

# The National Commission on Orthotic and Prosthetic Education ACCREDITATION MANUAL



*This manual contains policies, procedures, and resources related to the CAAHEP/NCOPE accreditation process. Information in these documents is accurate as of April 9, 2023. Please see the CAAHEP and NCOPE Websites for additional guidance and the latest versions of documents/forms referenced within this document.*

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Accreditation Manual  
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# Chapter 1 – Introduction

## **1.1 Authorization**

NCOPE functions as a Committee on Accreditation (CoA) within the Commission on Accreditation of Allied Health Education Programs (CAAHEP) system and adheres to the [CAAHEP Policies and Procedures](#).

## **1.2 NCOPE Functions and Goals**

1. **Program Review:** The primary function of the National Commission on Orthotic and Prosthetic Education (NCOPE) is to assess the merits of applicant educational programs for accreditation by CAAHEP in accordance with the *Standards* and Guidelines for the following professions:
  - Orthotist/Prosthetist
  - Pedorthist
  - Orthotic and Prosthetic Technician
  - Orthotic and Prosthetic Assistant
2. **Educational Outcomes Assessment:** NCOPE is responsible for evaluating and recommending means by which its' collaborating sponsoring organizations may favorably influence the quality and availability of education for the orthotic and prosthetic professions as a service to the public and professions.
3. **Review and revision of CAAHEP *Standards* and Guidelines for Accreditation:** NCOPE conducts periodic reviews of the CAAHEP *Standards* and Guidelines for the Accreditation of Educational Programs in Orthotics and Prosthetics, revising them as necessary.

## **1.3 Principles of Accreditation**

- **Professional Integrity:** NCOPE staff and volunteers including commissioners, board of directors and reviewers adhere to professional integrity in all NCOPE-related activities. All members aim to maintain accountability, impartiality, confidentiality, open communication, transparency of process, fairness and consistency throughout the accreditation process.
- **Advancing Standards:** The Board follows established procedures to obtain input from a broad constituency to ensure the *CAAHEP Education Standards* reflect the current best practices in Orthotics and Prosthetics.
- **Student Advocacy:** The Board strives to protect students by ensuring safe, appropriate and effective learning opportunities.
- **Preserving Autonomy:** In accordance with CAAHEP principles, NCOPE respects the integrity of instructional approaches and strategies and recognizes innovation in orthotic and prosthetic education that achieves the accreditation *Standards*.
- **Continuous Improvement:** NCOPE encourages continuous self-analysis and improvement of orthotic and prosthetic programs by representatives of the institution's administrative staff, teaching faculty, students, governing body and other appropriate constituencies, with the ultimate aim of assuring students of quality

- education and ensuring patients of appropriate orthotic and prosthetic care.
- NCOPE is committed to ongoing evaluations of its policies and procedures for the purpose of continuous improvement.
- *Quality improvement is vital and needs to continue. Above all, higher education must be accountable for student achievement and success. Effective quality review needs to be centered on reliable evidence of what students know and can do (CHEA 2020).*
- **Promoting Success at all Levels:** NCOPE is committed to supporting programs in their efforts to meet the *Standards* for all CAAHEP levels of the O&P profession.
- **Input from all Stakeholders:** The Board acknowledges that varied perspectives are necessary when making decisions. We value the comments, expertise and insights of members of the profession throughout NCOPE activities, such as the development of policies, revision of *Standards* and the accreditation process.

### **1.4 Accreditation Purpose and Benefits**

Accreditation is a system for recognizing educational institutions and professional programs affiliated with those institutions for a level of performance, integrity and quality, which entitles them to the confidence of the educational community and the public they serve. In the United States, this recognition is extended primarily through nongovernmental, voluntary institutional or professional associations. These groups establish criteria for accreditation, arrange site visits, evaluate those institutions and professional programs that desire accredited status, and publicly designate those that meet their criteria.

The system of voluntary non-governmental evaluation, called accreditation, has evolved to promote both regional and national approaches to the determination of educational quality. Although accreditation is basically a private, voluntary process, accrediting decisions are used as a consideration in many formal actions; governmental funding agencies, scholarship commissions, foundations, employers, counselors and potential students. Accrediting bodies have, therefore, come to be viewed as quasi-public entities with certain responsibilities to the many groups, which interact with the educational community.

In America, accreditation at the postsecondary level performs a number of important functions, including the encouragement of efforts toward maximum educational effectiveness. The accrediting process requires institutions and programs to examine their goals, activities and achievements; to consider the expert criticism and suggestions of a visiting team; and to determine internal procedures for action on recommendations from the accrediting body. Since accreditation status is reviewed on a periodic basis, recognized institutions and professional programs are encouraged to maintain continuous self-study and improvement mechanisms.

Throughout the evolution of its procedures, the aims of postsecondary accreditation have been and remain as:

1. Foster excellence in postsecondary education through the development of criteria and guidelines for assessing educational effectiveness.
2. Encourage improvement through continuous self-study and review.
3. Assure the educational community, the public and other agencies, or organizations that an institution or program has clearly defined and appropriate objectives and maintains conditions under which their achievement can reasonably be expected to continue.
4. Provide counsel and assistance to established and developing institutions

- and programs.
5. Endeavor to protect institutions against encroachments which might jeopardize their educational effectiveness or academic freedom (Directory of Recognized Accrediting Bodies, August 1990).

By stating that an institution has met established CAAHEP *Standards*, accreditation provides benefits to:

1. The Public
  - a. An assurance of external evaluation of the institution or program and a finding that there is conformity to general expectations in higher education or the professional field;
  - b. An identification of institutions and programs that have voluntarily undertaken explicit activities directed at improving the quality of the institution and its professional programs and are carrying them out successfully;
  - c. An improvement in the professional services available to the public, as accredited programs modify their requirements to reflect changes in knowledge and practices generally accepted in the field;
  - d. A decreased need for intervention by public agencies in the operations of educational institutions since through accreditation, their institutions are provided privately for the maintenance and enhancement of educational quality.
2. The Students
  - a. An assurance that the educational activities of an accredited institution or program have been found to be satisfactory and therefore meet the needs of students;
  - b. Assistance in the transfer of credits between institutions or in the admission of students to advanced degrees through the general acceptance of credits among accredited institutions when the performance of the student has been satisfactory and the credits to be transferred are appropriate to the receiving institution;
  - c. A prerequisite in many cases for entering a profession.
3. The Profession
  - a. Providing a means for the participation of practitioners in setting the requirements for preparation to enter the profession;
  - b. Contributing to the unity of the professions by bringing together practitioners, teachers and students in an activity directed at improving professional preparation and professional practice (CORPA Policy Statement on The Role and Value of Accreditation, 1982).

4. Commission on Accreditation of Allied Health Education Programs (CAAHEP)
  - a. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) was established as a non-profit agency on July 1, 1994. It is the largest specialized accreditation system in the country, accrediting educational programs in multiple disciplines. Today CAAHEP is a dynamic allied health agency comprised of representatives from professional allied health organizations and related specialty and education groups, including 20-plus Committees on Accreditation (CoAs). These representatives form what is called the Commission.
  - b. NCOPE serves in cooperation with CAAHEP for accreditation of O&P educational programs. NCOPE is a sponsor CoA in the CAAHEP system. Each CoA is comprised of experts who assess applicant programs to ensure they meet the nationally accepted standards that are designed to prepare graduates for entry into the healthcare workforce. The accreditation standards are developed and adopted in collaboration with CAAHEP member-sponsors. Once an applicant program's formal application and CoA review process is complete, the designed CoA forwards program accreditation recommendations to CAAHEP for review. CAAHEP awards accreditation to those programs that meet or exceed the national standards.
  - c. CAAHEP is recognized by the Council for Higher Education Accreditation (CHEA) for accredited programs that result in an associate, baccalaureate or masters degrees.

### **1.5 History of O&P Accreditation**

The American Orthotic and Prosthetic Association (AOPA), founded in 1917, in conjunction with the American Academy of Orthopedic Surgeons, sponsored the creation of the American Board for Certification in Orthotics and Prosthetics, Inc. (ABC) in 1948. The Board was created for the purpose of establishing and maintaining *Standards* for the practice of orthotics and prosthetics.

In 1972 the Educational Accreditation Commission (EAC) was created by ABC. The Commission was established to conform to ABC's need for an institutional accreditation program. A consensus was reached that this would be a useful process for providing guidance to existing schools as well as to new educational institutions that might seek to participate in the training of orthotists and prosthetists. Basic educational *Standards* were developed, and the process of self-accreditation was implemented.

The accreditation process continued under the auspices of ABC until 1988, when AOPA, ABC and the American Academy of Orthotists and Prosthetists (AAOP, or “the Academy”) funded the operations of the EAC equally.

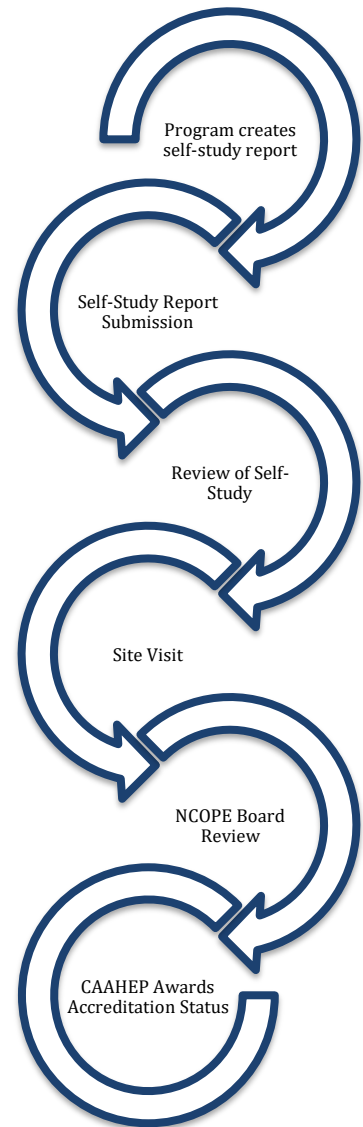
In the spring of 1990, a Task Force was established to review the professions' current educational and accreditation systems. In March of 1991, the Task Force report was presented to the respective organizations (AOPA, ABC and the Academy) and out of the report came the recommendation that the EAC should be a separate, reorganized body with their own administrative bylaws.

In July of 1991, the new Commission met and renamed the organization the National Commission on Orthotic and Prosthetic Education (NCOPE). In 1993, the first set of education Standards were approved under CAAHEP.

## **1.6 Comprehensive Accreditation Review Process**

The accreditation process is continuously evolving. The trend has been from quantitative to qualitative criteria from the early days of simple checklists, to an increasing interest and emphasis on measuring the outcomes of educational experiences. Every five years, CAAHEP accredited O&P programs are re-evaluated for continuing accreditation. The Comprehensive Review includes an external review of the program's self-study report and a site visit. The following list outlines the steps involved in the Comprehensive Accreditation Review.

1. To initiate the accreditation process, the programs completes a Request for Accreditation Services (RAS) through the Commission on Accreditation of Allied Health Education Programs (CAAHEP).
2. Programs complete a self-study of its ability to address the *Standards* for accreditation.
  - The program reviews its annual reports, past self-studies, its mission and goals and its outcomes in relation to the *Standards*.
  - The data are aggregated, evaluated and summarized.
3. Self-Study Submission
  - The program's self-study findings are reported through the online AMP program.
  - NCOPE assigns self-study reviewers based on appropriate COIs.
4. Review of Self-Study
  - Self-study reviewers review the Program's Self-study in relation to the CAAHEP *Standards*.
  - Self-study reviewers submit a report to NCOPE.
  - NCOPE shares the self-study reviewers report with the program.
  - An iterative process may occur if additional documentation is requested.
5. Site Visit
  - Once the self-study has been reviewed by the self-study reviewers, the site visit is scheduled.
  - NCOPE assigns site visitors.
  - Site visitors evaluate the program
    - i. Respond to self-study reviewers report
    - ii. Prepare a site visit report
  - The program reviews the report for factual accuracy.
  - NCOPE sends the Findings Letter to the program.
6. NCOPE Board Review
  - The NCOPE accreditation committee performs an initial review of the documentation to ensure it is complete before the Board of Directors is provided the documentation.
  - NCOPE bases its recommendation to CAAHEP on its review of the self-study, the self-study reviewers report, the site visitors report and the findings letter.
7. CAAHEP awards the accreditation status.





**When does CAAHEP accreditation expire?**

CAAHEP accreditation does not expire. However, there is a time placed on both initial accreditation and continuing accreditation.

- Initial accreditation is valid for 5 years.
- Continuing accreditation is up for renewal every 5 years based upon NCOPE's policy.
  - CAAHEP allows up to 10 years between renewal but defers to the Committee on Accreditation (CoA) to set the timeline for the program levels it oversees.

The Program Director shall find the schedule of self-study deadlines and site visits through the [NCOPE Accreditation Calendar](#).

# Chapter 2 – Policy Statements of the Accreditation Process

## **2.1 Communication and Submission of Reports to the Board**

All CAAHEP accredited programs are expected to prepare reports that adhere to guidelines set forth by the Commission and meet established deadlines for submission of requested information. This section describes the guidelines for communication and submission of reports.

### **2.1.1 Guideline for NCOPE/CAAHEP Communication with Educational Program and Institutional Representatives**

In order to prevent problems related to misunderstanding and/or misinformation, it is the policy of NCOPE that all communications regarding NCOPE Board and/or CAAHEP Commission actions related to the accreditation status shall be presented through official written correspondence.

#### CAAHEP Correspondence

Official notification of accreditation status comes from CAAHEP directly to the program's CEO. Copies are sent to the program director.

- o For action leading to a change in a Program's reaffirmation of accreditation status, letters are addressed to the CEO and copied to the dean, Program Director and NCOPE.
- o For any other Board action that involves or may involve areas of noncompliance with the *Standards* (i.e., Deficiencies), letters are addressed to the CEO and copied to the dean, Program Director and NCOPE.

#### NCOPE Correspondence

All other communication related to accreditation services occur between the Program Director and NCOPE, e.g. accreditation renewal, self-study submission, site visit coordination, etc.

- o For other Board actions that do not directly affect accreditation status, letters are generally addressed to the Program Director.
- o Additional written communication related to procedures and scheduling for the accreditation process is sent directly to the Program Director from NCOPE.

### **2.1.2 Policy and Procedure for Delay of Self-Study**

NCOPE occasionally receives requests for delay of self-study submission. These requests are decided on a case-by-case basis with consideration being given to the following factors:

1. Request for participation in a joint survey.
2. Total interval between site visits if delay is approved.
3. Impact on current students.
4. Frequency/history for requesting delays.
5. Status at last survey and site visit.
6. Changes in program since the last site visit (e.g., level, length, location, faculty).

Procedure for handling a request for a delay of the self-study is as follows:

1. Requests for delay must be submitted in writing no more than 60 days upon notification from NCOPE of self-study due date.
2. The request is placed on the agenda for the next Board meeting and acted on by the entire Board.
3. Until a decision is made by the NCOPE Board, the program must proceed with preparations as though the self-study deadline is as originally scheduled.

### **2.1.3 Policy and Procedure for Delay of Site Visit**

NCOPE occasionally receives requests for delay of a site visit. These requests are decided on a case-by-case basis with consideration being given to the following factors:

1. Request for participation in a joint survey.
2. Total interval between site visits if delay is approved.
3. Impact on current students.
4. Frequency/history for requesting delays.
5. Status at last survey and site visit.
6. Changes in program since the last site visit (e.g., level, length, location).

Whenever possible, rescheduling will be accomplished within the site-visit year rather than postponing to the following year. This provides considerable flexibility in scheduling and is an administrative decision not requiring Board action.

Procedure for handling a request for a delay to the next site-visit year is as follows:

1. Requests for delay must be submitted in writing at least six (6) months prior to the scheduled site visit.
2. The request is placed on the agenda for the next Board meeting and acted on by the entire Board.
3. Until a decision is made by the NCOPE Board, the program must proceed with preparations as though the site visit were occurring as originally scheduled.

### 2.1.4 Policy for Failure to Submit Reports

Timely submission of accreditation reports (i.e. annual reports, self-study reports, progress reports) is critical to provide adequate review time prior to NCOPE action. A due date is established for each accreditation report and provided to the program in writing.

Failure to meet 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.

NCOPE has established the following procedures regarding the failure to submit accreditation reports by the specified due date:

1. When an accreditation report is not received by the specified due date, a warning letter is sent to the Program Director (with a copy to the dean), stating that the *report must be received within 15 working days of the due date* or the program will be placed on Administrative Probationary Accreditation (See **Recognition Status**).
2. If a report is received by NCOPE before the end of the 15-day grace period, receipt of the report is acknowledged by NCOPE and the report is reviewed by the Accreditation Committee at its next scheduled meeting.
3. If a report is not received by 5:00 p.m. on day 15 of the grace period, a recommendation of Administrative Probation may be moved forward to CAAHEP after review by the NCOPE board.
4. Once a delinquent report is received, it is acknowledged by NCOPE and the Administrative Probationary Accreditation status should be removed.

### 2.1.5 Communication about Submission of Reports

#### Submitting reports through the Accreditation Management Portal (AMP)

Annual Reports and Self-Studies are submitted using the NCOPE Accreditation Management Portal (AMP). Upon successful submission, a confirmation screen is shown. Within four hours, a copy of the completed annual report and/or self-study is automatically emailed to the individual identified as the primary contact with AMP.

#### Direct correspondence to NCOPE staff

Regarding direct correspondence other than submission of reports through AMP, the individual identified as the primary contact with AMP should receive an automated confirmation email from [education@ncope.org](mailto:education@ncope.org) within two business days. If no confirmation of receipt from NCOPE within two business days, a follow-up email or phone call should be made to the NCOPE Clinical Resource Director identified on the [NCOPE Staff Directory](#).

**Note:** Please ensure that messages sent from email addresses ending in “[ncope.org](mailto:education@ncope.org)” are not blocked by your email spam filter or firewall.

## **2.2 Disclosure of Accreditation Recognition Status**

### **2.2.1 CAAHEP Public Notification of a Program's Status**

CAAHEP provides the public with information about a program's accreditation status through its website directory of accredited programs. (Section 301 Public Notification of a Program's Status)

### **2.2.2 NCOPE Public Notification of a Program's Status**

NCOPE annually publishes a list of accredited orthotist, prosthetist, assistant and technician educational programs, including a section devoted to developing programs that have entered the accreditation process and sections devoted to programs that have voluntarily or involuntarily withdrawn from the accreditation process. The fact that the program is included as an accredited educational program in the listing indicates that it is in substantial compliance with the *Standards* and thus meets a common minimal level of quality. The scope, policies, procedures and decisions of NCOPE are described in official documents and available to the public through the NCOPE website.

