



Commission on Accreditation of Allied Health Education Programs

Standards and Guidelines *for the Accreditation of Educational Programs in the Emergency Medical Services Professions*

*Essentials/Standards initially adopted in 1978;
revised in 1989, 1999, and 2005*

*Adopted by the
American Ambulance Association
American Academy of Pediatrics
American College of Cardiology Foundation
American College of Emergency Physicians
American College of Osteopathic Emergency Physicians
American College of Surgeons
American Society of Anesthesiologists
Commission on Accreditation of Allied Health Education Programs
International Association of Fire Chiefs
National Association of EMS Physicians
National Association of Emergency Medical Services Educators
National Association of Emergency Medical Technicians
National Association of State Emergency Medical Services Directors
National Registry of Emergency Medical Technicians*

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

These accreditation Standards are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Emergency Medical Services Professions. The accreditation **Standards** therefore constitute the minimum requirements to which an accredited program is held accountable.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in *italic* typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and American Academy of Pediatrics, American College of Cardiology, American College of Emergency Physicians, American College of Osteopathic Emergency Physicians, American College of Surgeons, American Society of Anesthesiologists, National Association of Emergency Medical Services Educators, National Association of Emergency Medical Technicians, National Association of State Emergency Medical Services Directors, and National Registry of Emergency Medical Technicians cooperate to establish, maintain and promote appropriate standards of quality for educational programs in the Emergency Medical Services Professions and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These standards are to be used for the development, evaluation, and self-analysis of Emergency Medical Services Professions programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation **Standards**.

Description of the Emergency Medical Services Professions

The Emergency Medical Services Professions include four levels: EMT-Paramedic, EMT-Intermediate, EMT-Basic, and First Responder. CAAHEP accredits educational programs at the EMT-Paramedic and EMT-Intermediate levels. Programs at the EMT-Basic and First Responder levels may be included as exit points in CAAHEP-accredited EMT-Paramedic and EMT-Intermediate programs. “Stand-alone” EMT-Basic and First Responder programs are reviewed by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

- **Emergency Medical Technician-Paramedic**

Emergency Medical Technician Paramedics have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury. Emergency Medical Technician-Paramedics primarily provide care to emergency patients in an out-of-hospital setting.

Emergency Medical Technician-Paramedics possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. Emergency Medical Technician-Paramedics recognize that they are an essential component of the continuum of care and serve as linkages among health resources.

Emergency Medical Technician-Paramedics strive to maintain high quality, reasonable cost health care by delivering patients directly to appropriate facilities. As an advocate for patients, Emergency Medical Technician-Paramedics seek to be proactive in affecting long term health care by working in conjunction with other provider agencies, networks, and organizations. The emerging roles and responsibilities of the Emergency Medical Technician-Paramedic include public education, health promotion, and participation in injury and illness prevention programs. As the scope of service continues to expand, the Emergency Medical Technician-Paramedic will function as a facilitator of access to care, as well as an initial treatment provider.

Emergency Medical Technician-Paramedics are responsible and accountable to medical direction, the public, and their peers. Emergency Medical Technician-Paramedics recognize the importance of research and actively participate in the design, development, evaluation and publication of research. Emergency Medical Technician-Paramedics seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

- **Emergency Medical Technician-Intermediate**

EMT-Intermediates have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury for emergency patients in the out-of-hospital setting.

EMT-Intermediates possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. EMT-Intermediates recognize that they are an essential component of the continuum of care and serve as a link for emergency patients to acute care resources.

The primary roles and responsibilities of EMT-Intermediates are to maintain high quality, out-of-hospital emergency care. Ancillary roles of the EMT-Intermediate may include public education and health promotion programs as deemed appropriate by the community.

EMT-Intermediates are responsible and accountable to medical direction, the public, and their peers. EMT-Intermediates recognize the importance of research. EMT-Intermediates seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

- **Emergency Medical Technician-Basic**

EMT-Basics have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury for emergency patients in the out-of-hospital setting.

EMT-Basics possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. EMT-Basics recognize that they are an essential component of the continuum of care and serve as a link for emergency patients to acute care resources.

The primary roles and responsibilities of EMT-Basics are to maintain high quality, out-of-hospital emergency care. Ancillary roles of the EMT-Basic may include public education and health promotion programs as deemed appropriate by the community.

EMT-Basics are responsible and accountable to medical direction, the public, and their peers. EMT-Basics recognize the importance of research. EMT-Basics seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

- **First Responder**

First Responders have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury for emergency patients in the out-of-hospital setting.

First Responders possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. First Responders recognize that they are an essential component of the continuum of care and serve as a link for emergency patients to acute care resources.

The primary roles and responsibilities of First Responders are to maintain high quality, out-of-hospital emergency care. Ancillary roles of the First Responder may include public education and health promotion programs as deemed appropriate by the community.

