

ACCREDITATION
MANUAL:

Professional
Optometric Degree
Programs

TABLE OF CONTENTS

CHAPTER I INTRODUCTION TO ACCREDITATION AND THE ACCREDITATION COUNCIL ON OPTOMETRIC EDUCATION	4
THE ROLE OF ACCREDITATION	4
THE ACCREDITATION COUNCIL ON OPTOMETRIC EDUCATION	5
<i>HISTORY AND COMPOSITION OF THE COUNCIL</i>	5
MISSION OF THE ACCREDITATION COUNCIL ON OPTOMETRIC EDUCATION	5
GOALS AND OBJECTIVES	6
RECOGNITION OF THE ACCREDITATION COUNCIL ON OPTOMETRIC EDUCATION	8
STATEMENT OF POLICY ON DISTANCE EDUCATION	8
<i>POLICY CONCERNING PROVISION OF INFORMATION TO THE SECRETARY OF THE U.S. DEPARTMENT OF EDUCATION</i>	9
STATEMENT OF POLICIES AND NON-DISCRIMINATION	9
STATEMENT OF POLICY ON CONFLICT OF INTEREST AND GUIDELINES	10
STATEMENT OF POLICY ON CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION	11
CHAPTER II STANDARDS OF ACCREDITATION	12
FORMAT OF THE STANDARDS	12
PROFESSIONAL OPTOMETRIC DEGREE STANDARDS	12
STANDARD I – MISSION, GOALS, AND OBJECTIVES	12
STANDARD II – CURRICULUM	14
STANDARD III - RESEARCH AND SCHOLARLY ACTIVITY	18
STANDARD IV – GOVERNANCE, REGIONAL ACCREDITATION, ADMINISTRATION, AND FINANCES	18
STANDARD V – FACULTY	21
STANDARD VI – STUDENTS	22
STANDARD VII – FACILITIES, EQUIPMENT AND RESOURCES	25
STANDARD VIII – CLINIC MANAGEMENT AND PATIENT CARE POLICIES	26
REVISION OF PROFESSIONAL OPTOMETRIC DEGREE PROGRAM STANDARDS	29
CHAPTER III SELF-STUDY PROCESS.....	30
GUIDELINES FOR THE SELF-STUDY PROCESS	30
FOCUS ON OUTCOMES.....	31
THE SELF-STUDY PROCESS.....	32
CHAPTER IV APPLICATION AND EVALUATION PROCEDURES	34
INITIAL APPLICATION	34
<i>STAGE ONE APPLICANT</i>	34
<i>STAGE TWO APPLICANT</i>	35
<i>STAGE THREE—PRELIMINARY APPROVAL (PRE-ACCREDITATION STATUS)</i>	36
RENEWAL OF ACCREDITATION	36
EVALUATION VISIT PROCEDURES.....	37
<i>THIRD PARTY COMMENTS</i>	37
<i>COMPOSITION AND SELECTION OF THE EVALUATION TEAM</i>	38
THE EVALUATION TEAM'S SCHEDULE	39
PROTOCOL FOR ON-SITE VISITATIONS	40
<i>PROTOCOL FOR THE PROGRAM</i>	40
<i>PROTOCOL FOR EVALUATION TEAM MEMBERS</i>	41
COMPILATION OF EVALUATION TEAM REPORTS	42
REVIEW OF FACTUAL ACCURACY.....	43
FINANCING THE ACCREDITATION PROCESS	43
PAYMENT OF ACCREDITATION FEES.....	43