- If inquiries, written or verbal, are received regarding the accreditation status of a program, the inquirer is told:
  1. Whether the program is accredited,
  2. The specific accreditation category,
  3. The definition of the application accreditation category, and
  4. The next review date
- If the status is Probationary Accreditation or Administrative Probationary Accreditation, the inquirer is referred to the program for further, current information regarding the reason(s) for the probation and the program's progress in addressing them.
- Effective 1/1/1993, notice of all final actions of NCOPE regarding the status of educational programs will be published annually by NCOPE.

### **2.2.3 Institutions Responsibilities for Publication and Disclosure**

All accredited O&P education programs are expected to exhibit integrity and responsibility in disclosure of 1) NCOPE candidacy recognition and/or CAAHEP accreditation status and 2) program outcomes.

## NCOPE Candidate for Accreditation Status

NCOPE follows CAAHEP policies, thus requiring institutions and programs to be accurate in reporting the program's accreditation status to the public. Publication of a program's accreditation status must include the full name, mailing address and telephone number of NCOPE.

Suggested wording may include the following:

- Programs in orthotics and prosthetics that are **Seeking Candidate for Accreditation Status by NCOPE**.
  - (Name of Program/Institution) is seeking accreditation by the National Commission on Orthotic and Prosthetic Education. The program [will submit/has submitted] an Application for Candidacy, which is the formal application required in the pre-accreditation stage. Submission of this document does not assure that the program will be granted Candidate for Accreditation status nor does it assure that the program will be granted Accreditation.
- Programs in orthotics and prosthetics that are **Recognized with Candidate for Accreditation Status by NCOPE**
  - “The [name of program] is recognized with Candidate for Accreditation status by the National Commission on Orthotic and Prosthetic Education (NCOPE). Candidate for Accreditation is a status that indicates that the education program is progressing toward initial CAAHEP accreditation status. National Commission on Orthotic and Prosthetic Education, 330 John Carlyle St., Ste. 200, Alexandria, VA 22314, Tel: 703-836-7114 <https://ncope.org/>

## CAAHEP Accreditation Status

CAAHEP requires institutions and programs to be accurate in reporting the program's accreditation status to the public. Refer to the CAAHEP policies to find the rules on publications and disclosure.

- The [CAAHEP Policies and Procedures Manual](#) describes the rules on public use of CAAHEP Accreditation Status (Section 302)
- Refer to the [CAAHEP Policies and Procedures Manual](#) for use of the CAAHEP logo (Section 303).

Standard V.A – Fair Practices describes the requirements for institution publication and disclosure.

#### **CAAHEP Policy**

#### **V. Fair Practices**

##### **A. Publications and Disclosure**

Announcements, catalogs, publications, and advertising must accurately reflect the program offered.

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, mailing address, website address and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); 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.

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 for graduation, policies and processes by which students may perform clinical work while enrolled in the program. The sponsor must maintain, and make available to the public, current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcome assessments required in these Standards.

The sponsor should develop suitable means of communicating to the communities of interest the achievement of students/graduates (e.g. through a website or electronic or printed documents).

Suggested wording may include the following:

- Programs in orthotics and prosthetics that are **Accredited by CAAHEP**:
  - “[Name of program] is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the National Commission on Orthotic and Prosthetic Education. Commission on Accreditation of Allied Health Education Programs 25400 US Hwy 19 N., Suite 158 Clearwater, FL 33763 727-210-2350 [www.caahep.org](http://www.caahep.org)
- Programs in orthotics and prosthetics that have been placed on **Probationary Accreditation by CAAHEP**. If a program has been placed on Probationary Accreditation by CAAHEP, it must inform all students and applicants in writing and must disclose this sanction whenever reference is made to its accreditation status by including the statement:
  - “[Name of program] is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the National Commission on Orthotic and Prosthetic Education. The program has been placed on Probationary Accreditation as of [date of Probation action]. Commission on Accreditation of Allied Health Education Programs 25400 US Hwy 19 N., Suite 158 Clearwater, FL 33763 727-210-2350 [www.caahep.org](http://www.caahep.org)

## **Disclosure of Program Outcomes**

The sponsor must maintain, and make available to the public, current and consistent summary information about student/graduate achievement that includes the results of the following program outcomes assessments:

- Orthotist/Prosthetist Programs Must Report
  - Positive placement: must include year-by-year data from the three (3) most recently completed years plus the average over the three (3) most recently completed academic years.
- Orthotic & Prosthetic Technician and Assistant Programs
  - Graduation and retention rate: must include year-by-year data from the three (3) most recently completed years plus the average over the three (3) most recently completed academic years.

Programs may disclose additional outcomes at their discretion.

## **2.3 Accreditation Fees**

NCOPE is committed to administering a quality accreditation program in a cost-effective manner. The Board continually seeks opportunities to minimize costs to both the educational programs and to NCOPE. NCOPE maintains an established [fee schedule](#) to support the operations of the accreditation program for candidate, initial and continuing accredited education programs.

Note that institutions housing O&P practitioner, technician and assistant programs must pay the application, site visit and annual fees applicable for each program. Institutions housing more than one O&P program (i.e., associate, baccalaureate, and/or professional master's) would pay for each Application, site visit and/or Annual Fee.

- ***Application Fees*** are billed upon receipt of the self-study materials.
- ***Site Visit Evaluation Fees and Surcharges*** are billed after the site visit is complete.
- ***Annual Accreditation Fees*** are billed in July and are payable upon receipt. If early notification is required to facilitate the processing of a purchase order for payment, NCOPE should be notified. Annual Fees are due each year, including the year in which a site visit is scheduled. For new programs, the Annual Fee becomes effective with the first full academic year for which the program has accreditation status.

## **2.4 Complaints Regarding Accredited Programs**

The CAAHEP Policy Manual describes the procedure for complaints regarding accredited programs (Section 602 Complaints Regarding Accredited). NCOPE follows due process procedures when written and signed complaints are received, alleging that they or an accredited program are not following established Board policies or accreditation *Standards*. CAAHEP and NCOPE maintain an indefinite record of all complaints received.



## **2.5 Quality Assurance of Accreditation Policies and Processes**

NCOPE is responsible for developing and periodically revising the CAAHEP Accreditation *Standards*. These *Standards* are the minimum requirements to which an accredited program is held accountable and include fair business practices, ethical standards, due process and fair educational practices, as well as outcome measures.” ([NCOPE Policy and Procedure Manual](#))

NCOPE periodically reviews its policies and procedures to ensure that:

- They are consistent with the recommendations of CAAHEP and Council of Higher Education Accreditation (CHEA),
- They facilitate an impartial and objective judgment of each program's compliance with the *Standards*.
- They ensure due process, and
- They minimize, as much as possible, the burden of the documentation required.

## **2.6 NCOPE Communication about Updates on *Standards*, Policies and Procedures**

Relevant changes to *Standards*, policies and procedures are disseminated to educational programs on a regular basis, such as in NCOPE Annual Reports, direct communications with Program Directors and during educators’ meetings at national conferences.

# Chapter 3 – Accreditation Status and Candidate Recognition

## 3.1 Accreditation Recommendations

The NCOPE board bases its recommendation on its review of the Self-Study, the Self-Study Reviewers Report, the Letter of Review, the Site Visits Report and the Program’s Response to the Site Visit Report. NCOPE sends the Findings Letter to the appropriate institutional official with copies to the Program Director and the Dean.

- If **Accreditation recommendation** has been voted to **move forward** to CAAHEP:
  - The proposed program would appear to substantially meet the *Standards* if fully implemented in accordance with the plans of the sponsoring institution.
  - NCOPE forwards its recommendation to CAAHEP
  - CAAHEP awards the Initial or Continuing Accreditation Status
- If **Accreditation recommendation** has been voted to **not move forward** to CAAHEP:
  - One or more of the *Standards* are not met (e.g., faculty, budget, facilities, course content, etc.), and there does not appear to be evidence of substantial compliance or the ability to comply within the immediate future.
  - If the program has Initial Accreditation Status, the program is informed of NCOPE’s recommendation to denial Continuing Accreditation status to CAAHEP.
  - Programs with Continuing Accreditation Status that do not substantially meet the *Standards* will be placed on probation before denial of accreditation.
    - No further action is taken by NCOPE unless the appropriate institutional official and the Program Director send a Letter of Intent to rectify non-compliance issues and to proceed with the accreditation process within 30 days of receipt of notification of denial to move the recommendations forward.
    - At the end of the 30 days, if no request has been received for reconsideration of recommendation from the program with supporting compliance evidence, then the application becomes inactive.

## 3.2 NCOPE Candidate for Accreditation Recognition Program

“Candidate for Accreditation” is a pre-accreditation designation whose purpose is to recognize programs that are seeking accreditation status and are in the process of *Standards* compliance. It establishes a formal, publicly recognized relationship with NCOPE, to assure that the institution develops an O&P program with adequate planning and with the necessary resources (e.g., leadership, faculty, physical plant, budget, clinical education sites).

Attainment of Candidate for Accreditation does not assure accreditation by CAAHEP. This is a preliminary program that is granted by NCOPE; it is not a recognized CAAHEP accreditation status. It shall be granted by NCOPE for a period not to exceed two years.

Refer to [New Program Accreditation Process](#) for more details about the candidacy process.

### **3.3 CAAHEP Accreditation Status**

Students successfully completing a program that is granted any of the following recognition status at any point during their tenure as students are regarded as graduates of a CAAHEP-accredited program. Reference Policy 204 Statuses of Accreditation: [CAAHEP Policies and Procedures Manual](#)

#### CAAHEP Accreditation Categories

- Initial Accreditation
- Continuing Accreditation
- Probationary Accreditation
- Administrative Probationary Accreditation

#### Non-Accreditation Categories

- Accreditation Withheld
- Accreditation Withdrawn
- Inactive Status

#### **3.3.1 Initial Accreditation**

Initial Accreditation is the first status of accreditation granted to a program that has demonstrated substantial compliance with CAAHEP *Standards*. The first status of accreditation shall be granted to a program for a period no longer than five years. At any point during the initial accreditation period, a program may be recommended for continuing accreditation or, if warranted, for probationary accreditation. If no recommendation is forthcoming, the Initial Accreditation will automatically be withdrawn.

Refer to [Comprehensive Review Process/Initial Accreditation Process](#) for more details about this accreditation status.

#### **3.3.2 Continuing Accreditation**

Continuing Accreditation is granted to a program when it is re-evaluated. It does not expire. It shall remain as the status until a recommendation is forwarded to CAAHEP.

Refer to [Program Continuing Accreditation Requirements](#) for more details about this accreditation status.

#### **3.3.3 Probationary Accreditation**

Probationary Accreditation is granted when the program is *not in substantial compliance* with the *Standards* because:

1. The deficiencies are so serious that the capability of the program to provide acceptable educational experiences for the student is threatened, or

2. The program has not corrected deficiencies within a reasonable period of time (usually not more than two years). If the cited deficiencies are not in dispute, NCOPE may recommend Probationary Accreditation without conducting a site visit. However, most awards of Probationary Accreditation are based on evidence obtained during a site visit or fact-finding visit.

*Probationary Accreditation is usually limited to one year. It may not extend beyond two years.*

The appropriate official of the institution is provided with a clear statement of each deficiency contributing to the failure to be in compliance with the *Standards* and notified of the due date for a required Plan of Correction. NCOPE will assess the adequacy of the Plan of Correction to return the program to substantial compliance with the *Standards* and will require Progress Reports documenting how each deficiency has been or is being resolved. Failure to come into substantial compliance with the *Standards* will result in a recommendation that accreditation be withheld for initial accreditation or withdrawn from an accredited program.

- Opportunity for Reconsideration/Appeal

NCOPE provides an opportunity for reconsideration prior to action. (See **Reconsideration/Appeals Process**) Following NCOPE BOD reconsideration of a recommendation, if denied, recommendation to CAAHEP of Probationary Accreditation are final and are not subject to appeal.

### **3.3.4 Administrative Probationary Accreditation**

The institutional sponsor and the accredited program will be advised that the program is on Administrative Probationary Accreditation when the program does not comply with one or more of the following administrative requirements for maintaining accreditation:

1. Submitting the Self-Study Report, a required Plan of Correction, a required Progress Report or the Annual Report to NCOPE by the specified due date.
2. Agreeing to a reasonable site visit date within the year specified for re-evaluation for continuing accreditation.
3. Paying accreditation fees within ninety (90) days after being notified of a past-due account.
4. Documenting within ninety (90) days of a new appointment that the program has retained and/or changed key program personnel (i.e., Program Director), as required by the *Standards*.

When an accredited program has failed to satisfy the requirements identified above, the Executive Director of NCOPE, after consultation with the Board, will promptly notify CAAHEP and the chief executive officer (CEO) of the sponsoring institution, the dean or comparable administrative officer and the Program Director that the program is being recommended for Administrative Probationary Accreditation until the Commission's administrative requirement has been satisfied.

At its next scheduled meeting, NCOPE reviews the probation status and determines if a recommendation for withdrawal of accreditation is merited.

When and if the program satisfies the requirements, the NCOPE promptly notifies CAAHEP and the CEO, the dean or comparable administrative officer and the Program Director that Administrative Probationary Accreditation is withdrawn, and the program's accreditation is reinstated.

NCOPE does not provide opportunity for reconsideration of recommendations of Administrative Probationary Accreditation. NCOPE recommendations of Administrative Probationary Accreditation are final and are not subject to appeal. During a period of Administrative Probationary Accreditation, programs are recognized and listed as being accredited.

### **3.4 Non-Accreditation Types**

#### **3.4.1 Accreditation Withheld**

A program seeking initial accreditation may have accreditation withheld if the accreditation review process confirms that the program is not in substantial compliance with the *Standards* that are vital to the educational program.

The appropriate official is provided with a clear statement of each deficiency and is informed that a new application for accreditation may be made whenever the program is believed to be in substantial compliance with the *Standards*. A Letter of Intent must be filed, and the Letter of Review process repeated. Fees would be reassessed.

- Opportunity for Withdrawal of Application  
The institution sponsoring a program may withdraw the Application for Initial Accreditation at any time prior to NCOPE's consideration. Programs selecting this option relinquish the opportunity to appeal that is provided to programs receiving a status of Accreditation Withheld.
- Opportunity for Reconsideration/Appeal  
Prior to recommendation, NCOPE provides opportunity for reconsideration of the recommendation to withhold accreditation. The letter informing the appropriate official of the accreditation recommendation describes the reconsideration process. The letter from NCOPE, notifying the appropriate official that the program has had accreditation withheld for failure to be in substantial compliance with the *Standards*, indicates that the institution may appeal the decision (See CAAHEP **Reconsideration/Appeals Process**).

#### **3.4.2 Accreditation Withdrawn**

Students enrolled in an accredited program at the time the sponsoring institution is notified that accreditation has been withdrawn may complete the requirements for graduation and will be considered graduates of an NCOPE accredited program.

- Accreditation Withdrawn-Voluntary (*at the request of the sponsoring institution*)  
The appropriate official of a program may at any time inform CAAHEP in writing that the program is or will be discontinued by a given date or that the official wishes to have accreditation withdrawn. This notification is acknowledged by NCOPE.

The official is informed that the sponsoring institution must apply for accreditation as a new applicant should it wish to resume sponsorship of an accredited program.

- Accreditation Withdrawn-Involuntary (*for failure to be in substantial compliance with the Standards or with administrative requirements*).

Accreditation may be involuntarily withdrawn from a program with Probationary Accreditation if the accreditation review process confirms that the program has not come into substantial compliance with the *Standards* or with the administrative requirements for maintaining accreditation within a reasonable period of time, usually no longer than one year.

The appropriate official is provided with a clear statement of each deficiency and is informed that the sponsoring institution may apply for accreditation as a new applicant whenever the program is believed to be in compliance with the *Standards* and with the administrative requirements for maintaining accreditation.

- Opportunity for Withdrawal of Application  
The institution sponsoring a program may withdraw the Application for Continuing Accreditation at any time prior to NCOPE consideration. Programs selecting this option relinquish the opportunity to appeal that is provided to programs receiving a status of Accreditation Withdrawn-Involuntary.
- Opportunity for Reconsideration/Appeal  
Prior to recommendation the Board provides an opportunity for reconsideration of a recommendation to withdraw accreditation. The letter informing the appropriate official of the accreditation recommendation describes the reconsideration process.

The letter from CAAHEP notifying the appropriate officials that the program has received Accreditation Withdrawn--Involuntary indicates that the institution may appeal the decision (See CAAHEP **Reconsideration/Appeals Process**).

#### 1. From Initial or Continuing Accreditation

If the accreditation review process confirms that a program is in substantial compliance with the *Standards* and with administrative requirements, the program is awarded initial accreditation or continuing accreditation. If the program is not in compliance with the *Standards* and requirements, NCOPE may recommend Probationary Accreditation (including Administrative Probationary Accreditation). Further action may be taken by CAAHEP.

In unusual circumstances, such as evidence of critical deficiencies that appear to be irremediable within a reasonable length of time or a documented threat to the welfare of current and potential students, NCOPE will recommend to CAAHEP withdrawal of accreditation without providing a period of probation.

Programs from which accreditation is involuntarily withdrawn without a probationary period are ensured due process, as described in the CAAHEP policy;  
**Reconsideration/Appeals Process.**

## 2. From Probationary Accreditation (including Administrative Probationary Accreditation)

If the accreditation review process confirms that a program has corrected the identified deficiencies leading to probation within a reasonable period of time and is in substantial compliance with the *Standards* and with administrative requirements, the program is awarded initial accreditation or continuing accreditation. If the identified deficiencies are not corrected within a reasonable period (usually no more than one year), NCOPE may grant extension of Probationary Accreditation or Accreditation Withdrawn.

### **3.5 Inactive Status Policy**

Inactive status is a special status applied only to programs that are not currently enrolling new students.

The status "inactive" does not replace any other current accreditation status. The designation follows the regular accreditation status, e.g., Accreditation - Inactive. Students graduating from a program on inactive status are considered graduates of an accredited program.

A program may hold inactive status for a maximum of two years. During that time, the program remains responsible for submission of the Annual Report to NCOPE and must pay the annual accreditation fee. A program may request reactivation at any time during the period of inactive status.

If the program chooses not to reactivate, the program may request Voluntary Withdrawal of Accreditation.

If a request is not received prior to the end of two years, the status will be changed to Involuntary Withdrawal of Accreditation.

#### Procedure

Submit a [Request for Inactive Status](#) via the CAAHEP Website.

