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 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.

Revised: 07/01/20; 10/17/14; 05/01/13

## 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 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), 10275 W. Higgins Rd., Suite 906, Rosemont, IL 60018-5603; (224) 275-9130. 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 E-ssentials*.
  - 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 initiated and final decisions on revocation, denial for accreditation, and closures in the *AANA E-ssentials* and on the COA website.
- f. Provide the public with the specific reasons for a final decision of 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) Initiated or Ffinal 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) 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.



- 4) Decision by an accredited program to withdraw voluntarily from the Council's accreditation activity. In such circumstances, the Council will notify the Secretary of Education, the appropriate accrediting agencies, and the public within 10 business days of receiving notification from the program that it is withdrawing voluntarily from accreditation.
  - 5) Decision by an accredited program to allow its present accreditation to lapse. In such circumstances, the Council will notify the Secretary of Education, the appropriate accrediting agencies, and the public within 10 business days of the date on which accreditation lapses.
  - 6) 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: 05/27/22; 07/01/20; 01/20/17; 05/29/15; 10/17/14; 05/01/13; 05/25/11

## Clinical Site Application

Programs are to complete the Clinical Site Application 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 physician 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 Schedule).

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Program Director's Signature

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Date

Editorial Revisions: 05/27/22  
Revised 10/09/20; 05/31/18; 01/17/12