COUNCIL REVIEW OF EVALUATION REPORTS.....	45
ACCREDITATION AND PRE-ACCREDITATION DECISIONS	46
<i>PRE-ACCREDITATION CLASSIFICATION</i>	46
<i>ACCREDITATION STATUS</i>	46
LENGTH OF ACCREDITATION	47
TIMEFRAME FOR COMPLIANCE WITH STANDARDS	47
DENIAL OF ACCREDITATION	48
WITHDRAWAL FROM CONSIDERATION OF ACCREDITATION	48
REINSTATEMENT OF ACCREDITATION.....	48
NOTIFICATION OF ACCREDITATION DECISIONS	48
APPEAL PROCESS FOR ACCREDITATION DECISIONS	49
<i>PETITION FOR RECONSIDERATION</i>	49
<i>APPEAL OF ACCREDITATION DECISIONS</i>	50
MONITORING ACCREDITED PROGRAMS	52
<i>THE ANNUAL REPORT</i>	52
<i>THE PROGRESS REPORT</i>	53
<i>THE ANNUAL SURVEY</i>	54
<i>INTERIM VISITS</i>	54
<i>SUBSTANTIVE CHANGE</i>	55
INTERRUPTION OF EDUCATION POLICY	56
CHAPTER VI IN THE PUBLIC INTEREST.....	57
CONFIDENTIALITY OF ACCREDITATION REPORTS.....	57
PROCEDURES FOR REVIEW OF COMPLAINTS ALLEGING VIOLATION OF ACCREDITATION COUNCIL ON OPTOMETRIC EDUCATION STANDARDS BY ACCREDITED PROGRAMS	58
<i>PROCEDURES FOR FILING A COMPLAINT</i>	58
PROCEDURE FOR COMPLAINTS NOT RELATED TO ACCREDITATION DECISIONS	60
CONSIDERATION OF ACTIONS OF OTHER ACCREDITING GROUPS AND NOTIFICATION OF WITHDRAWALS	62
CHAPTER VII CONCLUSION.....	65
APPENDIX I STANDARDS FOR PROFESSIONAL OPTOMETRIC DEGREE PROGRAMS SEEKING PRELIMINARY APPROVAL PRE- ACCREDITATION STATUS (EFFECTIVE JANUARY 1, 2019)	66
APPENDIX II GLOSSARY OF TERMS	82

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CHAPTER I | Introduction to Accreditation and the Accreditation Council on Optometric Education

THE ROLE OF ACCREDITATION

Accreditation is a system for recognizing that educational institutions and programs affiliated with those institutions have attained a level of educational effectiveness, integrity, and quality which entitles them to the confidence of the educational community and public they serve. In most countries, the establishment and maintenance of educational standards is the responsibility of a central government bureau. However, the American 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 consideration in many formal actions -- by governmental funding agencies, state licensing boards, scholarship commissions, foundations, and potential students. Accreditation at the postsecondary and professional level performs a number of important functions, including the encouragement of efforts to increase educational effectiveness. The accrediting process requires educational institutions and programs to conduct a self-study to determine if their mission and goals are being achieved; to consider the expert recommendations and suggestions of an impartial site visit team comprised of members with appropriate expertise which evaluates the entity based on its ability to meet predetermined standards; and to plan and execute internal actions to address the recommendations of the accrediting body. Those programs meeting the criteria are publicly designated. Since accreditation status is reviewed on a periodic basis, accredited institutions and professional programs are required to maintain continuous self-study and improvement mechanisms.

There are two forms of accreditation recognized in the U.S. -- **institutional** and **specialized accreditation**. **Institutional accreditation** is granted by the regional and national accrediting commissions of schools and colleges, which collectively serve most of the institutions chartered or licensed in the United States and its possessions. Institutional accrediting bodies recognize the entire institution rather than individual programs.

Specialized accreditation of professional and occupational programs is granted by councils or commissions on accreditation set up by national professional organizations in such fields as, dentistry, optometry, medicine, engineering and law. Each specialized accreditation group defines its own eligibility criteria for accreditation and operating procedures. A major rationale for specialized accreditation activities is to provide quality assurances concerning educational preparation of members of the profession or occupation.