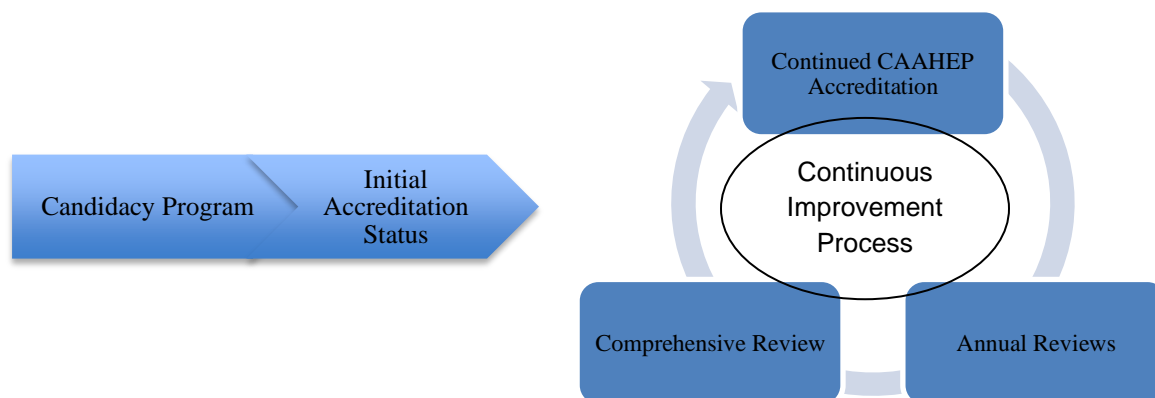
The two-year period begins on the date of receipt of this notification. At the end of the first year of inactive status, a letter will be sent to the program to inquire about plans to reactivate.

If the request for inactive status includes a request for delay of a site visit, the request for delay will be considered by NCOPE according to the procedure described in the NCOPE's Policy and Procedure for Delay of Site Visit".

## Chapter 4 – NCOPE Candidate for Accreditation Process

The first step for any new emerging orthotic and prosthetic academic program is for the program to apply to become a candidate for accreditation. Candidate for Accreditation is a status that indicates that the orthotic and prosthetic education program is progressing toward formal accreditation. Attainment of Candidate for Accreditation does not assure accreditation by NCOPE/CAAHEP. The purpose is to help assure that the institution develops an O&P program with adequate planning and with the necessary resources (e.g., leadership, faculty, physical plant, budget, clinical education sites) to address the CAAHEP *Standards*.

Candidate for Accreditation once granted is not an accreditation status, therefore students graduating under candidacy would not be graduating from an accredited program and would not be accepted by the American Board for Certification in Orthotics, Prosthetics and Pedorthics. The purpose for the candidacy program is to help assure that institutions develop O&P education programs with adequate planning and the necessary resources (e.g., leadership, faculty, physical plant, and budget). This program allows developing O&P programs the opportunity to establish a formal and publicly recognized relationship with NCOPE.



**Definition of Candidate for Accreditation:** Candidate for Accreditation indicates that the orthotic and prosthetic education program is progressing toward formal accreditation. Attainment of Candidate for Accreditation does not assure accreditation by NCOPE/CAAHEP. The purpose is to help assure that the institution develops an O&P program with adequate planning and with the necessary resources (e.g., leadership, faculty, physical plant, budget, clinical education sites).



#### **4.1 Program Conditions for Accreditation Eligibility**

1. An O&P Program Director should be on staff at least six (6) months prior to the initiation of an O&P program and the admission of students to ensure a timely progression of the process.
2. It is expected that appropriate state and institutional bodies approve the proposed curriculum before a site visit is conducted by NCOPE.
3. Granting of Candidate for Accreditation should occur prior to the enrollment of students in the program.
  - The program and the institution agree to not enroll students in the applicant program until recognized by NCOPE. The program will provide evidence upon submission of its application that it fully understands that failure to comply with this condition shall result in termination of the review by NCOPE without having made a final decision.
  - The attainment of Candidate for Accreditation is required for the program to proceed with the CAAHEP accreditation process.

#### **4.2 Procedures for Achievement of Candidate for Accreditation**

##### **Communication with NCOPE**

NCOPE should be notified when an institution is considering the development of an education program. NCOPE may provide guidance and assistance to ensure that the steps leading to accreditation are initiated in a timely manner. NCOPE staff or board members are available at any time during the process to provide guidance to programs. The NCOPE staff members may be contacted through the NCOPE National Office at: 330 John Carlyle St., Ste. 200, Alexandria, VA 22314, telephone: (703) 836-7114, fax: (703) 836-0838. Additional information by contacting us through the [contact NCOPE page](#).

##### **Procedure**

1. Program completes the [Application for Candidate for Accreditation Status \(ACS\)](#) No later than ten months prior to the planned enrollment of the first class of students in the professional or technical phase of the program. If the ACS is not submitted according to the established time schedule, NCOPE cannot guarantee that a candidate decision will be made prior to the intended date of enrollment of the charter class of students.

##### **The ACS must include the following items:**

- A completed Application for Candidate Program which is signed by the Chief Executive Officer of the sponsoring institution and the program director who has responsibility for the program.
- Evidence of appropriate state approval to offer the program, if necessary.
- Evidence that the institution planning to offer the program is or has an executed formal agreement with an institution of higher education, with degree granting authority and accreditation from an agency or association recognized by the U.S. Department of Education or the Council for Higher Education Accreditation.
- Evidence that the institution has employed a program administrator/director who meets the Standards related to qualifications. This person plans and implements the academic and clinical education components (where appropriate) of the program; demonstrates an understanding of the curriculum, provides timely communication with the institution, profession and other communities of interest and demonstrates a

- concern with the future welfare of the education program being developed.
- Evidence that the institution and program agree not to enroll students in the program until designated a Candidate for Accreditation.

## 2. Program submits a Candidate for Accreditation Self-Study Report to NCOPE.

Submission of the Application for Candidate Program (ACP) is a crucial step in the accreditation process for O&P program. The ACP is a report through which the institution provides information in response to the items in the *Standards*. The information and data submitted in the ACP are used to identify areas of weakness that might preclude compliance with the *Standards* and to offer recommendations for strengthening the education program. In addition, submission of the ACP and receipt of same by NCOPE provides the basis for establishing a reasonable timetable for the accreditation process.

The ACP is submitted to NCOPE from the institution where the education program is located. In order to assure a timely review during the pre-accreditation process and to have adequate time for the accreditation action to cover the first class of graduates, the ACP should be submitted **no later than ten months prior to enrollment** of the first class of students in the professional or technical phase of the program. **In cases of curricular design of one year or less, the program is expected to submit the ACP a full year in advance.**

NCOPE will accept materials at any time but will not assure the institution that the final action will be timely to cover the students initially enrolled in the program if the suggested timeline is not followed.

## 3. NCOPE Staff and Self Study Review (SSR) Committee review the ACP application.

The staff of NCOPE will screen the ACP to determine its completeness and readiness for further review by the SSR committee. If it is deemed appropriate to continue in the review process, the ACP will be evaluated by the SSR committee and the institution will receive a written report regarding the program's progress toward compliance with the *Standards*, judgments concerning institutional readiness to start the proposed program and suggestions related to findings with respect to the *Standards*.

The SSR committee will develop a report after a thorough review of the program's ACP. In preparing the report, the committee will make assessments of the program's satisfactory progress toward compliance with each standard based on the documentation provided in the ACP. Determinations made include: 1) satisfactory progress toward compliance; 2) the area needs further development; or 3) due to insufficient information, the committee is unable to determine if satisfactory progress has been made toward compliance. The committee is asked to briefly describe in narrative format the strengths and deficiencies apparent in each standard at this stage of the program's development. Following the assessment of each standard the committee will provide, in narrative format, consultative suggestions for the enhancement and development of program resources as they relate to the Standards.

The ACP application and the self-study review committee's evaluation report are working documents and are not shared with NCOPE board of directors.

Following receipt of the self-study review committee's report, the program must determine whether the first class of students should be enrolled or if enrollment of the first class should be postponed. Should the decision be made to continue in the development of the program, the submission of a revised ACP application which is reflective of further program development and responsive to the self-study review committee's first report is required, followed by a Candidate site visit. The revised application is submitted at least three weeks prior to the site visit.

#### 4. Revised documentation.

The program must submit documentation regarding the program's progress towards compliance with the *Standards*, judgments concerning institutional readiness to start the proposed program and suggestions related to the findings with respect to the *Standards*.

At least three weeks prior to the scheduled Candidacy site visit, the institution must submit the revised documentation to NCOPE using the form on the NCOPE website shown below.

The revision should demonstrate ongoing development and include a description of all the changes that have occurred since the submission of the original application. This documentation is automatically provided to the NCOPE Staff and the lead site visitor to reference during the site visit.

<https://ncope.org/index.php/home-page-v2/academic-programs/institution-educator-info/site-visit-documentation/>

#### 5. Candidate site visit coordination.

A Candidate site visit is a routine component of the candidate program and is conducted by a site visitor or site visit team selected for the specific purpose of serving as an ad hoc representative of NCOPE. It usually occurs approximately four (4) months prior to the first academic term, during which students are to be enrolled in O&P education program.

The site visit will consist of a series of conferences with administrative officials and faculty of the program along with visits to selected program facilities. The visit provides a view of the O&P education program in its environment. The purpose of the visit is to provide a mechanism for verification and supplementation of information included in the application for ACP, and to assess the program's readiness to proceed with implementation of the program and the accreditation process.

If an institution wishes to postpone the Candidate site visit, a written request must be submitted to the NCOPE Executive Director and NCOPE Clinical Resource Director. The request will only be considered if the postponed visit occurs within three months of the originally scheduled dates.

1. Should an institution request a longer delay, a new ACP will be required, and a reapplication fee will be assessed.

#### 6. A site visit report from the Candidacy site visit is prepared and provided to the NCOPE board of directors for review after factual accuracy and documentation are verified by the

program director and NCOPE Accreditation Committee.

The completed report from the Candidacy site visit is to be submitted to NCOPE within ten working days of the visit. The report is then forwarded to the institution for correction of any factual errors and/or clarification of any errors of interpretation. A copy of the report will be submitted to NCOPE along with any response to the report from the institution. A response due date will be identified by the NCOPE Staff of no less than fourteen (14) days to ensure the accreditation committee and NCOPE Board of Directors are able to provide a timely recommendation.

#### **4.3 NCOPE Decisions**

NCOPE makes Candidate for Accreditation decisions based on its determination that the program is making satisfactory progress toward compliance.

The granting of Candidate for Accreditation must occur prior to enrollment of students in the professional/technical phase of the O&P education program.

The NCOPE Board of Directors will make every effort to render a candidacy decision no more than two months prior to the planned enrollment of students.

If the institution requests an extension of the time for a response to the Candidate Site Visit report, NCOPE will make the candidacy decision no later than forty-five (45) days following submission by the institution of all materials that responded to the visit report.

#### **4.4 Candidate for Accreditation Minimum Expectations**

The following is a list of the **minimum** levels of achievement expected by NCOPE at the conclusion of the request for candidacy process. The list is tied to the *Standards*. Development beyond the minimal levels described below at the time of the candidacy decision is desirable. Failure to demonstrate development that below the minimum expectations defined will decrease the likelihood of a positive candidacy decision. It is expected that as evidenced in the ACP and by the time of the candidate site visit, the program will have the following documentation in place.

<b>REQUIREMENTS FOR CANDIDACY RECOGNITION</b>	
<b>CAAHEP Standard Reference</b>	<b>Expectation</b>
I.A. Sponsoring Educational Institution	The program has verified that the sponsoring institution is accredited by a regional/national institutional accrediting agency recognized by the US Department of education. If necessary, documentation of any state higher education approval agencies must also be provided.
I.C. Responsibilities of the Sponsor	The sponsor institution and any consortium partners recognize that the O&P education program is a professional and an academic discipline; and the responsibility to comply with the standards is the responsibility of the sponsor.
II.A Program Goals and Outcomes	There must be policies and procedures in place to ensure the program's goals and learning domains are 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 must include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, and the public.
II.A Program Goals and Outcomes	The O&P education program mission, goals and expected program outcomes are defined.
III.A Resources Type & Amount	The program has policies and procedures to ensure resources are sufficient to achieve the program's goals and outcomes. Resources must include but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory, and, ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.
III.A Resources Type & Amount	The program has developed a projected budget covering the full implementation of the charter class to be enrolled in the O&P education program.
III.A Resources Type & Amount	The program has defined all resources currently available to the faculty/staff to ensure the developing O&P education program meets the CAAHEP Standards.
III.A Resources Type & Amount (Teaching, Learning, and Laboratory Spaces)	The program has identified classroom space, laboratory space, storage space, faculty and staff offices, etc., sufficient to meet the needs of the fully implemented program.
III.A (Equipment, Supplies, and Technology Resources)	The program has obtained sufficient equipment, technology, and materials for the current needs.
III.A (Equipment, Supplies, and Technology Resources)	The program has acquired the equipment, technology and materials needed to implement the first term of the program and has defined plans for acquiring additional equipment and materials as needed to successfully complete the charter class.
III.A Resources Type & Amount	The program has developed a written plan for development, acquisition, and/or implementation of resources not already available to meet the program needs to comply with the CAAHEP Standards.
III.B Personnel	The program has defined the projected size and composition of the faculty needed to execute the O&P program in a manner that ensures an adequate amount of faculty effort to comply with the CAAHEP educational standards, achieve the defined program goals (Standard II.A), meet the NCOPE defined minimum performance standards/thresholds, and any defined effort/load requirements defined by the sponsor institution. For any personnel not hired at the time of the self-study submission, identify a hiring timeline.
III.B Personnel	The program has hired at least two qualified core faculty including the program director/administrator; the hired faculty must be qualified and have adequate effort assigned to implement the first year of the program in a manner that complies with the CAAHEP Standards.
III.B. Personnel	The institution has appropriate policies and mechanisms to ensure an adequate number of qualified program faculty will be present to execute the O&P education program's learning activities (including clinical/technical laboratories) to ensure effective learning, safety, and attainment of educational outcomes.
III.B. Personnel	The program has hired adequate support staff to meet the current needs of the developing program and has defined a hiring plan to add staff as administrative and programmatic requirements grow.
III.C Curriculum	The curriculum integrates a philosophies, values, and principles that align with the program goals and outcomes defined under Standard II.A.
III.C Curriculum	The curriculum plan is based on current practice of O&P clinical practice including standards of care, clinical practice guidelines, and current peer-

	reviewed literature, textbooks, and other documents appropriate for the O&P profession/level being taught.
III.C Curriculum	The program has defined prerequisite coursework to be completed prior to enrollment in the program and/or integrates Basic Science content from Appendix B (Core Curriculum Guide) - Section B into the educational program.
III.C Curriculum	The curriculum leverages a structure/model that integrates modern teaching/learning principles, pedagogy, and instructional design principles to enable graduates to meet minimum program expectations (Standard II.C) and the CAAHEP standards.
III.C Curriculum	The curriculum has defined student learning outcomes (SLOs) for courses, lectures, and other learning activities.
III.C Curriculum	The curriculum is organized to enable proper course sequencing, delivery of learning activities that build upon previous essential course content, and integration of core concepts to achieve defined SLOs, Program Goals (Standard II.A), and ongoing program quality improvement (Standards III.D & IV.B).
III.C Curriculum	The course syllabi, learning activities, and rubrics should define learning objectives using behavioral terminology or a taxonomy that can be understood by the learner, demonstrates progression in performance expectations, and enables graduates to meet the minimum performance expectations (Standard II.C) needed to demonstrate entry-level competence and the goals/outcomes defined by the program.
III.C Curriculum	The curriculum must integrate formative and summative evaluation using a variety of methods that align with courses and individual activity learning objectives and student learning outcomes.
III.C Curriculum (1st Year of Coursework)	The program must completely define the education program curriculum for the first year of O&P education program using syllabi and other related documents (ex: course schedule, grading rubrics, or course handouts) including: title, course number, description, specific objectives, specific content outline, a week-by-week schedule, instructional methods, textbooks/other learning resources, mechanisms for evaluation of student performance, instructor, and credit/clock hours.
III.C Curriculum (2nd/3rd Year of Coursework)	The program must define the education program curriculum for the 2nd/3rd year of O&P education program using syllabi and other related documents (ex: course schedule, grading rubrics, or course handouts) including: including title, course number, description, general course objectives, basic content outline, and credit/clock hours. Other information listed for 1st year coursework should be included if known.
III. D. Resource Assessment	The program has a defined plan to, at least annually, assess the appropriateness and effectiveness of the resources (including physical, financial, personnel, and curriculum) described in the CAAHEP Standards to enable ongoing planning and guide appropriate change. This resource assessment should result in an action plan with defined implementation requirements when deficiencies are identified in the program resources.
IV.A Student Evaluation	Student evaluation should be performed using a variety of evaluation methods capable of evaluating knowledge and skills in the cognitive, psychomotor, and affective domains in a manner that that enables timely and meaningful feedback to enable their professional growth/development.
IV.B Outcomes	The program has a defined plan to periodically assess its effectiveness in achieving its stated goals and learning domain to enable timely revision of the program based upon multiple education outcomes including but are not limited to: accredited national credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction,

	job (positive) placement, and programmatic summative measures. The program must define desired outcomes at a level equal to or greater than the minimum performance standards/thresholds defined by NCOPE.
V. Fair Practices	The program has defined policies and procedures to ensure all aspects of Standard V. Fair Practices are met including: A. Publication, B. Lawful and Non-discriminatory Practices, C. Safeguards, D. Student Records, E. Substantive Change, F. Agreements.
V. Fair Practices	The program has developed and documented policies and procedures for student recruitment, admission and retention.
V.A Publications and Disclosures	The program has developed and documented policies and procedures to provide prospective students with accurate information about the program, including the program's candidacy recognition and accreditation status.

After a complete review of the information contained in the ACP, the Site Report for Candidacy, the additional materials requested by the committee and the response of the institution, NCOPE will act on the decision to grant Candidate for Accreditation to the program if the program demonstrates satisfactory progress toward compliance with the *Standards and Guidelines for the Accreditation of Educational Programs in Orthotics and Prosthetics*. The attainment of Candidate for Accreditation is required for the program to proceed with the accreditation process.

If the program is judged not to have made satisfactory progress toward compliance with the Standards, NCOPE will deny Candidate for Accreditation designation. A program that is denied candidate designation will not be permitted to proceed with the accreditation process. An action to deny candidate designation is an adverse action and is eligible for reconsideration at the request of the sponsoring institution.

