



Accreditation Policies and Procedures

Self Study Workshop

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Conflict of Interest Disclosure Statement

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Accreditation Policies and Procedures Manual - Revised October 2025

- This manual describe the polices and procedures that govern the accreditation of nurse anesthesia programs. Policies and Procedures are an important piece of the accreditation review. The purpose of this manual is to:
 - Establish guidelines for enhancing educational policy
 - To facilitate implementation of the Standards
 - To meet requirements of external agencies such as the Council for Higher Education Accreditation (CHEA) and the U. S. Department of Education (USDE).
 - To safeguard the rights, responsibilities, and interests of students, faculty, administrators, programs, the profession, the public and other members of the community of interest.
- Why do programs have to comply with the COA Policies and Procedure?
 - Standard A.12 states that programs act in accordance with COA's Policies and Procedures for Accreditation.

Policies That May Impact The Self Study - But Not Discussed

- A-10: Appearances Before the Council
- A-14: Appellate Review
- C-15: Complaints Against Nurse Anesthesia Programs
- C-21: Confidentiality and Disclosure of Information
- D-1: Deadline for Compliance with the Standards and Criteria of the COA
- E-1: Eligibility for Accreditation
- G-1: Graduate Employment Rate
- N-2: Notification of the COA's Decisions
- O-8: Onsite Reviewer's Application and Appointment
- P-8: Probation Procedure
- P-12: Program Closures
- P-24: Progress Reports
- P-18: Program Resources and Student Capacity
- S-1: Selection and Election of COA Directors
- T-1: Program Administrator or Assistant Administrator Replacement

***Numbering refers to
the page number in
the Manual***

Policies That Impact The Self Study And Will Be Discussed

- **A-1** Accreditation after Graduation of First Class of Students
- **A-3** Accreditation Review for Established Programs
- **A-2** Accreditation Process for New Programs
- **A-5** Accreditation Process for Established Programs
- **A-27** Attrition Monitoring
- **C-4** Certification Exam
- **C-23** Conflicts of Interest
- **D-3** Decisions for Accreditation
- **H-1** Health Insurance Portability and Accountability Act (HIPAA)
- **O-2** Onsite Review
- **P-27** Public Disclosure of Accreditation Decisions and Performance Data
- **S-6** Self Study

If We Have Time, We Will Look At These Policies...

- A-8 Annual Report
- C-10 Clinical Site – Acquisition
- C-13 Clinical Site Maintenance
- D-13 Distance Education
- F-1 Fees
- M-1 Major Programmatic Change
- P-1 Plans for Purposeful Change and Needed Improvement

Accreditation Review

- When does a new program have to complete a Self Study prior to being awarded accreditation?
- How often must an established programs complete a Self Study?
- The capability review includes a Self Study – is a program awarded accreditation without completion of another Self Study?



COA Policies C-1, A-1 and C-1

- **C-1: Capability Review for Accreditation** - Describes process for an **eligible applicant program** in preparation for accreditation – requires a Self Study and Onsite Visit
- **A-1: Accreditation after Graduation of 1st class of students** - A **new program** must complete a Self Study and host an **onsite review** five years after the admission of its first class of students.
 - Provides time to evaluate the program's degree of success in attaining its educational outcomes and complying with the COA Standards for Accreditation.
- **A-3: Accreditation Review of Established Programs** – **Accredited programs** must undergo a periodic review by the Council to be considered for continued accreditation.
 - Establishes the requirements all programs must meet as part of the Self Study and onsite review process.