First Responders are responsible and accountable to medical direction, the public, and their peers. First Responders recognize the importance of research. First Responders seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

I. Sponsorship

A. Sponsoring Institution

A sponsoring institution must be at least one of the following:

1. A post-secondary academic institution accredited by an institutional accrediting agency or equivalent that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a post-secondary program or to approve college credit, which awards a minimum of a certificate at the completion of the program.
2. A foreign post-secondary academic institution acceptable to CAAHEP.
3. A hospital, clinic or medical center accredited by a healthcare accrediting agency or equivalent that is recognized by the U.S. Department of Health and Human Services, and authorized under applicable law or other acceptable authority to provide healthcare, which is affiliated with an accredited post-secondary educational institution or equivalent or an accredited graduate medical education program, which awards a minimum of a certificate at the completion of the program.
4. A branch of the U.S. Armed Forces or other governmental educational or medical service, which is affiliated with an accredited post-secondary educational institution or equivalent that is authorized under applicable law or other acceptable authority to provide a post-secondary educational program which awards a minimum of a certificate at the completion of the program, or a national organization authorized under applicable law or other acceptable authority to approve college credit.

B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I, A.
2. The responsibilities of each member of the consortium must be clearly documented as a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

C. Responsibilities of Sponsor

The Sponsor must assure that the provisions of these **Standards** are met.

II. Program Goals

A. Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program include, but are not limited to, students, graduates, faculty, sponsor administration, hospital/clinic representatives, physicians, employers, police and fire services, key governmental officials, the public, and nationally accepted standards for roles and functions.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

B. Appropriateness of Goals and Learning Domains

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of these communities of interest, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

Hospital/clinic representatives should include supervisory and administrative personnel to whom the students or graduates deliver their patients and who provide training sites for students;

Physician representatives should include the emergency physicians to whom students and/or graduates deliver their patients as well as trauma surgeons, internists, cardiologists, pediatricians, and family physicians;

Employer representatives should include employers of the program graduates and the ambulance supervisory personnel and administrative personnel where the students perform internships;

Key governmental official representatives should include state and/or regional training coordinators/field representatives.

C. Minimum Expectations

The program must have the following goal(s) defining minimum expectations:

- Emergency Medical Technician-Paramedic

“To prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains,” with or without exit points at the Emergency Medical Technician-Intermediate, and/or Emergency Medical Technician-Basic, and/or First Responder levels.

- Emergency Medical Technician-Intermediate

“To prepare competent entry-level Emergency Medical Technician-Intermediates in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains,” with or without exit points at the Emergency Medical Technician-Basic and/or First Responder levels.

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

Programs not offering Associate’s or Bachelor’s degrees are encouraged to establish articulation agreements that provide for maximum transfer of clinical and clinically related coursework. Coursework in general education, social sciences, and health sciences should parallel coursework offered in colleges and universities.

III. Resources

A. Type and Amount

1. Program Resources

Program resources must be sufficient to ensure the achievement of the program’s goals and outcomes. Resources include, but are not limited to: faculty, clerical/support staff, curriculum, finances, classroom/laboratory facilities, ancillary student facilities, hospital/clinical affiliations, field/internship affiliations, equipment/supplies, computer resources, instructional reference materials, and faculty/staff continuing education.

For most programs, there should be a full-time clerical position that reports to the program director.

Instructional aids may include clinical specimens, documents and related materials, reference materials, equipment, and demonstration aids

2. Hospital/Clinical Affiliations and Field/Internship Affiliations

For all affiliations students shall have access to adequate numbers of patients, proportionally distributed by illness, injury, gender, age, and common problems encountered in the delivery of emergency care appropriate to the level of the Emergency Medical Services Profession(s) for which training is being offered.

Hospital/clinical experiences of the program should include the operating room, recovery room, intensive care unit, coronary care unit, labor and delivery room, pediatrics, and emergency department, and include exposure to an adequate number of pediatric, obstetric, psychiatric, and geriatric patients.

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program’s stated goals and outcomes.

1. Program Director

a. Responsibilities

The program director must be responsible for all aspects of the program, including, but not limited to:

- 1) the administration, organization, and supervision of the educational program,
- 2) the continuous quality review and improvement of the educational program,
- 3) long range planning and ongoing development of the program,
- 4) the effectiveness of the program and have systems in place to demonstrate the effectiveness of the program,

- 5) cooperative involvement with the medical director,
- 6) adequate controls to assure the quality of the delegated responsibilities.

b. Qualifications

The program director must:

- 1) possess a minimum of an Associate's degree for Emergency Medical Technician-Intermediate and a minimum of a Bachelor's degree for Emergency Medical Technician-Paramedic from a regionally accredited institution of higher education,

The program director should possess a Bachelor's degree or higher for Emergency Medical Technician-Intermediate and a Master's degree or higher degree for Emergency Medical Technician-Paramedic from a regionally accredited institution of higher education.