#### **4.4 Policies for Candidate Program for Accreditation**

This candidacy program allows developing O&P programs the opportunity to establish a formal and publicly recognized relationship with NCOPE.

##### **Enrollment of Students**

- The granting of Candidate for Accreditation program should occur prior to enrollment of students in the professional/technical phase of the O&P education program.
- Developing programs may initiate processes to identify and screen applicants for the charter class prior to achieving Candidate for Accreditation designation. All information provided to prospective students must include the statement above. The granting of Candidate for Accreditation should occur prior to enrollment of students in the professional/technical phase of the O&P education program.

- Developing O&P programs that do not attain Candidate for Accreditation designation will not be considered for accreditation by NCOPE or receive a recommendation to CAAHEP.
- Developing programs that fail to achieve Candidate for Accreditation designation are expected to refrain from enrolling/matriculating students into the program.

#### **Length of Candidate for Accreditation Program**

- The Candidate for Accreditation designation is limited to two years or the length of the professional/technical phase of the program, whichever is longer. Candidacy may be renewed for two years by NCOPE, except that the maximum length of time that a program may hold Candidacy is five years.

#### **Reports during Candidate Accreditation**

- During the period of candidacy, the program will be expected to provide any information requested by NCOPE, including but not limited to, submission of an abbreviated annual report.

#### **Withdrawal of Application**

- NCOPE will allow the program to withdraw its application at any time prior to final NCOPE action on the materials described above.
- An institution that has achieved Candidate for Accreditation for its O&P program may withdraw its request for accreditation at any time prior to the meeting of NCOPE, at which the accreditation decision is scheduled to be made by submitting a letter from the chief executive officer requesting such withdrawal.

#### **Reconsideration and Reapplication**

- If an education program is denied Candidate for Accreditation, the institution and program may reapply at any time the institution judges the corrections have been made in the deficiencies that led to the denial. Reapplication requires submission of a new application for candidacy and the process will start from the beginning, including a site visit.

#### **Appeals Procedures for Candidate for Accreditation**

The NCOPE appeals procedures follow those of CAAHEP.

1. Upon receipt of the Notice of Appeal, NCOPE shall immediately reinstate the designation of public recognition held prior to the decision being appealed.
2. Within 30 days of the postmark of the Notice of Appeal, the program sponsor shall submit a Statement of Appeal. This Statement shall indicate the basis for the appeal as: 1) that the record does not support the decision; and/or 2) that due process and proper procedure were not followed. The Statement of Appeal shall present point-by-point all aspects of the decision that the program sponsor believes warrant reversal and the complete rationale for the program sponsor's position(s).
3. Within 45 days of the postmark of the Notice of Appeal, NCOPE shall send to the program sponsor the names of at least five (5) individuals who meet the requirements of an Appeal Panel member. The list shall be prepared by NCOPE.



4. Within 10 days of receipt of the list, the institution shall designate to NCOPE three (3) of the individuals listed who shall become the members of the Appeal Panel. In the event the institution does not respond by the deadline or fails to designate three individuals, NCOPE shall appoint, within 5 days after the institution's deadline, from the list as many members as are needed to create a three (3) member Appeal Panel. NCOPE shall designate one of the members to be the Chairperson.
5. Within 10 days after constituting the Appeal Panel, each Appeal Panel member shall be provided with the complete accreditation record that existed at the time of NCOPE's recommendation, the Statement of Appeal submitted by the program sponsor and any correspondence between NCOPE and the program sponsor. A list of all materials comprising the complete record shall be made and provided to the program sponsor.
6. Within 15 days after constituting the Appeal Panel, a hearing shall be scheduled to be conducted as soon as feasible, preferably within 45 days after the Appeal Panel is constituted. Once scheduled, notice of the date, time and location of the hearing shall be sent to the members of the Appeal Panel and the program sponsor, with copies of the notice sent to the NCOPE Executive Director. Expenses incurred in the development and presentation of the program sponsor's portion of the appeal, including its witnesses, shall be borne by the program sponsor. Expenses incurred in the selection of the Appeal Panel, the arrangements for the hearing, and the expenses of witnesses requested by the Appeal Panel shall be borne by NCOPE. All reasonable and customary expenses incurred by the Appeal Panel, directly associated with conducting the hearing (e.g. copying, postage, travel, meals, lodging, hearing transcript), shall be borne equally by the program sponsor and by NCOPE.
7. The hearing shall be conducted by the Chair according to the "CAAHEP Hearing Format", shall have a written transcript and shall provide an opportunity for the program sponsor representative(s) to present oral argument in person or by telephone conference in support of the appeal; for an NCOPE representative to present oral argument in person or by telephone conference in support of NCOPE's decision; and for the Appeal Panel to ask questions of the program sponsor, the NCOPE representative or any other witness(es) it deems appropriate. The Appeal Panel may request the services of a legal advisor. Brief executive sessions may be called by the Appeal Panel to ensure its complete understanding of the information. Only facts known at the time of the NCOPE recommendation and after reconsideration of that recommendation, if any, shall be accepted. The Appeal Panel may request that the program sponsor file additional written materials to support its oral argument. Six (6) copies of the additional materials shall be sent to the NCOPE Executive Director and shall be postmarked within 10 days of the adjournment of the hearing. At the conclusion of oral arguments and questioning, the hearing shall be adjourned.
8. Within 20 days of the adjournment of the hearing or the receipt of additional written materials from the institution within the 10-day limit, whichever is later, the Appeal Panel shall prepare its report and submit it to the NCOPE Executive Director. The panel shall address each point raised by the program sponsor in its Statement of Appeal and shall recommend to the NCOPE Board of Directors either to "deny the appeal" or "grant the appeal."
9. Within five days after receiving the Appeal Panel report, the Executive Director shall forward a copy of the Appeal Panel report to each member of the Board of Directors and designate the manner in which the Board of Directors will arrive at its decision(regular meeting, mail ballot, conference call). Within 20 days of the Executive Director's receipt of the Appeal Panel report, the Board of Directors shall make its decision.

10. If the Board of Directors' decision is to "deny the appeal," then the designation of public recognition shall immediately be changed to that which was originally decided by NCOPE. If the Board of Directors' decision is to "grant the appeal," the Board of Directors shall determine the designation of public recognition for the program.
11. Within five days after the decision of the Board of Directors, the Executive Director shall notify the program sponsor of that decision.
12. The decision of the Board of Directors shall be final and is not subject to further appeal.

# Chapter 5 – CAAHEP Initial Accreditation Process

Initial accreditation is granted to a program by action of CAAHEP, upon recommendation of NCOPE prior to the graduation of the first class. Continuing accreditation is granted to a fully operational program by action of CAAHEP, upon recommendation of NCOPE. A self-study and a site visit are integral parts of both the evaluation for initial accreditation and continuing accreditation. The accreditation review process confirms that the program is in substantial compliance with the *Standards*.

A program in *substantial compliance* with the *Standards* may be deficient in one or more specific *Standards* that are believed to be readily correctable. NCOPE provides the sponsoring institution with a clear statement of each deficiency. On or before the specified due date, the institution must submit a progress report to NCOPE within three months, documenting how deficiency(ies) could be resolved within the time of the progress report was achieved. A plan for the correction of other deficiency(ies) should be included in the progress report to show a schedule for correcting all deficiencies within a reasonable period (usually not more than two years). NCOPE will assess the adequacy of the plan to return the program to full compliance with the *Standards* and will require additional Progress Reports. If NCOPE determines that the program has not returned to compliance with the *Standards* within a reasonable period (usually not more than two years), NCOPE may recommend Probationary Accreditation or take other appropriate action. The notification of accreditation letter will inform the institution of the status awarded to the educational program.

## **5.1 Procedures for Achievement of Initial Accreditation Status**

### **1. Request for Accreditation Services (RAS) through CAAHEP**

To initiate the accreditation process, a [Request for Accreditation Services \(RAS\)](#) should be submitted through the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The application declares the intention of the institution to seek CAAHEP initial accreditation for the O&P education program and requests a review.

Information about the accreditation process is found on the CAAHEP website: [CAAHEP Accreditation Process](#).

After submission of the RAS, appropriate forms and information concerning the review will be forwarded to the Program Director. The NCOPE staff will establish and forward a timeline for the accreditation process. In addition, the program becomes officially listed as a developing program in the O&P Almanac, recruitment brochures, etc. The program may contact NCOPE for guidance at any time throughout the process.

## 2. Comprehensive Review

In preparing materials for comprehensive review, refer to chapter 6 Self-Study Process and Report and chapter 7 Site Visit. The self-study report and the site visit evaluations follow the same review process for initial accreditation as continuing accreditation. However, the expectations differ as described below.

NCOPE's decision to recommend an accreditation status is based on review of the program's self-study report, as well as the program's and institution's demonstrated commitment and ability to implement the program. It is understood that all aspects of the program may not be in place at the time of the initial site visit. However, the information provided should be as complete as possible. Items that may be in process include the following:

- If the budget for the next fiscal year has not been appropriated at the time that the Self-Study Report is prepared, proposed budgetary figures should be submitted.
- If the current catalog does not contain a description of the program, including the course of study and course descriptions, a copy of what has been proposed for the catalog should be submitted. Documentation should include the date that the information will be included in the catalog and should describe the current method of disseminating the information.
- Although no outcome data will be available when developing the initial Self-Study, a full development plan for program evaluation should be included. The development plan should describe the program's anticipated plan for development of the program including its
  - Status for each accreditation *Standards*,
  - Schedule for implementation of various aspects of the program,
  - Evidence of progress made towards compliance with all accreditation *Standards*,
  - Methods to assess program outcomes.

The curriculum and the sequencing of courses should be complete:

- The curriculum design and sequencing should be complete and course syllabi, including objectives, a topical outline, teaching/learning experiences and evaluation methods and an estimate in percentage of each subject taught in each of the courses, must be provided for all courses.

Self-Studies are submitted using the [NCOPE Accreditation Management Portal \(AMP\)](#). Upon successful submission, a confirmation screen is shown.

## 3. Accreditation Recommendations to CAAHEP

NCOPE bases its recommendation to CAAHEP on its review of the Self-Study, the Self-Study Reviewers Report, the Letter of Review, the Site Visits Report and the Program's Response to the Site Visit Report. NCOPE sends the results of the comprehensive review to the appropriate institutional official, with copies to the Program Director and the Dean.

#### Withdrawal of Request for Initial Accreditation

An institution may withdraw its request for Initial Accreditation of an O&P education program at any time prior to final action by CAAHEP. The request for withdrawal should be in writing and signed by the appropriate institution officials, including the O&P director, and sent to the Chair of NCOPE or CAAHEP.

*NCOPE Policy on Initial Accreditation: The first status of accreditation shall be granted to a program for a period no longer than five years. At any point during the initial accreditation period, a program may be recommended for continuing accreditation or, if warranted, for probationary accreditation. If no recommendation is forthcoming, the Initial Accreditation will automatically expire.*

# Chapter 6 – The Self Study Process and Report

## **6.1 Self-Study Overview**

Council for Higher Education Accreditation (CHEA) and the United States Secretary of Education require a Self-Study for granting accreditation to programs and institutions. The Self-Study and the process involved provide an opportunity for regular, deliberate introspection and consideration of each part of the program. This assures that programs remain responsive to community needs, verifies compliance with standards and allows for continuous improvement. The Self-Study Process should begin well in advance of the anticipated site visit to provide ample time for evaluation of all facets of program operations, including compliance with the *Standards*. The process should involve the various constituencies of the program, including administration and faculty, clinical instructors, students, graduates, advisory committee members and employers if possible.

The program may find it useful to appoint several committees, assigning to each evaluation of aspects of program operations that relate to one or more of the *Standards*. One individual, usually the Program Director, should serve as the Coordinator and resource to the Self-Study Committees. Committee reports, each containing a summary of the findings relative to the Standard(s), including strengths, concerns, and recommendations.

### **Objective**

The Self-Study is an objective, comprehensive evaluation of a program occurring every five years and is conducted to assure that the program continues to be in compliance with the *Standards*. The Self-Study allows the program a chance to self-reflect on its goals, evaluate student-learning outcomes, determine ways to improve student learning and the promotion of exemplary patient care.

### **Process vs. Report**

The Self-Study is a formal process. This organized and systematic activity precedes the Self-Study Report. It is conducted by and for the educational program, with the participation of appropriate constituencies to critically examine its structure and substance. The process is intended to be comprehensive in guiding identification and analysis of all aspects of the program.

The Self-Study Report is an evidential document that summarizes the methods and findings of the Self-Study Process. The Report should not be perceived as the end or goal, but rather as a means of communicating the results of the Self-Study Process to NCOPE.

## **6.2 The Self-Study Process**

During the Self-Study Process, judgments are made regarding the effectiveness of the program in addressing and being in compliance with all established accreditation *Standards*. Critical analysis of student learning outcomes is emphasized, and goals and objectives are reviewed in their connection to and support of the program mission. The Self-Study identifies specific strengths and deficiencies by being open, objective, and precise in its assessment. It reaches

conclusions, with short and long-term plans for necessary modifications and improvements to meet and surpass basic compliance for each requirement.

The Self-Study should include a consideration of external factors influencing educational directions. Particularly, conditions of the sponsoring program and its legal, social, political, and economic climate may affect the present or future program. Analysis of these factors must be demonstrated.

It is recommended that the program begin planning for the self-study one year before the due date. This longitudinal evaluation provides an opportunity to identify strengths, weaknesses, opportunities and threats with the aim of continuous improvement.

### **NCOPE Expectations**

NCOPE does not specify details regarding how the self-study process is to be conducted. However, it does have expectations that the program adheres to the following principles:

- Evaluative process: The self-study process precedes the preparation of the self-study report. Although the requirements of the final report should be considered in the plan for the study, the initial focus should be on the evaluative process, not on the finished document.
- Formative and Strategic: The review identifies the strengths and areas for improvement which leads to coordinated action that strengthens the program's ability to achieve its competencies and learning outcomes.
- Participatory: The self-study process involves participation from the entire faculty of the program. Although it is recognized that a small committee or a single individual is generally assigned responsibility for overseeing the process and the preparation of the report, it is expected that the process include input from all faculty and administration, students and graduates. In addition, the review uses input from internal and external stakeholders (i.e. students, graduates, faculty, staff, administration, program advisory committees, and employers, as appropriate).
- Evidence Based: The review uses an evidence-based approach. The self-study process should be comprehensive, examining in sufficient detail all aspects of the program so that eventual assessment of compliance with the *Standards* can be accomplished.
- Iterative: The review follows up on previous reviews and recommendations with specific attention to trends and patterns.

### **Sample list of tasks in Self-Study Process**

The Self-Study Process begins with a well-thought-out plan. The following is a sample outline of steps in planning for preparation of the Self-Study:

1. Collectively reflect on and discuss the Program's mission and objectives.
2. Delegate responsibilities to faculty and staff.
3. Review summary from previous site visits and describe progress made on deficiencies and/or recommendations.
4. Aggregate and analyze data from Annual Reports.
5. Examine the Program's environment for opportunities and threats (e.g. resources).
6. Obtain stakeholder input on strengths, areas for improvement, opportunities, and threats.
  - a. Prioritize actions based on feedback.

7. Review CAAHEP/NCOPE Education *Standards*.
  - a. Correlate opportunities for student learning with the Core Curriculum Competencies
8. Interpret the data and aggregate the Self-Study findings.
9. Discuss and validate findings with stakeholders (e.g. students, clinical sites).
10. Determine methods to report the results.

### **Strategies for Completing a Self-Study**

The list of strategies is offered for program's use to enhance their Self-Study Process and the overall quality of the program. The strategies are updated periodically as NCOPE learns of new approaches to demonstrate compliance and to enhance the quality of O&P programs. Refer to the full description of the CAAHEP *Standards*.

Guidance for Section A Entry-Level Competencies: The entry-level competencies outline the broad learning objectives necessary to practice O&P effectively. These competencies may be threaded through multiple courses. To self-assess and demonstrate compliance, programs may:

- Reflect on clarity of program goals and student learning outcomes.
- Reflect on graduate and first employer/residency director feedback.
- Reflect on graduation rate and ABC first time pass rate.
- Reflect on residency placements and/or first employments.
- Reflect on discussions from curriculum advisor committee meetings.
- Reflect on discussions from A&E meetings.
- Describe how each entry-level competency is threaded through the curriculum.
- Identify areas for program improvement.

Guidance for Section B Basic Science Curriculum: The basic science curriculum provides the basic science foundation. These are purposely written as broad learning outcomes with the intent that students develop a knowledge "base" and be ready to build upon and apply that knowledge within the O&P-specific coursework. The basic science courses may be part of the pre-professional curriculum (i.e. as prerequisites prior to entering the program) or part of the O&P program. To self-assess and demonstrate compliance, programs may:

- List prerequisite courses for entry to the O&P program.
- List the courses taken within the O&P program.

Guidance for Section C Professional Curriculum: The professional curriculum *Standards* listed in Section C are the minimum student learning outcomes required prior to graduation. Programs are encouraged to strive beyond these *Standards*.

- C.1.0 The Foundational Content Areas provide a rigorous foundation of knowledge, skills, abilities, and behaviors to promote exemplary patient care. To self-assess and demonstrate compliance, programs may:
  - Assess if and how learning is scaffolded through the curriculum (i.e. introduced, applied, integrated, reflected upon).
  - Describe if and how students apply the content areas of knowledge, skills, abilities, and behaviors in the O&P program.
  - Describe if and how student learning in these areas is evaluated throughout the O&P program.
  - Create a curriculum map documenting breadth and depth of learning



- objectives and/or learning outcomes.
- List curricular and/or co-curricular experiences made available to students to document developing competence.
- List simulated activities.

### **6.3 The Self-Study Report**

The Self-Study Report describes how and for what purpose the study was conducted, provides clear evidence that an identifiable process took place and summarizes the methods and findings of the self-study. The report contains a synopsis of relevant data, conclusions and plans generated by the self-study. The Self-Study Report is sent in advance of the site visit, along with additional materials as requested by the Self-Study Reviewers. It determines the focus for the external review and subsequent strategic planning.

*NCOPE Policy 3.2 Self-Study: Programs submit their Self-Study Report through the NCOPE Accreditation Management Portal (AMP) System. The Self-Study Review Committee will review the submitted Self-Study using the NCOPE AMP System.*

### **Outline of the Self-Study Report**

#### **Introduction**

This section should include a statement of how the Self-Study was conducted, the period of time devoted to the Study and a list of participants and their Committee assignments. A brief historical overview of the program and orientation to the program's setting may be helpful to the Self-Study readers but is optional. It is not necessary to repeat data or information contained in the Institutional/Program Data Forms and in the Appendices unless it is standard for the sake of clarity.