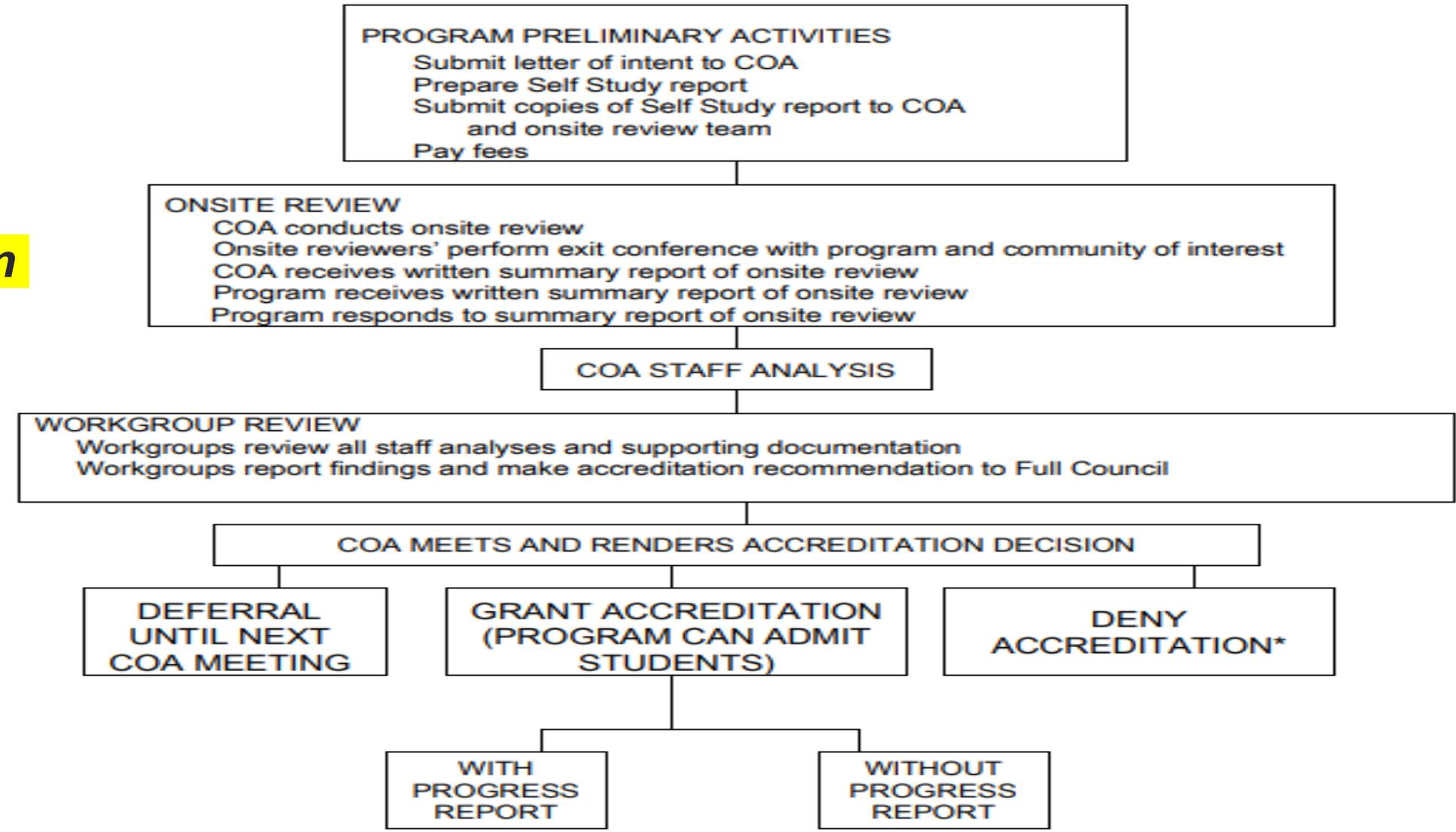
Accreditation Flowcharts: A2, A3, A5



- ▶ Describe the following:
 - Capability Study
 - Accreditation process for a new
 - Accreditation process for an established program
- ▶ When does the program have the opportunity to respond to the onsite reviewer summary report?