- 2) have appropriate medical or allied health education, training, and experience,
- 3) be knowledgeable about methods of instruction, testing and evaluation of students,
- 4) have field experience in the delivery of out-of-hospital emergency care,
- 5) have academic training and preparation related to emergency medical services at least equivalent to that of program graduates,

The program director should be currently certified in the United States to practice out-of-hospital care and currently certified by a nationally recognized certifying organization at an equal or higher level of professional training than that for which training is being offered.

- 6) be knowledgeable concerning current national curricula, national accreditation, national registration, and the requirements for state certification or licensure.

2. Medical Director

a. Responsibilities

The medical director must be responsible for all medical aspects of the program, including but not limited to:

- 1) review and approval of the educational content of the program curriculum to certify its ongoing appropriateness and medical accuracy,
- 2) review and approval of the quality of medical instruction, supervision, and evaluation of the students in all areas of the program,
- 3) review and approval of the progress of each student throughout the program and assist in the development of appropriate corrective measures when a student does not show adequate progress,
- 4) assurance of the competence of each graduate of the program in the cognitive, psychomotor, and affective domains,
- 5) responsibility for cooperative involvement with the program director,
- 6) adequate controls to assure the quality of the delegated responsibilities.

For most programs, the medical director should commit a significant amount of time to the program, for which appropriate compensation is often necessary.

b. Qualifications

The medical director must:

- 1) be a physician currently licensed to practice medicine within the United States and currently authorized to practice within the geographic area served by the program, with experience and current knowledge of emergency care of acutely ill and injured patients,
- 2) have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care,
- 3) be an active member of the local medical community and participate in professional activities related to out-of-hospital care,
- 4) be knowledgeable about the education of the Emergency Medical Services Professions, including professional, legislative and regulatory issues regarding the education of the Emergency Medical Services Professions.

3. Faculty

a. Responsibilities

In each location where students are assigned for didactic or clinical instruction or supervised practice, there must be instructional faculty designated to coordinate supervision and provide frequent assessments of the students' progress in achieving acceptable program requirements.

b. Qualifications

The faculty must be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training and experience to teach the courses or topics to which they are assigned.

For most programs, there should be a faculty member to assist in teaching and/or clinical coordination in addition to the program director. The faculty member should be certified by a nationally recognized certifying organization at an equal or higher level of professional training than the Emergency Medical Services Profession(s) for which training is being offered.

C. Curriculum

1. The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, clinical, and field/internship activities. Instruction must be based on clearly written course syllabi describing learning goals, course objectives, and competencies required for graduation.

The program must demonstrate by comparison that the curriculum offered meets or exceeds the content and competency demands of the latest edition of the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Core Content, Scope of Practice Model, and Education Standards, and the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions Curriculum Supplement.

- *Emergency Medical Technician-Paramedic*

Accredited programs typically range from 1000-1300 clock hours, including the four integrated phases of education (didactic, laboratory, and clinical and field) to cover the stated curriculum. Further pre-requisites and/or co-requisites may be required to address competencies in basic health sciences (Anatomy and Physiology) and in basic academic skills (English and Mathematics) and together with the core content of the Emergency Medical Technician-Basic and Emergency Medical Technician-Paramedic curricula may lead to an academic degree.

- *Emergency Medical Technician-Intermediate*

The current national curriculum recommends 300-400 clock hours, including the four integrated phases of education (didactic, laboratory, and clinical and field) to cover the stated curriculum. Further pre-requisites and /or co-requisites may be required to address competencies in basic health sciences (Anatomy and Physiology) and in basic academic skills (English and Mathematics) and together with the core content of the Emergency Medical Technician-Basic and the Emergency Medical Technician-Intermediate curricula may lead to an academic certificate or degree.

For those programs offering an exit point at the Emergency Medical Technician-Basic level, the current national curriculum for Emergency Medical Technician-Basic recommends 110 clock hours of integrated didactic and laboratory instruction. Clinical/field rotations should be of sufficient length to allow students to interview and assess a minimum of five patients. For those programs offering an exit point at the First Responder level, the current national curriculum for First Responder recommends 40 clock hours of integrated didactic and laboratory instruction. For further details on these curricula, see the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions website at www.CoAEMSP.org.

2. The program must track the number of times each student successfully performs each of the competencies required for the appropriate exit point according to patient age, pathologies, complaint, gender, and interventions.
3. The field internship must provide the student with an opportunity to serve as team leader in a variety of pre-hospital advanced life support emergency medical situations.

Enough of the field internship should occur following the completion of the didactic and clinical phases of the program to assure that the student has achieved the desired didactic and clinical competencies of the curriculum prior to the commencement of the field internship. Some didactic material may be taught concurrent with the field internship.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and Purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

2. Documentation

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

B. Outcomes

1. Outcomes Assessment

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessments include but are not limited to: exit point completion, graduate satisfaction, employer satisfaction, job placement, state licensing examinations and/or national registration.