#### **Narratives**

The Self-Study Report is evaluative rather than descriptive. Programs will include short narratives within relevant sections throughout the AMP system. In general, each section requires a summary of the self-study findings relevant to that Standard, including the strengths, concerns, and self-assessment of compliance with the *Standards*. The review should include comments, suggestions, and recommendations on program change, particularly the resolution of current problems or weaknesses. The narratives should also offer plans for improvement.

#### **Summary**

The summary is the “heart” of the Self-Study Report and should reflect the findings and conclusions resulting from the self-study process. The summary describes the program’s qualitative assessment of its strengths, deficiencies, and the extent of its compliance with the *Standards*. The summary should include a review of how the program has addressed any concerns cited during the accreditation review process and a summary of plans to remedy any significant deficiencies identified.

## **Supporting Documentation**

Programs are required to submit documentation through the AMP to validate their compliance with the *Standards*. Such documentation may include the following:

- Course Catalog / Bulletin
- Transfer Letters from CEO / President of original / transfer
- Consortium Binding agreements (MOU, etc.)
- Organization Chart (Including O&P program)
- Advisory Panel Minutes / Sign-in sheet
- Expenses and Revenue Data Across the Span of the Document (1 yr annual report)
- Student Handbook
- Faculty CVs
- Staff Job Descriptions
- Course Syllabi
- Rubrics for assignments/projects
- Student Schedule
- Academic Calendar
- Copies of student / employer surveys
- Capstone Manual (Master's level)

### **6.3.c Format and Organization**

Specific instructions and forms for the preparation of the report are provided through AMP online.

## **6.4 Review of Self-Study Report**

The Self-Study Report documents the self-study process, findings and provides the basis for the site visit. An evaluation team of two-three members review the Self-Study. The team's responsibility is to create an objective and impartial assessment of the quality of the orthotic and prosthetic educational program seeking accreditation. NCOPE may request additional information to clarify understanding.

### **The Self-Study Review (SSR) Committee**

Composition of the reviewers may include a team of two-three individuals:

- 1) Educator from a CAAHEP accredited program with teaching experience in the same level of the O&P program being evaluated
- 2) O&P Professionals
- 3) Educator unrelated to the O&P profession

Qualifications: Self-Study Reviewers shall be qualified by education and experience to evaluate the learning concentrations for which the program is seeking accreditation.

### **Selection of Self-Study Reviewers**

In addition to meeting the qualifications to serve as an NCOPE Self-Study Reviewer, an individual selected to serve as a Self-Study Reviewer also must:

- Be a current member of the NCOPE self-study reviewer pool.
- All self-study reviewers are required to sign a confidentiality statement.

- Possess skills to critically review a Self-Study (e.g., attention to detail, sensitivity/understanding of unique qualities of developing programs, organizational skills and the ability to provide constructive feedback).

#### Responsibilities of the Self-Study Reviewers

Self-Study Reviewers serve as representatives of the NCOPE and are expected to perform all responsibilities in an ethical, moral, timely and professional manner. Self-Study Reviewer's primary responsibilities include the following:

- The purpose of the Self-Study review is to verify evidence of compliance with the *Standards*. Therefore, the committee's primary responsibility is to review the following documents for completeness and compliance with the *Standards*.
  - The Self-Study
  - Program's and university's website(s)
  - All correspondence and other relevant documentation associated with the program review
- Respond to all NCOPE requests for information, dates of availability and make every effort to participate actively as a Self-Study reviewer on a regular basis.
- Complete the Self-Study reviewers report in preparation for the site visit.
- Notify NCOPE staff of any contact information changes or changes affecting Self-Study reviewer qualifications.
- Confidentiality: CAAHEP requires that its accreditation procedures, and those of the CoAs, be sensitive of the need to maintain confidentiality in the accreditation process, while also disclosing certain information to serve and protect the public interest. To comply with this requirement, CAAHEP and NCOPE representatives, such as Self-Study reviewers and site visitors, will hold as confidential the following documents and the information contained therein:
  - Self-Study Report
  - Site Visit Report
  - All Progress and Annual Reports
  - All correspondence between CAAHEP, NCOPE and the programs which relates to the accreditation process (including the appeals process, if any).

#### **6.5 Program Response to Self-Study Reviewers Report (PRSS)**

If program deficiencies are identified by NCOPE/CAAHEP, a Program Response to Self-Study is required. Refer to form for the report and a completed example in Appendix.

#### Procedure

1. Programs may resolve areas of potential non-compliance with *Standards* and submit documentation of the resolution to be considered during the formulation of an accreditation recommendation.
  - a. For each deficiency, the response must include a plan describing how compliance with the *Standards* will be achieved. This should include the projected timeline and a description of the documentation to demonstrate compliance. If progress has been made towards correcting the deficiency already, a summary of the progress should also be included.
  - b. The Program Response to Self-Study (PRSS) should be dated and signed by the Program Director and Dean.

2. NCOPE reviews the PRSS and will either Accept or Deny the report.
  - a. If NCOPE determines that execution of the PRSS is likely to bring the program into compliance with the cited *Standards* in a timely manner, the report is **Accepted** and a due date will be established for a progress report. A site visit may be scheduled.
  - b. If the Board determines that the PRSS has inadequately addressed the deficiency or that execution of the PRSS is not likely to bring the program into compliance with the cited *Standards* in a timely manner, the report is **Denied** and a due date will be established for a revised PRSS. The letter notifying the Program Director will specify in what way the PRSS was considered inadequate.
  - c. Failure to bring any Standard found to be partially compliant or non-compliant into compliance in a timely manner will result in recommendation of Probationary Status and may result in an adverse accreditation action.

# Chapter 7 – Site Visit

## 7.1 Site Visit Overview

CAAHEP Policy 206 A.4.a. and b. - Site Visit: An on-site visit is required to be a part of the evaluation process to assist with further determination of compliance with the Standards. Site visitors represent both the CoA and CAAHEP.

- a. The evaluation of the program by the site visitors must be based on the Standards language of the published *Standards and Guidelines*.
- b. A narrative report of findings from the site visit shall be provided to each program, following a site visit. The Site Visit Report, in addition to stating the areas not meeting the *Standards*, shall also include a listing of the strengths, weaknesses and areas needing improvement.

### Objectives

The site visit is the most critical and sensitive part of the review and accreditation process. The site visit is part of a larger peer review/accreditation process, by which members of the O&P profession are endeavoring to discover and share a continuing development of quality and excellence in O&P education. Fundamental to peer review is recognition that excellence in education can be achieved in diverse ways. The site visit team and everyone at the host institution must appreciate the purpose of the site visit to provide a professional judgment of the quality of the educational program and to encourage the program's continued improvement.

1. To provide a professional judgment of the quality of the educational program, the site visit team will take the following actions:
  - a. Confirm that the program has a clear mission and goals that it regularly assesses.
  - b. Verify and clarify the description of the program as presented in the Self-Study Report.
  - c. Assess the program against its own stated goals.
  - d. Assess the program against the NCOPE/CAAHEP *Standards*.
  - e. Review the program's evidence and analysis of students learning. Establish a basis for an evaluative report by the site visit Team to NCOPE.
2. To encourage the program's continuous improvement: the site visit provides an opportunity for the exchange of information among colleagues and for learning about innovative developments responsive to common problems and educational approaches from across the profession.

It is important that all participants embrace this understanding and approach the site visit with trust and goodwill. It is within the reach of reasonable people to translate these attitudes into appropriate site visit performance.

During the site visit, administrators, faculty and students at the host institution and members of the site visit team will be in almost constant and intensive contact with one another. The site visit will be an occasion when the host institution will want to create the best possible impression on its visitors and the site visit team will want to gain the most thorough appreciation of the program being evaluated.

Following the site visit, a narrative report of findings from the site visit are provided to each program. In addition to stating the areas not meeting the CAAHEP *Standards*, the Site Visit Report also includes a listing of the program strengths and areas of non-compliance. Programs are given an opportunity to respond to the report of findings. The program's response to the Site Visit Report will be taken into consideration when determining an accreditation action recommendation.

Finally, every effort should be made to ensure the site visit is a cooperative, collegial experience. The officials in charge of the Self-Study preparation and the site visit should take every possible occasion to reinforce this understanding. NCOPE is dedicated to the principle that openness, candor and trust at the host institution must, in turn, generate goodwill, sensitivity and dispassionate evaluation on the part of the site visitors.

### **Overview of Process**

The site visit is scheduled after NCOPE receives and approves the Self-Study. The program works with NCOPE to identify site visit dates that accommodate all parties. The site visit is typically conducted over one-and-a-half days, during which the site visit team assesses the program's facilities and conducts interviews with students, faculty, staff and administrative personnel. After the site visit, NCOPE provides a comprehensive report of the Site Visit team's findings and recommendations to the program. Site visits for initial and continuing accreditation follow the same process and are conducted in the same manner. The general process for the site visit is outlined below:

1. After notification of acceptance of the program's Self-Study, the program proposes potential dates for the site visit.
2. Program reviews potential site visitors and identifies any real or potential conflicts of interest.
3. NCOPE identifies a team of site visitors.
4. NCOPE confirms the site visit date with the Program Director.
5. The program proposes an agenda.
6. The site visit team requests any necessary changes to the agenda.
7. The site visit occurs.
8. The site visit team submits a Site Visit Report to NCOPE.
9. NCOPE sends the Site Visit Report from the site visit to the program for review and comment on the accuracy of the report.
  - The Site Visit Report, in addition to stating the areas not meeting the CAAHEP *Standards*, will also include a listing of the program's strengths and deficiencies or areas of non-compliance. Programs will be given an opportunity to respond to the Site Visit Report.
  - The program's response to the Site Visit Report will be taken into consideration when determining an accreditation action recommendation.
10. NCOPE sends the program a post-site visit evaluation survey.
11. The NCOPE Board review.
  1. After careful review of all documents (i.e. Self-Study Report, Self-Study

Reviewer Report, Site Visit Report, Program's Response to Site Visit Report and other relevant documents), the NCOPE Board of Directors collectively determines a recommendation for each program.

- i. Note: The completed post-site visit evaluation surveys are not seen by the Commission prior to it taking final action on the program.
  2. The NCOPE recommendation for each program is forwarded to CAAHEP where the final accreditation decision is made. The recommendation options are in CAAHEP policy.
  3. NCOPE sends a Findings Letter to the program and informs the program and CAAHEP of NCOPE's recommendation.
12. CAAHEP evaluates NCOPE's report and recommendation during its next meeting and designates a status of Initial/Continuing Accreditation, Probationary Accreditation, Administrative Probation or Withdrawal of Accreditation based on the reports.
1. The program is notified by CAAHEP of the accreditation decision.

### **Costs**

The program is responsible for all costs associated with the site visit. Costs include expenses for travel and housing of the site visit team (e.g. airfare, ground transportation, hotel accommodations, meals, internet access). NCOPE will provide an invoice to the program after the conclusion of the site visit for any expenses not paid in advance by the program.

## **7.2 The Site Visit Team**

### **Composition of the Site Visit Team:**

A site visit team consists of two (2) to three (3) individuals. A typical site visit team will be assembled from the following representative types:

- 1) O&P Educator: A faculty member at an O&P education program at a level greater than or equal to the program being evaluated.
- 2) O&P Clinician (non-educator): An actively practicing O&P professional credentialed at a level greater than or equal to the program being evaluated.
- 3) Generalist: A higher-education administrator or accreditation organization representative (ex: CAAHEP) with higher-education leadership experience and an understanding of specialty and/or institutional accreditation.

### **Qualifications**

Site visitors shall be qualified by education and experience to evaluate the learning concentrations for which the program is seeking accreditation.

- At least one site visitor will be appropriately credentialed and have experience with O&P education and accreditation. One site visitor may be qualified by other experience and education in allied health.
- All should have received and attended an NCOPE or CAAHEP site visitor training course.
- No visitor will have any real or potential conflict of interest that may affect the evaluation. If the site visitor, program or NCOPE has reason to believe that a conflict

- of interest exists, the visitor will be excused, and another member will be selected.
- All site visitors are required to sign a confidentiality statement.
- Trainees and/or observers, such as NCOPE or CAAHEP representatives, may accompany the site visit team.

In addition to meeting the qualifications to serve as an NCOPE site visitor (outlined above), an individual selected to serve as a site visitor must also:

- Have successfully completed the CAAHEP Site Visitor Quiz.
- Have a positive record as a site visitor.
- Possess experience to support a site visit (e.g., sensitivity/understanding of unique qualities of developing programs, a focus on maintaining objectivity, organizational skills, and the ability to provide constructive feedback).

### **Selection of Site Visitors**

Prior to selection of the site visit team, the Program Director identified persons with a potential conflict of interest by completing the NCOPE Reviewer/Site-Visitor Conflict of Interest Disclosure form which contains a list of potential evaluators.

<https://ncope.org/index.php/home-page-v2/academic-programs/institution-educator-info/ssr-sv-coi-declaration/>

The NCOPE executive director, clinical resource director, and/or the accreditation committee select the site visitors from the pool of individuals who do not hold a conflict of interest. A sincere effort is made to “match” team members to the program and institution being evaluated. NCOPE considers these areas in its selection process in order to maintain balance in the site visitor pool: the type of expertise needed, the type of institution that houses the program, geographic location and the need to avoid conflicts of interest. The criteria for selection of site visitors include, but are not limited to:

- Published qualifications
- Service experience
- Professional experience
- Geographic location
- Gender, cultural, and ethnic background
- Work environment (i.e., type of institution or employment setting)
- Availability

One representative is designated as the team chair and serves as the official spokesperson of the team during the evaluation process. The chair assumes primary responsibility for checking the final arrangements before the site visit, reviewing the suggested schedule, completing the Site Visitors Report, submitting Site Visitors Report to the NCOPE Staff once verified, and overseeing any necessary follow-up activities.

### **Confidentiality**

CAAHEP requires that its accreditation procedures, including procedures unique to its CoAs (ex: Candidacy Recognition), be sensitive to the need to maintain confidentiality in the accreditation process while also disclosing certain information to serve and protect the public interest.



To comply with this requirement, CAAHEP and NCOPE representatives, such as Self-Study reviewers and site visitors, will hold as confidential the following documents and the information contained therein:

1. Self-Study Report
2. Self-Study Reviewers Report
3. Site Visitor Report
4. All Progress and Annual Reports
5. All correspondence between CAAHEP, NCOPE and the programs which relate to the accreditation process (including the appeals process, if any)

### **7.3 Program Preparation for the Site Visit**

Site visits are usually scheduled for one-and-a-half business days, with site visitors typically arriving the evening before the visit and departing the afternoon of the second day. For weekend programs or programs located on more than one campus, adjustments to the schedule are made in collaboration with the Program Director. NCOPE may also identify a longer site visit duration when the program's self-study documentation fails to address compliance with standards that can normally be quantified using written documentation. **Any other request to alter the length of the site visit by the program faculty/administration must be submitted in writing to the NCOPE Executive Director and Clinical Resource Director at least three (3) months prior to the scheduled site visit.**

#### **Site Visit Schedule**

The Program Director prepares a tentative schedule for the site visit and forwards it to the team chair *at least* one month in advance of the site visit. If there are suggestions for changes to the tentative schedule, the team chair will submit them to the Program Director for consideration.

A sample schedule is included in Chapter 10 of this manual. Much of the first day is dedicated to interviewing faculty, administrative personnel, and students. In addition to time for interviews, forty-five minutes should be set aside on the first day for the site visitors to review program documentation. A minimum of one-half hour should be scheduled for a tour of the facilities, including classrooms, laboratories, offices, and the clinical/technical sites. A short period should be left free for the team to review materials at the end of each day and no meetings or activities of any nature should be scheduled by the program for the evenings.

The Program Director should finalize the schedule with the site visit team chair prior to confirming appointments because the team chair may wish to adjust the schedule. After the team chair has been contacted and the schedule confirmed, a final copy should be emailed to each team member and to the NCOPE staff prior to the site visit.

The well-planned site visit usually proceeds smoothly. The site visit team members should meet with the Program Director at the beginning and end of each day for a brief report on their progress, needs, concerns, etc. The team chair keeps the Program Director apprised of any additional information that the team needs or any desired changes to the schedule.

The program director needs to ensure that the site visit team is staying on schedule to complete the 1) interviews, 2) campus facility tours, 3) clinical or practicum visit, 4) document review and 5) exit conference.

### Site Visit Schedule: The Interviews

The site visit team members will collect, verify, and interpret all information likely to demonstrate how the program meets the *Standards* by interviewing all key program personnel, support staff, students, graduates and representatives of advisory committees. The site visit team members will determine the degree of support from the administration, all faculty, advisory committee members and other stakeholders. In addition, the site visit team members will inquire about the future plans for the O&P program by reviewing the program's systematic and periodic program evaluations, the support for continuing professional development and overall support from the administration. Sample interview questions are listed in the **Site Visitor Manual**.

The Program Director should arrange an effective and efficient schedule with faculty interviews, so that each instructor is interviewed, and each *Standard* is addressed. It is helpful in some instances for the site visitors to have individual interviews with key instructors and in other instances, for them to meet in groups (e.g., when several teach together). The structure of these sessions depends on faculty size and shared teaching responsibilities. NCOPE recognizes that each program uniquely integrates the requirements of the *Standards* into its curriculum design and that the design should impact the schedule.

On the agenda or a supplementary document, please indicate the name, title, highest degree for each interviewee and the name and catalog number of course(s) taught. When planning and scheduling the meeting between the Program Director and the site visit team, the Program Director should plan for approximately one hour of discussion. Consider using name tags or name tents for group meetings to help site visitors.

Information gathered during the interviews is used to assess the program's compliance with the *Standards*. The site visit schedule should include interviews with the following people. If possible, each group should be scheduled separately.