Page C-3
Applicant
Program
Capability
Study and
Accreditation
Review

Applicant Program Capability Study and Accreditation Review



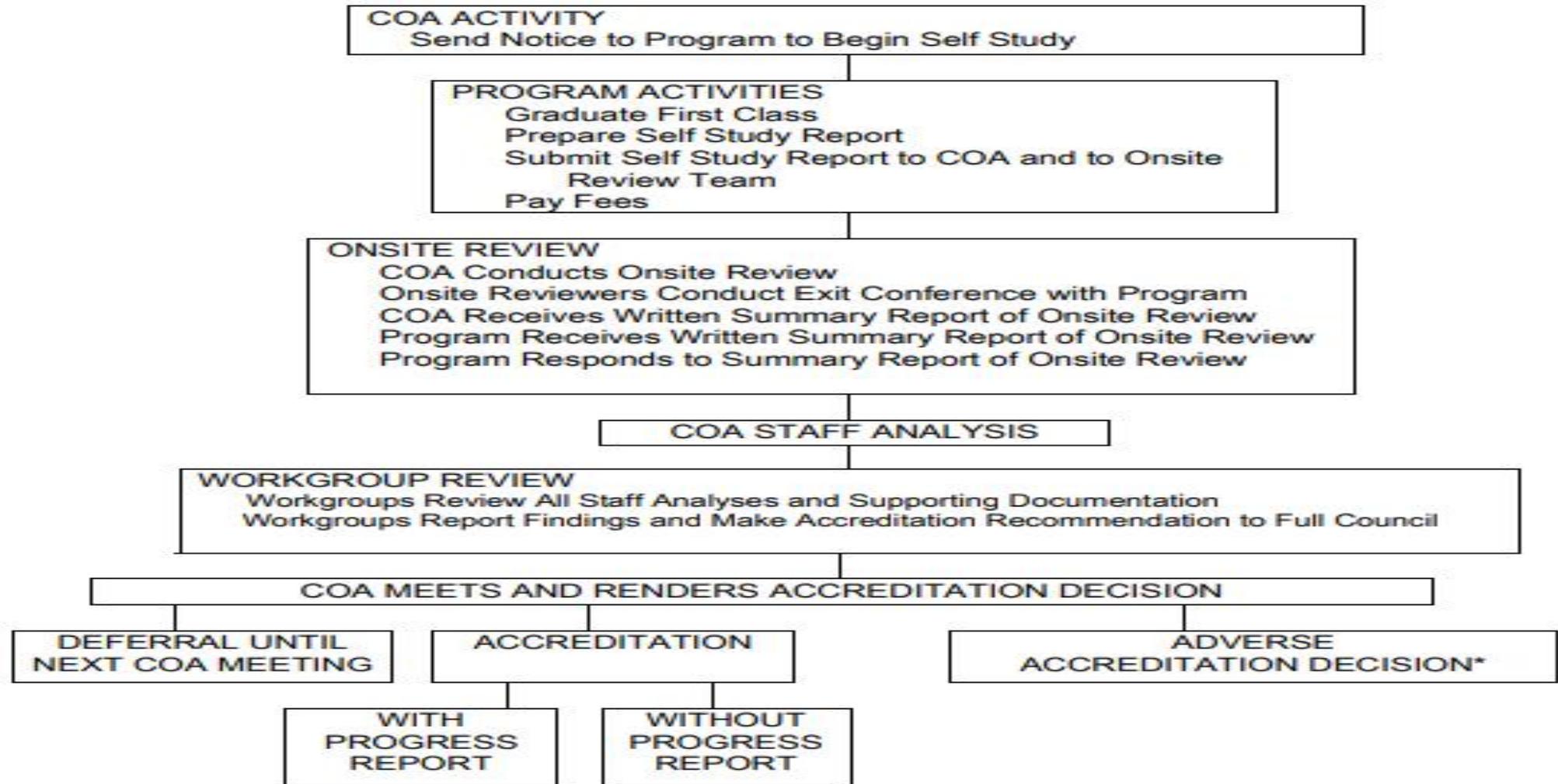
*Refer to "Adverse Decision Cycle" flowchart, D-12.