2. Outcomes Reporting

The program must periodically submit its goal(s), learning domains, evaluation systems (including type, cut score, validity, and reliability), outcomes, its analysis of the outcomes and an appropriate action plan based on the analysis.

Program evaluation should utilize certification examinations developed by an independent national organization that employ cut scores based upon a valid psychometric formula which judges entry level competence and uses practice analysis consistent with the description of the profession. Examinations should be national in scope with uniform passing standards and statistical reports. Cognitive instruments should reflect the Standards for Educational and Psychological Testing of the American Psychological Association. Psychomotor evaluations should be course ending, should be conducted by personnel not directly involved in student education, and should have a defined method of administration well known to students. Affective domain instruments should be approved by the program's communities of interest and should be tied to employer and graduate surveys.

Program evaluation should be a continuing and systematic process with internal and external curriculum validation in consultation with employers, faculty, preceptors, students and graduates. Other dimensions of the program may merit consideration such as the admission criteria and process, the curriculum design, and the purpose and productivity of an advisory committee.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, address and phone number of the accrediting agencies, admissions policies and practices, including technical standards related to the functional job analysis(es) of the Emergency Medical Services Profession(s) for which training is being offered; policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.
3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and graduation, and policies and processes by which students may perform clinical work while enrolled in the program.

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

C. Safeguards

The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded. All activities required in the program must be educational and students must not be substituted for staff.

Medical control/accountability exists when there is unequivocal evidence that Emergency Medical Services Professionals are not operating as independent practitioners, and when Emergency Medical Services Professionals are under direct medical control or in a system utilizing standing orders where timely medical audit and review provide for quality assurance.

D. Student Records

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

E. Substantive Change

The sponsor must report substantive changes as described in Appendix A to CAAHEP/CoAEMSP in a timely manner. Additional substantive changes to be reported to CoAEMSP within the time limits prescribed include: change in program status, sponsorship, or administrative personnel.

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, role, and responsibilities between the sponsor and that entity.

Entities that participate include: hospital/clinical sites and field/internship sites.

APPENDIX A

Application, Maintenance and Administration of Accreditation

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

- a. The chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form and returns it to:

CoAEMSP
 4101 W. Green Oaks Blvd. – Suite 305-599
 Arlington, TX 76016

The “Request for Accreditation Services” form can be obtained from CoAEMSP, CAAHEP, or the CAAHEP website at www.caahep.org.

Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the CoAEMSP. The on-site review will be scheduled in cooperation with the program and once the self-study report has been completed, submitted, and accepted by the CoAEMSP.

2. Applying for Continuing Accreditation

- a. Upon written notice from the CoAEMSP, the chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form, and returns it to:

CoAEMSP
 4101 W. Green Oaks Blvd. – Suite 305-599
 Arlington, TX 76016

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the CoAEMSP.

If it is determined that there were significant concerns with the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the CoAEMSP forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform the CoAEMSP and CAAHEP within a reasonable period of time (as defined by the CoAEMSP and CAAHEP policies) of changes in their chief executive officer, dean of health professions or equivalent position, and required program personnel.
- b. The sponsor must inform CAAHEP and the CoAEMSP of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the CoAEMSP that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The CoAEMSP has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.
- c. The sponsor must promptly inform CAAHEP and the CoAEMSP of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the CoAEMSP in accordance with its policies and procedures. The time between comprehensive reviews is determined by the CoAEMSP and based on the program's on-going compliance with the **Standards**, however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay CoAEMSP and CAAHEP fees within a reasonable period of time, as determined by the CoAEMSP and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, annual reports, etc.) in accordance with CoAEMSP policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a CoAEMSP accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the CoAEMSP.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP-Accredited Program

Voluntary withdrawal of accreditation from CAAHEP may be requested at any time by the chief executive officer or an officially designated representative of the sponsor writing to CAAHEP indicating: the last date of student enrollment, the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP-Accredited Program

Inactive status may be requested from CAAHEP at any time by the chief executive officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the CoAEMSP and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must notify CAAHEP of its intent to do so in writing to both CAAHEP and the CoAEMSP. The sponsor will be notified by the CoAEMSP of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a “Voluntary Withdrawal of Accreditation.”

B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the CoAEMSP forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold accreditation, or withdraw accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the CoAEMSP forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The CoAEMSP reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to confer probationary accreditation is not subject to appeal.

3. Before the CoAEMSP forwards a recommendation to CAAHEP that a program’s accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The CoAEMSP reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the CoAEMSP arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP “Appeal of Adverse Accreditation Actions” is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor’s chief executive officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation **Standards**.

Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.