- The Program Director for the purpose of mutual orientation and discussion of administrative responsibilities for:
  - Faculty selection, development, and retention
  - Budget development and control
  - Program development, general effectiveness, and evaluation
- Current students for discussion about their views of the program and courses, ability to express their perception of their roles as O&P professionals, and their attitudes toward the profession.
- Recent graduates for discussion about their views of the program courses.
- The Program Director and senior members of the faculty as a group for understanding and ability to articulate the:
  - Philosophy, goals, and organization of the program
  - Program's mission and goals
  - Institution's mission and goals
- Senior members of the faculty as a group without the Program Director for understanding and ability to articulate the program's:
  - Philosophy

- Curriculum design
  - Course objectives
- Other key faculty members to discuss their administrative, advisory and teaching responsibilities, as related to the orthotic and prosthetic program, the objectives and content of the courses, the means of evaluating student performance and relevant plans and activities of the faculty for the future. For these interviews, the faculty may be grouped as appropriate for discussion of the curriculum content areas.
- The administrator to whom the Program Director reports (e.g. dean of the school of allied health and or president or provost) to determine the degree of support from the administration for the program and to understand the importance of the program to the campus and the community.
- Clinical or Practicum Visit to determine whether the clinical/practicum settings provide appropriate opportunities for practicum experience during and following didactic program.
- Employers of graduates for discussion of graduate preparedness, program communication and evaluation of employer satisfaction, and community support.
- Advisory Panel Members as a group for understanding and ability to articulate the:
  - Program's mission and goals
  - Ongoing evaluation and review of program's curriculum and relevant activities
  - Integration of the committees input into the curriculum or program operations

The site visitors' line of questioning is intended to flesh out details about the programs ability to meet the standards and other aspects of education that contribute to positive student outcomes. A list of common questions posed by the site visit team is included in the Site Visitor Manual, but it is possible the visitors may ask additional questions beyond those listed in the manual linked below.

<https://ncope.org/index.php/home-page-v2/academic-programs/site-visitor-manual/>

#### Site Visit Schedule: Campus Facility Tours

The site visit team members should tour campus facilities that contribute toward program success. A tour typically includes the following resources:

- Program classrooms
- Program laboratories
- Faculty offices and workspaces
- Administrative offices for the program and department

At the director's discretion or lead site visitors request, the tour may also include general campus resources such as the tutoring center, student union, bookstore, library, and any other facilities which support the program.

#### Site Visit Schedule: Clinical or Practicum Visit

Clinical visits are relevant for O&P practitioners and assistant programs, while practicum visits are relevant for technician program site visits.

Experiences in a patient care or practicum setting are intended to provide students an understanding about didactic and/or practical content covered in the academic setting. The team may request a visitation to one or more clinical or practicum settings to meet the people mentoring the students. If everything is deemed acceptable at one setting, it is unlikely that a visit to a second setting is necessary. Additionally, the site visit team may have limited time to visit more than one clinical or practicum setting. For programs holding CAAHEP accreditation, it is not a requirement to have the site visitors attend a clinical or practicum site if the clinical/technical experience is being executed in the same manner during the previous comprehensive accreditation. Confer with the lead site visitor to determine if it is appropriate to include or omit a clinical/practicum site visit.

The site visitors will want to see that the affiliation agreements between the O&P education program and clinical/practicum sites are appropriate and updated. They may ask the preceptors at the settings questions, such as

- Do the preceptors know who the program administers are?
- Does the preceptor get feedback from the program about how the preceptor is doing?
- What will students know or be capable of doing after spending X time here?
- If the student gets hurt, what is the process to get student help?

#### Site Visit Schedule: The Exit Conference

A final closing conference is held with the Program Director. Designated representative(s) may be included at the discretion of the Program Director including departmental/school leadership and faculty members. During the Exit Conference, the lead site visitor will facilitate the dialogue and facilitate a discussion of the following topics.

- 1) Introductory remarks and expression of gratitude
- 2) Review of the draft site visitor report including
  - Compliance with Standards I-V and Appendix B: Core Curriculum Guide
    - Any standards identified as “Not Met” by the site visitors must include an explanation about why “Not Met” was chosen including the relevant observations and how they relate to the specific related standard.
  - Identification of concerns expressed during the self-study review and whether or not they were addressed during the site visit.
  - Recognition of observed program strengths and enhancements
  - Review impressions related the education program
- 3) Identify the accreditation action the site visitors are recommending to the NCOPE Board of Directors (if documentation is adequate)
- 4) Identify any documentation that the site visitors wish for the program to provide prior to their completion of the Site Visitor’s Report to address any standards previously identified as “not met”
- 5) Create forum for discussion between the representatives of the O&P program and site visitors
- 6) Closing remarks

At this time, the site visit team expresses appreciation for the courtesies extended during the site visit and informs the group of the next steps in the accreditation review process. Initial impressions of the site visit will be shared with the Program Director and other invited guests.

## **Organize Documents**

The site visit team will evaluate a variety of program and institution documents for consistency with the Self-Study and compliance with the *Standards*. Documents may be provided in digital format but must be organized and easily accessible for site visitors. Such documentation may include:

- The self-study and all related documents
- Additional resources requested after the self-study review
- The full curriculum for all courses identified in the Self-Study must be available for review. Curriculum may be provided on paper or through the institution's learning management system (LMS). If the curriculum is provided online, please ensure that site visitors have access to the LMS.
  - In case of problems with access to the learning management system, have someone from IT available
- Affiliation agreements
- Minutes of standing committees
- Textbooks
- Course syllabi
- Records of student activities
- Student records
- Evaluations of student performance (excluding examinations)
- Clinical/practicum data
- Selection and retention information
- Program advertising and outreach media
- Course assessments

## **Reserve a dedicated meeting room and workspace for site visitors**

- Meeting Room: If possible, the Program Director should assign a room to the team and arrange for all interviews and conferences to be held there for an efficient site visit. It is helpful if the room is arranged conference style with a large table for the team to work.
- Workspace: a dedicated workspace is necessary for the site visit team to review documents.
- Provide access to all documents listed above.
- If students, faculty or staff are calling in via conference call rather than in person, the school needs to set up a speakerphone and/or screen for viewing via Zoom or Webex in the room, and directions on how to use it.
- Provide snacks, water and coffee/tea.
- Provide the mobile number of the program director and an administrative team member in case there are questions.
- Arrange for wi-fi access for site visitors.
- Telephone Contacts: Team members and NCOPE staff should be sent the office and mobile telephone numbers of the Program Director and a contact number for weekends and evenings, in case of an emergency prior to the site visit. In addition, the Program Director should furnish team members and NCOPE staff with telephone numbers of the host institution where the site visitors may be reached during the visit in case of emergency.
  - The program director must be available at any time to address the site visit team members' questions.

## **Communication about Travel and Accommodations with Site Visit Team Members**

- **Local Transport:** Provide site visitors with a campus map, parking instructions and if necessary, parking passes to the site visit team. The site visitors will leverage a rental vehicle or a ride service to travel between the campus and airport. If it is necessary for the team to travel to different facilities not within a short walk, please provide transportation for the site visit team if they do not have their own vehicle.
- **Air Travel:** The Program Director is asked to identify the closest major airport that the site visit team should travel in/out of. Site visitors will make their own travel arrangements and notify the Program Director of their plans and schedules.

**Accommodations:** The Program Director should book accommodation for the site visitors at a convenient, moderately priced hotel or motel for the night preceding the site visit and the following night. NCOPE will provide the names of the site team to the Program Director.

- **Travel Expenses:** Site visitors are responsible for their own expenses while travelling (e.g. airfare, ground transportation, and meals). Reimbursement of those expenses is handled directly through NCOPE. The program will be invoiced for the team's expenses for any aspect not already paid in full by the program (ex: hotel accommodations) upon completion of the site visit.

## **Prepare the faculty and students**

The faculty may want to meet as a group to discuss the self-study, philosophy, goals, and organization of the program as well as any of the sample interview questions listed in the Site Visitor Manual. The faculty must be aware of the schedule and prepared for the meetings.

Students may not be knowledgeable about the accreditation process. The Program Director should inform them of the purpose of the visit and the interviews and types of questions that the team might ask. Typical questions to the students may include:

- Even the best educational program can be improved. What do you think could be done to make this program better?

## **7.4 Consortium**

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, such that it must be a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education. In addition, it must be authorized under applicable state law or other acceptable authority to provide a post-secondary program, which awards a minimum of a master's degree at the completion of the program.

The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority, applicable exclusions, expiration dates and parameters of termination. This documentation shall be made available to the site visitors upon arrival.

Responsibilities of The Sponsor must ensure that the provisions of these *Standards* and Guidelines are met.

The site visitors will ask questions to get an understanding about the support provided and level of commitment for the program (refer to the suggested questions to administrators in the site visitor's manual). In addition, the site visitors will ensure that the following requirements are met:

- The sponsor is recognized by the U.S. Department of Education
- The consortium is authorized under applicable state law or other acceptable authority to provide a post-secondary program, which awards a minimum of a master's degree at the completion of the program.
- Formal affiliation agreements or memorandums of understanding are current, appropriate and updated.

## **7.5. Post-Site Visit Actions**

### **Report Review and Comments**

After the site visitors finalize their report and submit it to NCOPE, it will be returned to the program for review and comment on the accuracy of the report. Programs may submit additional documentation in response to the site visitors report, such as clarification of program information or materials that will lead to substantial compliance of a standard cited in the report. Once the program has had a chance to respond, the annotated report is reviewed by NCOPE for determination of accreditation.

### **NCOPE Final Report and Notification**

NCOPE will act on careful review of all documents (i.e. self-study, self-study reviewer report, site visit report and other relevant documents) at the next scheduled meeting, following the visit. The chief executive officer, dean and Program Director are sent a copy of the action letter and NCOPE's final report. It should be noted that NCOPE's final report may differ from the site visit report presented at the conclusion of the visit. For example, the Board may act to change one or more "Suggestions" to "Deficiencies" or vice versa based on its analysis of the findings.

The Board evaluates all relevant documents and votes on one of the following actions:

- a. Recommend Initial/Continued Accreditation based on findings from the comprehensive review.
- b. Recommend a status of Probationary Accreditation, Administrative Probation or Withdrawal of Accreditation based on findings.

Notification of NCOPE's recommendation for accreditation will be forwarded to the Program Director and the appropriate officials of the institution.

If deficiencies are identified in the final report, the program is required to submit a **Plan of Correction** by the date specified by NCOPE.

### **Program's Response to the Site Visitors Report**

- a. Programs shall be given an opportunity to respond to the Site Visitors Report (report of findings).

b. CoAs are encouraged to allow a reasonable period of time, after the site visit, during which programs may resolve areas of potential non-compliance with *Standards* and submit documentation of the resolution to be considered during formulation of an accreditation recommendation by the CoA to the CAAHEP Board of Directors.

### **Post-Site Visit Survey**

Following the site visit, the Program Director and dean will each be sent a survey regarding the accreditation process. This survey is the primary mechanism for ongoing feedback by the academic community regarding the accreditation process. Information from these surveys is compiled and used in modifying accreditation procedures. Therefore, a candid response is appreciated. The completed surveys are not seen by the Board prior to it taking final action on the program.

## **7.6 Site Visitor Emergency**

In the event that a site visitor is unable to complete his/her team responsibility due to an emergency (e.g., illness or accident), the team chair will meet with the Program Director and appropriate administrators to determine if the site visit should continue or be aborted and rescheduled.

- If the evaluation team chair feels that the site visitor could satisfactorily continue, complete the site visit and institution personnel agree, the site visit will continue. However, if institution personnel disagree, the site visit will be cancelled and rescheduled.
- If the site-visit team chair feels that the evaluation process has been too seriously affected to continue and institution personnel agree, the site visit will be cancelled and rescheduled. However, if institution personnel disagree, the site visit will continue and circumstances will be documented in the Site Visitors Report. The team chair will notify NCOPE of the decision and action taken.

## **7.7 Focused Site Visits**

NCOPE requires Focused Site Visits to verify compliance with the *Standards* when compliance cannot be demonstrated with documentation alone (facilities, interviews, etc.). The number of visitors, length of visit and Standard to be reviewed shall be individualized for each program, dependent on the Standard(s) that is/are not in compliance. Expenses for this visit shall be charged back to the program.

Programs will be given 90-days' notice prior to arrival on site. The program will be given three (3) days to confirm the assigned site visit dates. If no confirmation is received from the program, it will be assumed that assigned dates are acceptable. Random site visits are determined based on NCOPE's review of the annual outcome reports and a programs' ability to meet the established thresholds. Selection may also be based on the date of the program's last site visit or any significant changes taking place within the program.

Focused site visits may occur after substantial changes or when questions exist related to compliance during the interim of the accreditation cycle.



# Chapter 8 – Program Continuing Accreditation Requirements

Programs are required to complete the following items to maintain continuing accreditation status.

1. Pay all fees on time.
2. Notify NCOPE promptly of specific changes (these are listed below).
3. Agree to a date for the site visit during the scheduled time frame.
4. Submit all required reports as listed below to maintain CAAHEP accreditation (Table 1).

**Table 1.** List of required reports, recurrence schedule and deadlines

Report/Responsibilities	Recurrence schedule	Deadline
8.1 Annual Report ( <a href="#">AMP</a> )	Yearly	December
8.2 Report of Substantive Change <a href="#">Substantive Change Form</a>	As required	Within 6 weeks of occurrence
8.3 Progress Report	As required  Quarterly after NCOPE acceptance of the Plan of Correction	January 15, April 15, July 15, October 15
Chapter 6 Self-Study	Every 5 years, more often if dictated by accrediting body	
Chapter 7 Site Visit	Every 5 years, more often if dictated by accrediting body	
7.5.c Program Response to Self-Study (corrections and/or explanations of deficiencies)	As required	6 weeks following receipt of deficiencies from annual report, self-study, or site visit
<a href="#">Accreditation Fees</a>	Annually to CAAHEP & NCOPE	August 1
Focused Site Visit	As required  Whenever a program is not in full compliance with the <i>Standards</i> and compliance cannot be demonstrated with documentation alone	Determined based on program and site visitor schedules

## **8.1 Annual Reports**

*NCOPE Policy: Each program shall be required to submit the NCOPE Annual Report by the specified deadline. Failure to do so may result in Administrative Probation. Staff shall screen the Annual Report for completion and for any possible noncompliance with Standards. The staff shall forward these Annual Reports to NCOPE accreditation committee for further review. The Accreditation Committee will forward any areas of potential noncompliance with the standards or general concerns to the BoD. Upon review and consideration, the BoD shall determine if action is required to assure compliance including but not limited to: Focused Site Visit, Comprehensive Review or an Adverse Accreditation recommendation.*

NCOPE requires each accredited program to submit an Annual Report. The purpose of the annual report is to provide an outcome-based evaluation of programs for the 5 years between comprehensive reviews. Prompts are focused to identify datapoints needed to demonstrate compliance with the *Standards*. For maximum benefit to the program, the report should be discussed with the entire program faculty and should be incorporated into or flow directly from a program's ongoing evaluation.

Quality review should focus on the following three factors: 1) reliable evidence that students learn and succeed; 2) competent and efficient analysis of the evidence; and 3) clear and consistent practices for judging evidence of performance. Annual reports provide evidence of these factors, program self-reflection and proposed updates to the program on the following outcomes to ensure compliance with the CAAHEP *Standards*:

1. Retention rates
2. Graduation rates
3. Placement (e.g. residency, job placements)
4. Exam results (e.g. number of graduates passing ABC exams)
5. Student learning outcomes (e.g. portfolio)
6. Student survey
7. Graduate survey (e.g. program self-reflection about graduate survey responses)\*
8. Employer survey (e.g. program self-reflection about employer survey responses)\*

*\*It is the responsibility of all programs to implement graduate and employer surveys independent of any data that is provided by the NCOPE via the surveys administered to registered O&P residents. NCOPE cannot guarantee an adequate sample to achieve statistical significance.*

### **Established Thresholds**

NCOPE has established specific thresholds for program performance to support assessment of a program's effectiveness, as follows:

1. Program completion rate: Retention of an average of 85% of enrolled students must have completed the program within the program's published time frame, as averaged over the three (3) most recently completed academic years. This includes attrition due to academic dismissal, clinical dismissal or student withdrawal.

2. National examination pass rate: At least 80% of 1st-time exam takers must have passed the national written exam, as averaged over the three (3) most recently completed academic years.
3. Placement: at least 90% of program graduates must be employed in the profession or pursuing further education in the profession within 1 year of graduation, as averaged over the 3 most recently completed academic years. Positive Placement requires the graduate to be employed as a prosthetist-orthotist, O&P assistant, O&P technician or continuing their education. "Placement" means that the graduate is employed full or part-time in the profession or in a related field; or continuing his/her education; or serving in the military. A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.
4. Employer surveys are administered six (6) months to one (1) year post graduation: Average scores are at least 3.5/5 in response to items related to "is your resident/graduate prepared for entry level practice"
5. Graduate surveys are administered six (6) months to one (1) year post graduation: Average scores are at least 3.5/5 in response to items related to "rate your knowledge and skill preparation for an entry level position for a O&P resident/technician/assistant"

#### Failure to Meet Established Thresholds

Failure to meet the established thresholds will result in recommendations from NCOPE, require an action plan be developed by the program and submitted to NCOPE. The action plan should provide documentation regarding how the deficiencies will be corrected. Noncompliance, inability to correct deficiencies in a timely manner or serious deviation from the threshold in any measure may trigger an unscheduled comprehensive review, progress report or a change in the program's accreditation status.

#### Procedure

1. Programs will provide information on an annual basis using the Accreditation Management Portal (AMP). Failure to do so within 30 days of the determined deadline may result in a program being placed on administrative probation.
2. NCOPE completes an annual accreditation compliance form for each of the education programs and saves the form to the accreditation folder. The form includes details related to the following:
  - a. The program's compliance with CAAHEP *Standards*. The purpose of the annual report is for programs to continuously reassess compliance.
  - b. Recommendations and/or requests for further documentation.
  - c. Documentation of the need for further consultation and/or site visit.
3. The NCOPE Board reviews the summary of annual reports at the next board meeting. The Board is advised of program outliers, programs that do not meet the established thresholds or are out of compliance. The Board's actions may be one of the following:
  - a. Acceptance of the report with no further action required.
  - b. Acceptance of the report contingent upon receipt and approval of additional information.
  - c. Request for clarification of one or more items.
    - If there are areas of noncompliance with the *Standards*, deficiencies will be identified, and Progress Reports will be required to demonstrate actions taken to become compliant with the *Standards*. (See Sections II.F.1. and II.F.2.)

4. Transparency of Outcomes. All programs must publish, preferably in a readily accessible place on their websites, the outcome measures required by the NCOPE. The Programs may publish additional outcomes, such as graduate satisfaction, employer satisfaction and programmatic summative measures.
  - a. At all times, the published results must be consistent with and verifiable by the online Annual Report of the program.
  - b. Each year in the Comments tab of the Annual Report, the program must state the website link (or other publication) where results are published.