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



Page A-2
Accreditation
Process for
NEW
Programs

Accreditation Process for New Programs

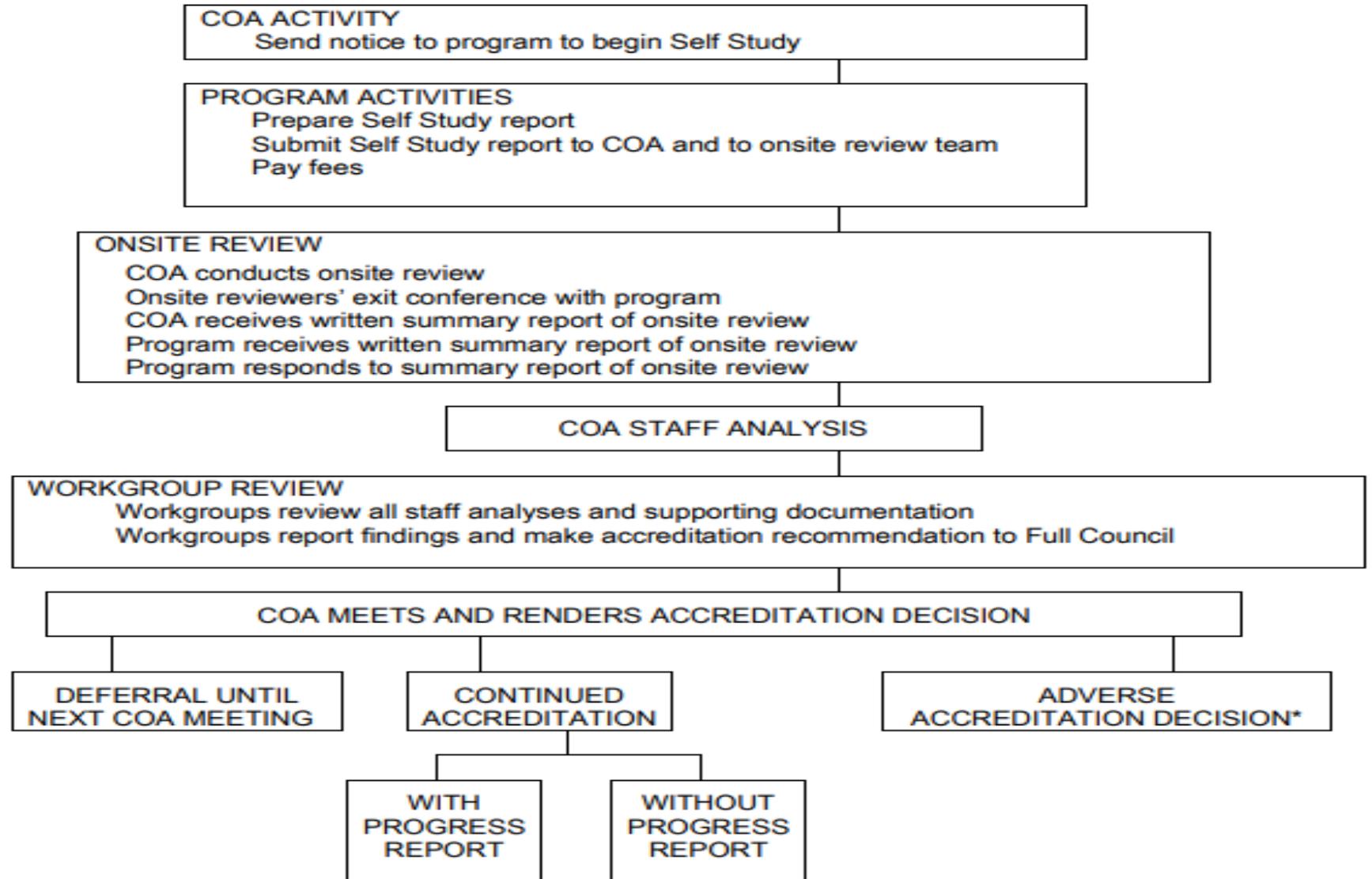


*Refer to "Adverse Decision Cycle" flowchart, D-12.

