Clinical Sites - Acquisition

POLICY

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

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

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

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

PROCEDURE

1. Program requirements

   a. Complete the Clinical Site Application form in the program's COAccess portal. The completed application must be supported by the following:

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

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

         a. Identification of the purpose/objectives/outcomes of the rotation.

         b. Meeting with department chair or ~~his/her~~their designee, if applicable.

c. Meeting with representatives of the clinical faculty.

d. Review of facilities, including tour of anesthetizing locations.

e. Discussion of program policies that would impact students while there on rotation (e.g., supervision and evaluation policies).

2) A signed affiliation agreement between the program and the clinical site/facility.

3) If any other nurse anesthesia educational programs utilize the site the program is applying for, the applicant program[3] must provide documentation (e.g., certified mail receipt, FedEx receipt, email correspondence, or the other programs' written responses) affirming that all other nurse anesthesia programs affiliated with the site have been notified of the applicant's intent to send students to the site. For applicant programs seeking initial accreditation, this notification must be made in accordance with the COA's "Eligibility for Accreditation" policy[4].

b. Only fully completed applications with all supporting documentation will be reviewed.

c. ~~A~~ The application fee must be paid ~~for each clinical site requested must be submitted to the COA with the fully completed application~~ in order for the review process to be initiated (see "Fee Schedule").

2. Chief Executive Officer's actions

a. Upon review of the completed application, the Chief Executive Officer or designee will provide preliminary approval. Approval by the Chief Executive Officer or designee will allow the program to temporarily place students at the clinical site pending final Council action/decision at their next regularly scheduled meeting. Programs can expect a decision regarding preliminary approval of their clinical site from the Chief Executive Officer or designee within 45 business days of receipt of the fully completed application which includes receipt of payment.

b. If the program requires an expedited decision, the Chief Executive Officer or

[3] In regard to policy item 1a3, 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. Although not required to submit clinical site applications for Council approval, accredited fellowships must document that they have notified any other nurse anesthesia programs or post-graduate CRNA fellowships already using a clinical site of their intent to use the site for fellowship experiences. Nurse anesthesia programs must provide notification of their intent to use a clinical site for student rotations not only to other nurse anesthesia programs, but to accredited post-graduate CRNA fellowships as well.

[4] Effective January 29, 2022.

designee will review the application within 15 business days of the Council's receipt of the fully completed application which includes receipt of payment. Approval by the Chief Executive Officer or designee will allow the program to temporarily place students at the clinical site pending final Council action/decision at their next regularly scheduled meeting. Programs can expect a decision regarding expedited preliminary approval of their clinical site from the Chief Executive Officer or designee within 15 business days of the Council's receipt of the fully completed application.

c. ~~A~~ The application fee must be paid ~~for each clinical site requested must be included with the fully completed application~~ in order for the ~~expedited~~ review process to be initiated (see "Fee Schedule").

3. Council's actions

a. The Chief Executive Officer of the Council or ~~his/her~~their designee will review the outline submitted for preliminary approval and present recommendations to the Council, for final Council action/decision, at the next regularly scheduled Council meeting or as soon as practical after receiving the completed document.

b. The Chief Executive Officer of the Council or ~~his/her~~their designee will determine if the clinical site is a required site, or if it constitutes a major programmatic change. If a new clinical site acquisition is determined to constitute a major programmatic change, the program will be notified and requested to submit additional material, if needed.

c. The Council will review all preliminarily approved clinical sites at its next regularly scheduled meeting. Action may include, but is not limited to, any one or a combination of the following:

1) Approval.

2) Denial.

3) Deferral of action.

4) Full or focused Self Study report.

5) Full or focused onsite review (an onsite review may be conducted on a degree-granting single-purpose institution if the institution has not been reviewed and approved by an institutional accrediting agency or a state agency).

d. If a required site is approved, plan a focused visit, within six months, to the clinical site if the program has:

1) Little experience operating multiple sites, i.e., has a total of three or fewer

existing sites;

2) Not demonstrated, to the Council's satisfaction, that it has a proven record of effective educational oversight of additional sites;

3) Been placed on probation or show cause by the Council or is subject to some limitation by the Council on its accreditation;

4) Experienced rapid growth in the number of additional sites;

5) Change in accreditation status;

6) Request to apply as a new program or as an experimental or innovative program.

e. Notify the program of the Council's decision.

Revised: 06/04/26; 05/27/22; 01/29/22; 10/09/20; 01/19/19; 05/31/18