*An example of how a program can clearly demonstrate graduate positive placement outcomes is show below. Formatting should be clear and easily understood by prospective students and members of the public.*

Academic Year	Total Graduates	Total Graduate Achieving Positive Placement*	Total Graduate <u>Not</u> Achieving Positive Placement*	Positive Placement Rate
2021-2022	16	15	1	93.75%
2020-2021	15	15	0	100.00%
2019-202	16	15	1	93.75%
3 Year AVG	15.66666667	15	0.666666667	95.83%

*\* Positive placement occurs when a graduate enters into O&P residency or pursues additional education in a related health-science/academic discipline (ex: Ph.D in Rehabilitation Sciences) within 6 months of graduating.*

## **8.2 Program Retention of Student Records**

1. *Outcome Data. Programs are required to maintain a file of raw data for outcomes for the most current 5-year window (consistent with the most recent accreditation comprehensive review). This includes:*
  - a. Graduate Surveys
  - b. Employer Surveys
  - c. Placement data
  - d. ABC exam statistics
2. *Programs are required to maintain the following documentation for all students for a timeframe based on the university requirements:*
  - a. Grading Policy
  - b. Grading Scale
  - c. Pass Score
  - d. Official roster of students most recently assessed cohort in each of the cognitive domain areas
  - e. Copy of blank exam(s) and/or other required assessments covering each objective in the cognitive domain areas
  - f. Grade book or transcripts covering all students in the covered cohorts, documenting satisfactory completion of each objective
  - g. Electronic record keeping is encouraged

3. *Programs are required to maintain permanently grades and credits for courses, must be recorded on the student transcript and maintained by the sponsor.*

### **8.3 Report of Substantive Change**

***CAAHEP Policy:***

*NCOPE Board of Directors must have timely notification of expected or unexpected substantive changes within 6 weeks of occurrence. The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/NCOPE in a timely manner.*

A substantive change is a significant modification of the nature and scope of an O&P education program. The purpose of the report of substantive change is to maintain open communication lines with NCOPE, prevent or address potential areas of noncompliance, and safeguard students.

The Program Director is encouraged to contact NCOPE if there is a question about whether a change constitutes a substantive change. Substantive changes include, but are not limited to:

1. Change in Mission or Goals of program
2. Change in accreditation of institution
3. Significant reduction in resources for the institution or program
4. Program Director changes\*
5. Transfer sponsorship, mergers, or consolidations\*
6. Change/addition/deletion of courses that represent significant departure in curriculum content. This may include a substantial increase/decrease in clock or credit hours for successful completion of a program\*
7. Change in method of curriculum delivery\*
8. Substantive change in the number of students admitted to the program
9. Significant change in faculty composition or size
10. Change or additional program locations\*
11. Change in degree awarded, including when an institution with one accredited O&P educational program adds a different O&P educational program
12. Change in degree-granting institution from the currently accredited program
13. Program discontinuation\*

\* Refer to specific instructions for Reporting Substantive Change below.

#### **When a program must submit a new self-study**

A program must submit a new self-study when one of the following occur:

1. The degree-granting institution is not the same as that of the currently accredited program (transfer of sponsorship) and the number of courses, credit hours, or contact hours will change more than 20% from the currently accredited program.
2. The accredited program is adding an additional pathway that changes the total number of courses, credit hours, or contact hours more than 20% from the currently accredited program.

3. An institution with one accredited orthotic and prosthetic educational program adds a different orthotic and prosthetic educational program. For example, if an institution with an accredited educational program for the orthotic and prosthetic technician adds an orthotic and prosthetic practitioner program.
  - A CAAHEP RAS seeking initial accreditation to enter the additional/changed program into the accreditation process should be submitted **at least 18 months prior** to the time the first group of students will complete the program. (NOTE: It is imperative that the evaluation process be completed prior to the graduation of the first class of students.) The CAAHEP RAS form includes a description of the addition and/or change, the month and year orthotic and prosthetic students will enter the new program and the month and year the first class will graduate. The RAS must be signed by the chief executive officer and by the orthotic and/or prosthetic program director and submitted directly to CAAHEP. NCOPE is provided a copy upon CAAHEP staff review and verification.
  - NCOPE may require additional reports or schedule a focused site visit if indicated by information provided in reports or because of a formal complaint.

### **Reporting Substantive Change**

The substantive change notification must be submitted to NCOPE no later than 90 days after implementation or occurrence of the change. [Substantive Change Form](#) (select document type for substantive form).

All substantive changes must be submitted through the NCOPE website using the Report of Substantive Change form. The Report of Substantive Change notification must document the nature and scope of the substantive change and how the change affects the program's compliance with the accreditation standards. NCOPE may request additional information, which may include additional reporting requirements, a focused or comprehensive site visit. Please review *specific instructions* below.

### **Program Director Changes**

The program must inform NCOPE promptly if there is a change in the Program Director of an accredited orthotic and prosthetic educational program.

1. If the position is vacant, written notification should include the following:
  - a. Name, credentials, title and effective date of appointment of the Interim Program Director.
  - b. Process to put a qualified leader in place on a permanent basis.
2. If the position has been filled by an acting or permanent Program Director, written notification should include the following:
  - a. Name, credentials, title and effective date of appointment of a new Program Director.
  - b. Program Director's curriculum vitae. The curriculum vitae should detail orthotic and prosthetic and experience, and should give attention to experience and qualifications in academic teaching and administration.
  - c. Program Director should summarize his/her experience and qualifications relevant to the current *Standards*. If educational deficiencies exist, a plan for addressing the Program Director's educational deficiencies to meet the *Standards* must be included.

### **Transfer Sponsorship, Mergers, or Consolidations**

The accreditation status of the existing program may not simply be transferred to the additional/changed program until the procedures for adding to or changing an educational program are followed. The program must inform NCOPE of its intent to transfer, merge, or consolidate program sponsorship.

1. The current sponsor must submit a letter signed by the President/Dean indicating the impending change.
2. The new sponsor must submit a ["Request for Transfer of Sponsorship" Form](#).
  - a. This is part of the Request for Accreditation Services (RAS) and how programs “formally” request a transfer through the CAAHEP web site.
3. NCOPE has the discretion of requesting a new self-study report with or without a site visit review.

Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted. NCOPE will review the information at its next scheduled meeting and determine compliance with the *Standards*.

1. The institution housing the program will be notified by the NCOPE Chair of the results of the credentials review as soon as possible following the meeting.
2. If the credentials of the Director of an established O&P educational program reveals noncompliance with the current *Standards*, the program may be in noncompliance with the *Standards* and required to submit a Progress Report to NCOPE.

#### **Change/addition/deletion of courses that represent significant departure in curriculum content or changes in format**

When an institution housing an accredited educational program makes the decision to add/change/delete significant portions of the program or make changes the format of the program (e.g. weekend or distance programs), the program is subject to accreditation procedures. Changes may include a substantial increase/decrease in clock or credit hours for successful completion of a program.

The accreditation status of the existing program may not transfer to the additional/changed program until the procedures for adding to or changing an educational program are followed.

1. The program must inform NCOPE of the following:
  - a. Reason for the proposed change,
  - b. The proposed changes
    - i. Course sequencing
    - ii. Content changes, learning objectives and expected student outcomes
    - iii. Delivery methods
    - iv. Resources necessary to implement the planned change
  - c. The potential implications related to the changes, such as
    - i. Faculty workload
    - ii. Potential negative consequences and how they might be addressed.
2. Minor program changes or additions may be submitted with the Annual Report in lieu of a separate review.

#### **Change or additional program locations**

When an institution having an accredited educational program decides to change the location of that program, the program is subject to accreditation procedures.

1. The accreditation status of the existing program may not accrue to the additional/changed program until the procedures for changing the location of an educational program are followed. The program must inform NCOPE of the following:
  - a. Illustration and description of the new space (i.e. floor plan) including proposed location of tools, machines, and equipment.
  - b. Digital photos, if possible.
  - c. Description about how change in location will impact the program.
2. NCOPE will review and take one of the following actions:
  - a. Request that additional information be submitted
  - b. Schedule a focused site visit to assure patient access and student safety

### **8.3.2.g Program Discontinuation**

Notification of program discontinuation must be submitted to NCOPE as soon as possible. Written notification should describe the plan for permanent closure of the program. The program will follow guidance from the institutional accrediting body.

## **8.4 Progress Reports**

*NCOPE Policy: Progress reports shall be required by NCOPE whenever a program is not in full compliance with the Standards. The required documentation and deadline for the Progress Report shall be individualized for each program, dependent on the Standard(s) that is/are not in compliance.*

If a change in accreditation status is indicated, the program will be notified of NCOPE's action.

### **Procedure**

1. Following acceptance of a Program Response to Self-Study (PRSS), quarterly Progress Reports are required until all deficiencies are corrected.
2. For each deficiency, the report to be completed by the program can indicate:
  - a. Compliance
  - b. Progress towards compliance, specifically including:
    - i. Progress made toward correcting the deficiency and documentation verifying this
    - ii. Additional action to be taken (if any) with a timeline for completion and documentation verifying this
  - c. Lack of progress towards compliance, specifically including:
    - i. Statement and rationale to that effect
    - ii. Specific action plan for rectifying the deficiency in the future
3. The NCOPE Board reviews the Progress Report at its next meeting, resulting in one of the following actions and notification from NCOPE:
  - a. Acceptance of the progress report with no further action required and Acceptance of the progress report contingent upon receipt and approval of additional requested information, as specified in the acceptance letter. Denied: Progress is inadequate to bring the program into compliance with the cited *Standards* in a timely manner
4. NCOPE documents the status and saves the form to the accreditation folder, including:
  - a. Progress toward addressing the CAAHEP *Standards*
  - b. Recommendations and/or requests for further documentation



- c. Documentation of the need for further consultation and/or site visit

### **8.5 Comprehensive Review**

*NCOPE Policy: Educational programs shall regularly undergo a comprehensive review to assure that the program continues to be in compliance with the Standards. This review shall include a complete Self-Study and a Site Visit. The time between comprehensive reviews is typically five (5) years.*

In preparing materials for comprehensive review, refer to the **Self-Study Process and Report** and **Site Visit** chapters in this manual. The Program Director shall find the schedule of self-study deadlines and site visits through the NCOPE Accreditation Calendar (found on [AMP](#)). Specific dates for the site visit are set after the selection of the visiting team.

## Chapter 9 – Request for Reconsideration of an Adverse Recommendation of CAAHEP Accreditation

When the NCOPE Board first formulates a recommendation of Withhold of Accreditation, Probationary Accreditation or Withdrawal of Accreditation, the Chief Executive Officer of the sponsor will be notified in writing of that Board action. The notification will include the specific areas where the program was found deficient (Standards cited), the rationale for those citations and the suggested documentation by which the Program may demonstrate its compliance with the *Standards*. Following Board action, the institution may request reconsideration of an adverse decision to withhold or withdraw accreditation by submitting in writing its objections together, with supporting data and a request for re-evaluation.

The sponsor will have fourteen (14) calendar days after receipt of written notice (sent certified mail, return receipt requested) to request reconsideration of that recommendation or to request voluntary withdrawal of its accreditation/application.

- If the Program does not request reconsideration by the deadline, the original Board recommendation is forwarded to the CAAHEP Commission with the correspondence documenting that the Program was notified of its rights and that due process was followed.
- If the Program requests reconsideration, it is notified of a deadline to submit additional (new) material for consideration by the NCOPE Board.

The NCOPE Board will place reconsideration of the original recommendation on its next agenda, following the Program's deadline for submission of materials. The Board will review the reconsideration action based on all the materials at the time of the original recommendation, as well as all new materials submitted by the Program.

- Following review of the documentation, the NCOPE Board formulates a recommendation to the CAAHEP Commission for Initial Accreditation, Withhold Accreditation for new programs, Continuing Accreditation, Probationary Accreditation or Withdrawal of Accreditation.
- If the Board formulates a recommendation that could change the Commission's accreditation status of the Program, the recommendation is forwarded to the Commission, along with the correspondence documenting that the Program was notified of its rights and that due process was followed.
- If the Board formulates a recommendation that would not change the Commission's accreditation status, but includes citations, the recommendation is not forwarded to the Commission and a Progress Report is requested of the Program.

Once the reconsideration is recommended and reviewed, the decision is final and not subject to appeal. The CAAHEP Commission will act on the NCOPE Board's recommendation after the Board's reconsideration.

## Appeals Procedures for CAAHEP Accreditation

The NCOPE Board follows the CAAHEP policies and procedures for Appeals ([CAAHEP Policy and Procedure Manual](#) 600 Appeals and Complaints).

### *References:*

- CAAHEP Appeal Process webpage - Appeal Process: <https://www.caahep.org/program-directors/accreditation-topics/adverse-reactions>
- Section 601 Appeals of Adverse Accreditation Actions: [CAAHEP Policy and Procedure Manual](#)

# Chapter 10 – Sample forms and site visit resources

## **Sample forms**

- i. Plan of Correction Form
- ii. Report of Substantive Change

## **Site visit resources**

- i. Sample Schedule for Site Visit for an Educational Program
- ii. Site Visit Checklist
- iii. CAAHEP – A Program Director’s Guide: Organizing the Documents for the Site Visit

## SAMPLE - Plan of Correction

The document below contains the fundamental information prompted via the NCOPE Plan of Correction form posted on the NCOPE Website:

<https://www.cognitofrms.com/NCOPE1/StatementOfDeficienciesAndPlanOfCorrection>

Please do not copy the text below and attempt to submit the form to the NCOPE staff.

When deficiencies are identified, programs are required to submit a Plan of Correction by the date specified by NCOPE staff.

NCOPE Board review of the Plan of Correction

1. Has the program accurately stated the issue to be corrected?
2. Are the corrective action steps appropriate to address the issue to be corrected?
3. Are corrective action steps realistic for the provider to accomplish?
4. Is the timetable realistic for the provider to accomplish?
5. Is the timetable compact enough to assure corrective action in a reasonable time?
6. Are the corrective action steps addressed in enough detail to indicate a thoughtful response to the issue to be corrected?
7. Is the POC of sufficient scope to ensure systemic root causes are identified and addressed?

National Commission on Orthotic and Prosthetic Education (NCOPE)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		Program Level	Primary Program Contact Email	Date of Site Visit
NAME OF INSTITUTION		STREET ADDRESS, CITY, STATE, ZIP CODE		
Standard	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD HAVE INFORMATION/EXPLANATION OF DEFICIENCY)	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)		COMPLETION DATE

NCOPE Board of Directors Meeting Date/Review:

Program Director Signature	TITLE	DATE
----------------------------	-------	------

If continuation sheet Page \_\_\_\_ of \_\_\_\_

## **SAMPLE - Report of Substantive Change**

*The document below contains the fundamental information prompted via the NCOPE Plan of Correction form posted on the NCOPE Website:*

<https://www.cognitoforms.com/NCOPEI/ReportOfSubstantiveChange>

Please do not copy the text below and attempt to submit the form to the NCOPE staff.

Please complete the following. Guidance for completing this report is available in section the Reports of Substantive Change section in the Accreditation Manual.

Type of Program:            Technician            Assistant            Masters

Program Information:

Program Name:

Program Director:

Program Location:

Nature of Substantive Change: Check one or more items

- Change in Mission or Goals of program
- Change in accreditation of institution
- Significant reduction in resources for the institution or program
- Program Director changes;
- Transfer sponsorship, mergers, or consolidations;
- Change/addition/deletion of courses that represent significant departure in curriculum content.
- Change in method of curriculum delivery;
- Substantive change in the number of students admitted to the program:
- Significant change in faculty composition or size
- Change or additional program locations
- Change in degree awarded
- Change in degree-granting institution from the currently accredited program;
- Program discontinuation.
- Other

1. Provide an overview of the change, including timelines, expectations, and supporting documentation, as appropriate
  
2. Document if the change affects the program's compliance with the accreditation standards.

## Sample Site Visit Agenda for an Educational Program

8:30 - 9:30 a.m.	Meet with the Program Director. First meeting with Program Director to discuss philosophy, goals, curriculum and organization of educational program within the institution. <i>Purpose:</i> <ol style="list-style-type: none"><li>1. To allow site visitors to briefly review the purpose of the site visit, the accreditation process, and the roles and functions of the review committee, and</li><li>2. To review the schedule for the first day as planned by the program, making adjustments as necessary.</li></ol>
9:30 - 10:30 a.m.	Tour classroom, laboratory, faculty office spaces, and library or study center.
10:30 - 11:30 a.m.	Meet with primary orthotic and prosthetic faculty (excluding Program Director) to discuss 1) their teaching, advisory and administrative responsibilities; 2) the objectives and content of specific courses; 3) the means used to evaluate students' achievement of objectives; and 4) opportunities for professional development.
11:30 - 12:30 p.m.	Meet with 4-6 students enrolled in the program.
12:30 - 1:00 p.m.	Meet with key administrative officials (those to whom Program Director reports) to discuss administration relationships and plans for the program.
1:00 - 2:30 p.m.	Lunch
2:30 - 5:30 p.m.	Review records: student records, methods of evaluating student performance including examinations, availability of description of program, selection and retention information, rights, and appeal mechanisms, etc.
Evening	The program is requested not to schedule activities for the evening. The site visitors use dinner and evening hours to discuss information acquired throughout the day, to identify areas requiring further inquiry the following day, and to draft as much of the Site Visit Report as possible

## Second Day

8:30 - 9:30 a.m.	Meet with the Program Director to address final questions in preparation for exit conference.
9:30 - 10:00 a.m.	Private preparation time for the site visitors.
10:00 - Open ended	Exit Conference.

## Site Visit Checklist

	Task
	1. Coordinate dates for site visit with the Site Visit Team Chair/NCOPE Staff via the staff/chair's NCOPE.org email addresses.
	2. Prepare a tentative schedule for the site visit and forwards it to the Site Visit Team Chair two weeks in advance of the site visit. <ul style="list-style-type: none"> <li>• Interviews</li> <li>• Campus facility tours</li> <li>• Clinical or practicum visit</li> <li>• Document review and</li> <li>• Exit conference.</li> </ul>
	3. Finalize the schedule with the Site Visit Team Chair prior to confirming appointments because the Chair may wish to make adjustments to the schedule. After the Chair has been contacted and the schedule is confirmed, a final copy should be emailed by the program director to each site visitor and to the NCOPE staff prior to the site visit using the provided NCOPE.org email addresses.
	4. Arrange for hotel rooms for the site visitors at a hotel nearby the campus/facilities where the site visit is taking place. If the site visitors use a rental car, please make arrangements for parking at the O&P program facilities and campus as necessary.
	5. Organize documents and upload them using the <a href="#">NCOPE Site Visit Document</a> form. Identify and include any program updates or changes that occurred after the <i>Self-Study Report</i> was submitted using the provided prompts.
	6. Reserve a room to conduct interviews.
	7. Reserve a dedicated workspace for site visitors.
	8. Arrange for internet access for site visitors.
	9. Provide access to the learning management system (LMS) and have someone from IT available to troubleshoot problems <b>or</b> have a faculty representative designated to provide a guided tour of the LMS platform to the site visitors.
	10. Review the <a href="#">Site Visitor Manual</a> to gain a clear appreciation of the site visitors' procedures, goals and expectations.
	11. Brief all participating administrators, faculty, and students on what to expect. It might be useful to discuss together some of the questions site visitors are likely to ask.
	12. Provide physical (paper) copies to the participants including the site visitors. Also provide the site visitors physical copies of these documents: <ul style="list-style-type: none"> <li>• List of students to be interviewed</li> <li>• List of graduates to be interviewed</li> <li>• List of faculty members to be interviewed</li> </ul>



	<ul style="list-style-type: none"> <li>• List of institutional/departments leadership to be interview</li> <li>• List of employers to be interviewed</li> <li>• List of Advisory Committee members to be interviewed</li> </ul>
	13. Ensure that the site visit stays on schedule.