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Revised 01/24/14

Page A-5
Accreditation
Process for
ESTABLISHED
Programs

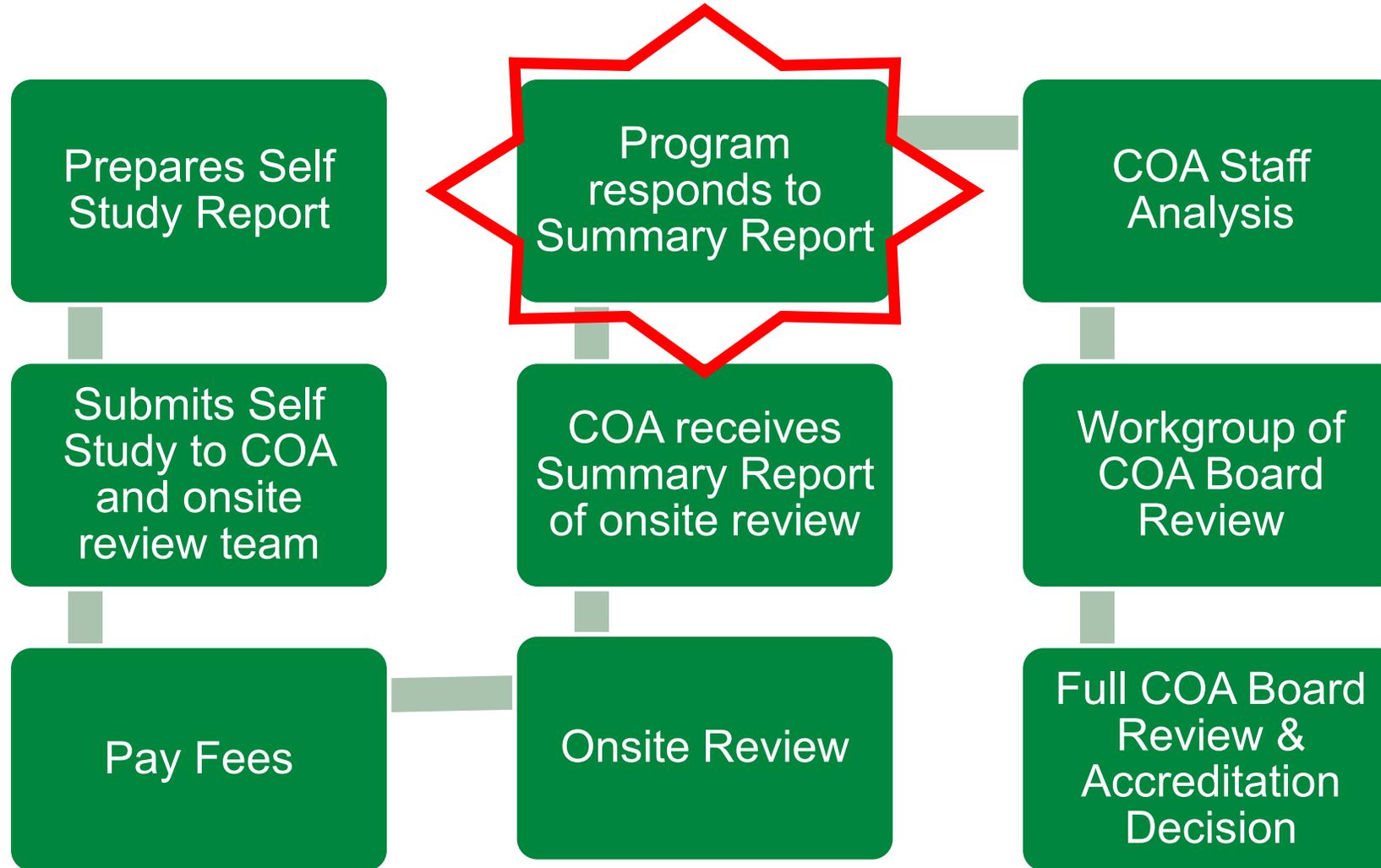
Accreditation Process for Established Programs



*Refer to "Adverse Decision Cycle" flowchart, D-12.

Applies to self studies

Accreditation Process Flowcharts



Attrition Monitoring



- ▶ What % attrition triggers action by the COA?

A-27: Attrition Monitoring

- The COA requires programs to monitor the attrition of all students enrolled in the program.
- **Attrition** – defined as a measure of students no longer enrolled in the program against the number enrolled as reported on the COA's Report.
 - Students no longer enrolled are those that have withdrawn from the program at some point during the reporting year or students withdrawn by the program or institution.
- The program reports attrition on the COA Annual Report
- COA will inquire if over 10% as reported on the annual report.
- The COA reviews attrition rates (Evaluation and Analysis Committee) and takes action as appropriate.
- Average attrition of program is 4 – 5%

C-4 Certification Examination



- ▶ What are the three pass rate methods described in this policy?
- ▶ What must the program publish on its website regarding the pass rate?
- ▶ If a program does not meet the pass rate for a cohort of graduates -what happens before the COA sends the program a show cause letter and the program closes?

C-4: Certification Examination

- Programs must document student achievement in multiple ways.
- The COA believes that one **important measure** of student learning is the ability of graduates to pass the NCE administered by the NBCRNA.
- Each accredited program must demonstrate that graduates take the NCE and pass it in accordance with the COA pass rate requirement.
- COA pass rate requirement is **80%**

C-4: Certification Examination – NCE Pass Rate Calculation

- **Method 1:** The number of graduates in the most recent graduation cohort who passed the NCE on their first attempt.
- **Example:** A program's most recent graduation cohort consists of 10 graduates. To achieve an 80% pass rate, 8 graduates need to pass on 1st attempt:
 - 10 graduates in most recent cohort
 - 8 graduates pass the NCE on first attempt

$$(8 \div 10) \times 100 = 80\%$$

C-4: Certification Examination – NCE Pass Rate Calculation

- **Method 2:** The number of graduates in the three most recent graduation cohorts who passed the NCE on their first attempt.
- **Example:** A programs three most recent graduation cohorts to take the NCE consisted of 12, 15, & 14 graduates (total of 41 test takers). To achieve an 80% pass rate for the program 33 graduates would need to pass on their first attempt.

$$(33 \div 41) \times 100 = 80\%$$

C-4: Certification Examination – NCE Pass Rate Calculation

- **Method 3:** The number of graduates in the most recent graduation cohort who passed the NCE on their first attempt plus the number of graduates who passed on their 2nd attempt within **60 days of program completion**.
- **Example:** A programs most recent graduation cohort who completed the program on June 23. Seven graduates passed on first attempt, three failed (70% 1st time pass rate). Two of the three graduates who failed took the NCE the 2nd time between 6-23 and 8-22 (within 60 days) - 1 passed and 1 failed).

$$[(7 + 1) \div 10] \times 100 = 80\%$$

C-4: Certification Examination

- The policy describes Council actions including consequences of a low pass rate.

C-24: Conflicts of Interest

- The USDE and the CHEA require the development of at clear and effective controls against conflicts of interest or the appearance of conflicts of interest by Council directors, on-Site Reviewers, consultants, administrative staff, or other Council representatives be developed.

Page C-23: Conflicts of Interest

- **Program Requirements:**

- Notify the Council of any perceived conflicts of interest related to the accreditation process.

- **Council Actions:**

- Ensure that **no current Council director** may serve as a consultant to a nurse anesthesia program
- Allow **no current Council director** to serve as an onsite reviewer
- Allow no individual to participate in any accreditation activity related to a program or institution wherein he or she:
 - Graduated
 - Served as a consultant, worked, held practice privileges within past 5 years
 - Participated in an onsite review during past 5 years
 - Possess a pecuniary interest
 - Possess any close personal or professional relationships
 - Holds a position that has duties that compete with the COA
 - Has evidence of a COI including (but not limited to) **residing in same state as the program**

Decisions for Accreditation

- ▶ Are the years of accreditation described on page D-5 a requirement? Or are these guidelines?



D-3: Decisions for Accreditation

- **Accreditation** decisions are based on a program's substantial compliance with the COA standards.
 - Guidelines for Continued Accreditation:
 - **Program Requirements:**
 - **All programs** – Accurately portray COA accreditation decisions
 - **New Programs** – Submit confidential and anonymous student and faculty evaluations 2 years after the 1st cohort starts
 - **Established programs** – Submit confidential and anonymous faculty and student evaluations at the midpoint of its accreditation cycle.
- **The COA may accelerate this time frame at its discretion**
- A program that receives an adverse accreditation decision (denial or revocation) has the responsibility to **notify current students** and **those accepted for enrollment** in writing of the decision within 7 business days of receipt of the letter...

Page D-5: Guidelines

GUIDELINES for Council decisions for established programs and new programs that have graduated the first class of students: ***Continued Accreditation:***

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.

An * in Standards indicates criteria of critical concern = therefore a critical weakness if not met)

Decisions for Accreditation

- ***Continued accreditation with a progress report*** – 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
- ***Show Cause*** – Council may issue a show cause letter
- ***Probation*** – Council may give notice that a program's accreditation is in jeopardy by placing it on probation – probation will not exceed one year
- Revocation of Accreditation

HIPAA

▶ How could the COA be exposed to protected health information?



H-1: Health Insurance Portability and Accountability Act (HIPAA)

- The privacy rule promulgated by the US Department of HHS under **HIPAA** establishes requirements for “covered entities” to provide accrediting agencies with access to “Protected Health Information” during accreditation activities.
 - The program’s sponsoring institution must take the action necessary to ensure the COA has access to the necessary information to perform its accreditation function and will make arrangements with clinical sites to ensure COA reviewers access to the sites.
 - Program administrator will maintain any and all business associate agreements (BAA) between the COA and the sponsoring institution, co-sponsors, and clinical sites.
 - Programs are charged with maintenance of these agreements and are to make them available to COA reviewers upon site visit and at their request.
 - *An exception to the above program requirements – the COA has executed a separate BAA with the US Dept of Defense (DOD) that encompasses all DOD facilities

M-7 Material Available for Onsite Review

- A variety of material should be made available to 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 the reviewers in advance of the visit.
- Refer to this policy for materials to be made available to the onsite review team.