## Site Visit Documentation

- The documents listed below are suggested by CAAHEP. To view a list of required documentation identified by NCOPE, please access the site visit documentation form linked below.
  - Site Visit Documentation Form: <https://ncope.org/index.php/home-page-v2/academic-programs/institution-educator-info/site-visit-documentation/>
- There may be instances where the NCOPE staff instructs an O&P program faculty/staff member to submit documentation via email or another electronic means. Please review the request provided by the NCOPE staff for further guidance.
- Under no circumstances should O&P program representatives email documentation to site visitors personal/work email addresses or leverage file sharing platforms not approved by the NCOPE staff prior to the site visit.

Paper/physical copies of the documents identified below cannot be appended to the electronic documentation used during the comprehensive review process. If paper/physical copies are provided to site visitors, they should be disposed of in a secure manner by the program faculty/staff at the end of the site visit.

Standard Reference	Documentation List
	Box #1: SITE VISIT LOGISTICS, Standards I. SPONSORSHIP and II. PROGRAM GOALS
	1. <i>This document with the first two columns filled in.</i>
	2. Completed Site Visit Schedule copies. Include as separate documents: <ul style="list-style-type: none"><li>a. List of students to be interviewed</li><li>b. List of graduates to be interviewed</li><li>c. List of employers to be interviewed</li><li>d. List of Advisory Committee members to be interviewed</li></ul>
	3. Program updates or changes since the <i>Self-Study Report</i> was submitted that the site visitors may not have received.

Standard Reference	Documentation List
	<b>I. Sponsorship</b>
	<b>A. Sponsoring Institution</b>
I.A.	<input type="checkbox"/> Evidence of institutional accreditation from an accrediting organization listed on the US Department of Education website ( <a href="http://www.ope.ed.gov/accreditation/">www.ope.ed.gov/accreditation/</a> ). Proof may be a letter or certificate from the accrediting organization. <input type="checkbox"/> Legal authorization to provide postsecondary education
	<b>B. Consortium Sponsor</b>
I.B.1.	<input type="checkbox"/> Verification of at least one member meeting Standard I.A. <input type="checkbox"/> Meeting minutes of Consortium Governing Board <input type="checkbox"/> Organizational chart <input type="checkbox"/> Articulation agreement, <i>if applicable</i>
I.B.2.	<input type="checkbox"/> Consortium agreement or Memorandum of Understanding with up-to-date signatures <input type="checkbox"/> Bylaws
	<b>C. Responsibilities of Sponsor</b>
I.C.	<input type="checkbox"/>
	<b>II. Program Goals</b>
	<b>A. Program Goals and Outcomes</b>
II.A.	<input type="checkbox"/> Current advisory committee members identifying at least one representative from each required group <input type="checkbox"/> Advisory committee meeting minutes and attendance for the past two (2) to three (3) years
	<b>B. Appropriate of Goals and Learning Domains</b>
II.B.	<input type="checkbox"/> Advisory committee meeting minutes demonstrating <ul style="list-style-type: none"> <li>o who was present and who was absent, the communities of interest each member represents</li> <li>o reviewing the program's minimum expectation [Standard II.C.]</li> </ul>
	<b>C. Minimum Expectations</b>
II.C.	<input type="checkbox"/> Published program goal(s) in program promotional materials, student handbook, advisory committee minutes, website and/or other areas. <input type="checkbox"/> Show WHERE this minimum expectation is posted
	<b>Boxes #2 + #3: Standard III. RESOURCES</b>
	<b>III. Resources</b>
	<b>A. Type and Amount</b>
III.A.1.	<input type="checkbox"/> Completed Resource Assessment Matrix [Standard III.D.] <input type="checkbox"/> [Faculty] Organizational chart or list of faculty members, full and part-time <input type="checkbox"/> [Clerical/support staff] Evidence that program functions are not performed due to lack of clerical support <input type="checkbox"/> [Clerical/support staff] Adequate student support (e.g. admissions, financial aid, academic advising, counseling) <input type="checkbox"/> [Curriculum] Faculty meeting minutes <input type="checkbox"/> [Curriculum] Curriculum modification with changes and dates <input type="checkbox"/> [Finances] Program budget <input type="checkbox"/> [Clinical affiliations] Tracking documentation for previous cohorts <input type="checkbox"/> [Instructional reference materials] <ul style="list-style-type: none"> <li>o Access to program library</li> <li>o On-site resources</li> <li>o Databases or journals</li> </ul>

Standard Reference	Documentation List
	<input type="checkbox"/> The following items will be inspected by the SV Team: <ul style="list-style-type: none"> <li>Classroom/laboratory facilities</li> <li>Ancillary student facilities</li> <li>Equipment/supplies</li> <li>Computer resources</li> </ul> <input type="checkbox"/> [Faculty and staff CE] List of CEUs for faculty and staff or examples in employee files <input type="checkbox"/> [Faculty and staff CE] Documentation of faculty development (may include programs presented at a college, internal program in-services, or local, regional, and national meetings relating to clinical care or instructional techniques)
	<b>B. Personnel</b> <i>This will vary by CoA.</i>
III.B.	<input type="checkbox"/> Job descriptions <ul style="list-style-type: none"> <li>Program Director</li> <li>Medical Director, <i>if applicable</i></li> <li>Clinical Coordinator</li> <li>Faculty – part-time</li> <li>Faculty – full-time</li> <li>Other</li> </ul>
	<b>PROGRAM DIRECTOR</b>
III.B.1.a.	<input type="checkbox"/> Written job description <input type="checkbox"/> Documentation of employment <input type="checkbox"/> Teaching and administrative workload assignments <input type="checkbox"/> Faculty teaching schedules <input type="checkbox"/> Results of student course evaluations <input type="checkbox"/> Evidence of preceptor training program <input type="checkbox"/> Resource assessment analysis and action plans <input type="checkbox"/> Outcomes analysis and action plans <input type="checkbox"/> Periodic assessment & review of evaluations of student, faculty, employer, preceptor, clinical sites <input type="checkbox"/> Long range plans document <input type="checkbox"/> Evidence of implementation of recommendations received <input type="checkbox"/> Evidence of curriculum updates <input type="checkbox"/> Any documentation of reviewed/discussed evaluation methods of program effectiveness <input type="checkbox"/> Written evidence that Medical Director has adequate participation in program <input type="checkbox"/> Written evidence of adequate communication among faculty & documentation of decisions, changes (memo's or faculty meeting minutes)
III.B.1.b.	<input type="checkbox"/> Official transcript (minimum of X Degree) <input type="checkbox"/> Copy of certification or license <input type="checkbox"/> CV with formal education/degrees & related experience
	<b>MEDICAL DIRECTOR, <i>if applicable</i></b>
III.B.2.a.	<input type="checkbox"/> Written job description <input type="checkbox"/> Teaching and administrative workload assignments <input type="checkbox"/> Review of surveys (student, program, clinical, field, graduate, & employer) <input type="checkbox"/> Reviews/Approval of overall progress of each student <input type="checkbox"/> Approval of curriculum <input type="checkbox"/> Approval of terminal competency for each student <input type="checkbox"/> Regular communication with PD (Checklist sign offs, email, etc.) <input type="checkbox"/> Memo or letter signed and dated when the material was review by medical director

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Standard Reference	Documentation List
III.B.2.b.	<input type="checkbox"/> CV with formal education/degrees & related experience <input type="checkbox"/> Copy of State License for each licensed
	<b>FACULTY / INSTRUCTIONAL STAFF</b>
III.B.3.a.	<input type="checkbox"/> Written job description(s) <input type="checkbox"/> Evidence of adequate number of faculty for the number of enrolled students <input type="checkbox"/> Evidence of adequate faculty assigned to monitor students in clinical areas <input type="checkbox"/> Schedules for assignments / teaching load
III.B.3.b.	<input type="checkbox"/> CV with formal education/degrees & related experience
	<b>C. Curriculum</b>
III.C.1.	<input type="checkbox"/> List of all courses required for completion of the program <input type="checkbox"/> Lesson plans <input type="checkbox"/> Syllabi <ul style="list-style-type: none"> <li>○ written course descriptions</li> <li>○ learning outcomes</li> <li>○ evaluation procedures to measure student competency</li> </ul> <input type="checkbox"/> Schedule for didactic lab, clinical components
	<b>D. Resource Assessment</b>
III.D.	<input type="checkbox"/> Results of student and personnel resource surveys using the Resource Assessment Matrix (RAM) <input type="checkbox"/> Raw surveys administered at least annually <ul style="list-style-type: none"> <li>○ Student surveys</li> <li>○ Program personnel surveys</li> <li>○ Graduate surveys</li> <li>○ Employer surveys</li> <li>○ Evaluations of faculty and guest speaker presentations by students</li> <li>○ Evaluations of courses by students</li> <li>○ Other instruments / tools used</li> </ul> <input type="checkbox"/> Documentation of implemented changes <input type="checkbox"/> Evidence of action plans <input type="checkbox"/> Evidence of review of the results from the action plans <input type="checkbox"/> Advisory Committee Meeting Minutes
	<b>Box #4: Standard IV. STUDENT AND GRADUATE EVALUATION/ASSESSMENT</b>
	<b>IV. Student and Graduate Evaluation/Assessment</b>
	<b>A. Student Evaluation – Frequency and Purpose</b>
IV.A.1.	<input type="checkbox"/> Course examinations <ul style="list-style-type: none"> <li>○ formative exams</li> <li>○ summative exams</li> </ul> <input type="checkbox"/> Documentation of comprehensive evaluation for each student in most recent cohorts, measuring <ul style="list-style-type: none"> <li>○ Affective learning domain</li> <li>○ Cognitive learning domain</li> <li>○ Psychomotor learning domain</li> </ul> <input type="checkbox"/> Documentation of analysis of examination items and actions taken to improve the items. <input type="checkbox"/> Feedback mechanisms by program to students indicating progress toward achievement of competencies <input type="checkbox"/> Evidence of demonstration of skill mastery prior to entering clinical areas <input type="checkbox"/> Process for grading, remediation

Standard Reference	Documentation List
	<b>B. Outcomes</b>
IV.B.1.	<input type="checkbox"/> CAAHEP/CoA Annual Report <ul style="list-style-type: none"> <li>Retention meets threshold</li> <li>National or State licensing exam results meet threshold</li> <li>Positive placement meets threshold</li> <li>Graduate and employer surveys meet thresholds</li> </ul> <input type="checkbox"/> Completed graduate and employer surveys (raw data)
IV.B.2.	<input type="checkbox"/> CAAHEP/CoA Annual Report <input type="checkbox"/> Evidence of implemented changes, <i>if applicable</i>
	<b>Box #5: Standard V. FAIR PRACTICES</b>
	<b>V. Fair Practices</b>
	<b>A. Publications</b>
V.A.1.	<input type="checkbox"/> School Catalog
V.A.2.	<input type="checkbox"/> Faculty Handbook
V.A.3.	<input type="checkbox"/> Student Handbook
V.A.3.	<input type="checkbox"/> Institutional policies and procedures <input type="checkbox"/> Program policies and procedures <input type="checkbox"/> List of terminal competencies <input type="checkbox"/> Student grievance policy and procedures <input type="checkbox"/> Website
V.A.4.	<input type="checkbox"/> Evidence of where the outcomes are posted for the public <input type="checkbox"/> Evidence of 3 or 5 years of data on program pass rates, retention, and positive placement (verify with CoA the number of years) <input type="checkbox"/> Evidence that CAAHEP and CoA addresses are included or noted under the section above.
	<b>B. Lawful and Non-Discriminatory Practices</b>
V.B.	<input type="checkbox"/> Faculty grievance policy and procedures
	<b>C. Safeguards</b>
V.C.	<input type="checkbox"/> Evidence of preventative health screening, appropriate immunizations <input type="checkbox"/> Evidence all activities required in the program are educational and students must not be substituted for staff
	<b>D. Student Records</b>
V.D.	<input type="checkbox"/> Gradebook <input type="checkbox"/> Permanent student transcripts <input type="checkbox"/> Sample of student records (enrolled and graduated students) <ul style="list-style-type: none"> <li>application to program</li> <li>attendance</li> <li>course transcripts</li> </ul>
	<b>E. Substantive Change [This will vary by CoA]</b>
V.E.	<input type="checkbox"/>
	<b>F. Agreements</b>
V.F.	<input type="checkbox"/> Signed and dated affiliation agreements with all current <ul style="list-style-type: none"> <li>clinical sites</li> <li>other organizations, <i>if applicable</i> </li> </ul>

## Chapter 11 – Links and References

NCOPE maintains a single reference page that is updated with links related to accreditation timelines, the Accreditation Management Portal, COI Resources, and relevant documents from NCOPE and CAAHEP. Please bookmark the following hyperlink as it is the definitive source of current links/resources:

<https://ncope.org/index.php/home-page-v2/academic-programs/institution-educator-info/>

## Chapter 12 – Glossary

As a committee on accreditation (CoA) for CAAHEP, NCOPE follows the [CAAHEP Glossary of Accreditation Terms](#), but any terminology unique to NCOPE or missing from CAAHEP's glossary is listed below as an addendum.

- Accreditation Management Portal (AMP): The AMP is a tool designed to collect relevant data that results from the self-study and annual reporting process for CAAHEP accredited education programs in addition to programs seeking NCOPE Candidacy Recognition.
- Comprehensive Review Process: Educational programs seeking initial CAAHEP accreditation or currently hold continuing accreditation status undergo a comprehensive review process to ensure that the program complies with the *Standards*. This process includes completion of a self-study, an independent review, and a site visit. The time between comprehensive reviews for orthotist/prosthetist programs holding continuing accreditation status is typically five (5) years.
- Findings Letter: The Executive Director and/or the NCOPE Clinical Resource Director generates the letter of review *after the completion of the site visit*. This letter enables the program to review the self-study reviewer and site visit team findings to ensure accuracy before presenting the findings to the NCOPE Board of Directors to make a recommendation.
- Focused Site Visit: Focused site visits are typically implemented by NCOPE whenever a program is not in full compliance with the *Standards* and compliance cannot be demonstrated with written documentation alone. The number of visitors, length of visit, and *Standards* to be reviewed will be defined be unique based upon the standard(s) not in compliance. Expenses for this visit are be paid by the program.
- Full Site Visit: Full site visits are performed to assess overall compliance with the standards, in response to a formal complaint submitted against the program, or as requested by the NCOPE accreditation committee. A full site visit typically consists of a two- or three-member team and spans one and one-half days. Expenses for this visit are be paid by the program.
- Letter of Review: The Executive Director and/or the NCOPE Clinical Resource Director generates the Letter of Review. The Letter of Review is used by NCOPE as a mechanism for providing feedback on program self-study documents *prior to the site visit*. The granting of a Letter of Review indicates that, based on examination of the self-study, self-study reviewer report, and supplementary information, NCOPE has determined that the program is ready to move forward with a site visit.
- Progress Reports: NCOPE requires submission of Progress Reports whenever a program is not in full compliance with the *Standards* or the program is actively addressing areas of



recently addressed non-compliance. The progress report is used in lieu of a focused site visit for aspects that can be verified using written documentation or other mechanisms that do not require an NCOPE representative to visit the program. The required documentation and timeline for Progress Reports is individualized for each program, dependent on the *Standard(s)* that is/are not in compliance.

- Self-Study: A self-study is a formal process during which an educational institution or program critically examines its structure and substance, judges the program's overall effectiveness relative to its goals and learning domains, identifies specific strengths and deficiencies, and indicates a plan for necessary modifications and improvements. The process should include an assessment of the extent to which the program complies with the *Standards*, appropriateness of program goals and learning domains to the demonstrated needs and expectations of the various communities of interest served by the program, and the program's effectiveness in meeting set thresholds for established outcomes.
- Self-Study Reviewer: Self-study reviewers (SSRs) are qualified by education and experience to evaluate the learning concentrations for which the program is seeking accreditation. The SSRs perform the following duties: 1) read the program's self-study in the context of the *Standards*, analyzing the information provided and 2) complete the Self-Study Reviewers Report identifying areas of compliance and concerns.
- Self-Study Reviewers' Report: the self-study reviewers generate a report based on their review of a program's self-study documentation submitted using the AMP. The report identifies areas of non-compliance and contains feedback for the education program faculty and site visitors. The report is reviewed by the site visit team prior to the site visit.
- Site Visitor: Site visitors are qualified by education and experience to evaluate the learning concentrations for which the program is seeking accreditation. A team of two (2) to three (3) site visitors is assembled from experienced O&P clinicians, core O&P faculty members from accredited education programs, and members of higher-education academic leadership who are not credentialled in the O&P profession. The site visitor perform the following duties: 1) reviews the program's self-study and the self-study reviewers report prior to attending the site visit, 2) serves as a scribe by observing the program operations and asking questions of education program stakeholders to evaluate compliance with the *Standards*, and 3) complete the Site Visit Report identifying areas of compliance.
- Site Visitors' Report: The site visit team generates the site visit report based on their review of the Self-Study Reviewers Report, the findings of the site visit, and additional information provided by the program being evaluated. The Site Visit Report includes a narrative response for each standard found to be out of compliance that provides evidence including observations that demonstrated a lack of compliance. The completed Site Visitors' Report must be complete, reviewed by the lead site visitor, and submitted by the lead site visitor to

the NCOPE Executive Director and NCOPE Clinical Resource Director no more than ten (10) business days after the site visit is completed.

- Substantive change: A substantive change is a significant modification of the nature and/or scope of an accredited O&P education program. The report of substantive change maintains open communication between the program and NCOPE, safeguards students, and aids in preventing/addressing potential areas of noncompliance with the standard.