M-1 Materials Available for Onsite Review

- Current Self Study
- Budget data
- Conducting institution stats and data
- Organizational charts
- Philosophy & objectives
- Master schedule
- Course outlines & objectives
- Exams & testing material, and scholarly works
- Current student brochure
- Student records
- Faculty teaching & time commitment
- Minutes of faculty/committee meetings (program improvement)
- Reports of evaluation conferences
- Annual reports since last OSR
- Student time commitment data
- Published accurate information about program's accreditation status and reference to COA
- COA url published in program docs
- Published info for most recent graduating class
- Student/Faculty evaluations
- Alumni/Employer evals
- Outcome measures of academic quality
- Documentation related to formal complaints against program

O-2: Onsite Review

- Policy covers assignment of reviewers to conduct onsite reviews of accredited programs for the purpose of amplifying, clarifying, and verifying the Self Study.
 - Reviewer substitution
 - Honest
 - People and material available
 - Third party present (unusual)
 - Attendance at faculty conferences
 - Demonstrate compliance
- Covered in the presentation about the Onsite Visit.

Public Disclosure

- ▶ What needs to be published on the program's website?



P-27: Public Disclosure of Accreditation Decisions and Performance Data

Minimum information which must be published on program's website:

- 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.

Self Study

▶ Who is the audience reading a Self Study?



S-6: Self Study

- Programs are required to complete a **Self Study** as requested by the Council for the purpose of measuring their progress toward complying with established program objectives and the requirements in the *Standards*.

About these policies...

- A-8 Annual Report
- C-10 Clinical Site – Acquisition
- C-13 Clinical Site Maintenance
- D-13 Distance Education
- F-1 Fees
- M-1 Major Programmatic Change
- P-1 Plans for Purposeful Change and Needed Improvement

Annual Report

▶ What relationship does the annual report have to the Self Study?



A-8: Annual Report

- All nurse anesthesia programs must submit an annual report to the council.
- Program submits yearly and have copies of past annual reports during the onsite review.
- The COA assesses summative reports during On-Site Review as a way to determine whether programs are in compliance with the Standards and P&P.

Clinical Site - Acquisition

- ▶ What is the difference between a required site and an enrichment site?
- ▶ How simple is obtaining an affiliation agreement?



Page C-10: Clinical Sites – Acquisition

Page C-13: Clinical Sites-Maintenance

- Refer to the policies
- Note:
 - Difference between a required and enrichment site
 - Difference between active, inactive, discontinued site
 - What program officials can do site visits
 - Frequency of site visits

Conflicts of Interest



- ▶ The onsite reviewer lives in Maryland. Can that person review the program at Johns Hopkins University?

D-13 Distance Education



- ▶ A course is only taught online. How does the program compare outcomes of students in this course to the same course taught face-to-face? (The course is not taught face-to-face!)
- ▶ Note: **Standard E.7.** Distance education programs and courses satisfy accreditation standards and achieve the same outcomes as traditional educational offerings.

D-13: Distance Education

- Refer to the policy, especially about the definitions of distance course and distance course.
- If a course is offered only online, there is no face-to-face section to compare outcomes.
- The program should report indicators of success of students in the online course such as grades and student evaluations of the course.

Fees

▶ What are the fees are required for initial accreditation?



F-1: Fees

- Refer to the policy
- There are various fees:
 - Initial application – new program
 - Onsite Visits – administrative fee for Onsite Visits
 - Actual expenses of onsite reviewers
 - Others – doctoral offerings, distance ed, clinical sites, out-of-cycle review
 - Annual fees based on enrollment

Major Programmatic Change

- ▶ A program is undecided if a program change constitutes a major programmatic change. What should the program do?



M-1: Major Programmatic Change

- Refer to the policy.
- Ask the program specialist if the planned change will require a major programmatic change submission.

Plans for change



- ▶ What are some indicators of success?

P-1: Plans for Purposeful Change and Needed Improvement

- The Council expects programs to be proactive in planning, implementing, and sustaining purposeful change that improves student achievement and ensures the long-range viability of the program. The Council judges a program's success with respect to student achievement and program effectiveness during programmatic review. Measurement of **indicators of success** is important. [See page P-1](#)
- In January 2015, the policy was revised to state that planned programmatic changes should be based ***on causal analysis***. Additionally, programs must now identify and put in place resources to implement changes within an identified timeframe.

Questions?