THE ACCREDITATION COUNCIL ON OPTOMETRIC EDUCATION

HISTORY AND COMPOSITION OF THE COUNCIL

The Accreditation Council on Optometric Education, formerly known as the Council on Optometric Education, was established in 1934 by the House of Delegates of the American Optometric Association. Currently, the Council is composed of eleven members, nine of whom are members of the American Optometric Association, and two public members. With respect to members of the Council who are members of the American Optometric Association:

- * Three are optometrists of outstanding professional experience, who are not affiliated with any school or college of optometry and who are not members of any state board of optometric examiners;
- * Two are members of the Association of Regulatory Boards of Optometry at the time of their initial appointment;
- * Three are optometrists associated with optometric educational institutions accredited by the Accreditation Council on Optometric Education, with one of the three having expertise in optometric residency education;
- * One is an optometric technician and/or a person involved in optometric technician education.

The two public members of the Council are individuals who are not educators in or members of the profession of optometry. A public member of the Council also is not:

- (1) An employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that is either accredited or preaccredited by the Council or has applied for accreditation or preaccreditation;
- (2) A member of any trade association or membership organization related to, affiliated with, or associated with the Council; or
- (3) A spouse, parent, child or sibling of an individual identified in paragraph (1) or (2) of this definition.

MISSION OF THE ACCREDITATION COUNCIL ON OPTOMETRIC EDUCATION

The Accreditation Council on Optometric Education serves the public and the profession of optometry by establishing, maintaining and applying standards to ensure the academic quality and continuous improvement of optometric education that reflect the contemporary practice of optometry. The scope of the Accreditation Council on Optometric Education encompasses professional optometric degree, optometric residency, and optometric technician programs.

GOALS AND OBJECTIVES

Goal 1

To serve the public, the optometric profession and the other communities of interest by ensuring the continued effectiveness of the Council.

Objectives

1. Maintain an independent and objective accreditation process.
2. Implement the accreditation process with integrity, transparency and high ethical standards.
3. Ensure that the orientation and training process for Council members, staff and consultants includes relevant information on optometric practice, health profession education, and higher education.
4. Identify competent individuals to serve as Council members.
5. Train competent individuals who are appointed to serve as Council members
6. Develop and disseminate information on the Council's policies and procedures.
7. Inform the general public and the optometric, educational and accreditation communities of interest regarding the accreditation status of programs.
8. Maintain communication between the Council and its constituents.
9. Keep the optometric community informed of current trends and developments in specialized accreditation.
10. Serve as a resource on optometric accreditation.
11. Continue to seek the most cost effective way to provide the services of the Council.

Goal 2

To develop, maintain, apply and periodically review the Council's accreditation processes and the standards for accreditation of optometric education and training programs in the United States and Canada.

Objectives

1. Review optometric education and training programs and make accreditation decisions in accordance with Council's standards and procedures and the program's mission, goals and objectives.
2. Establish and disseminate standards, policies and procedures in accreditation manuals for the programs accredited by or seeking accreditation from the Council.
3. Comprehensively review the standards for accreditation at least every five years.
4. Solicit suggestions from accrediting teams relative to standards, procedures and process.
5. Solicit suggestions from the communities of interest relative to standards, procedures and process.

6. Identify competent individuals to participate in accreditation site visits and provide appropriate training.
7. Evaluate the performance of site visitors and team chairs and use the results of the evaluations to identify areas needing emphasis in the training process.
8. Monitor programs in the interim between evaluation visits through the use of annual reports, progress reports and interim visits.

Goal 3

To foster continuous improvement of the Council by remaining current regarding the contemporary nature of optometric practice, health professions education, and higher education.

Objectives

1. Review information relating to optometric practice, health professions education, and higher education that impact on optometric accreditation.
2. Continue dialog with representatives of optometric organizations, health care delivery systems, health professions, higher education and other accreditors.
3. Modify the accreditation standards, policies and procedures as necessary.

Goal 4

To foster continuous improvement of optometric education by valuing innovation and creativity in optometric education programs.

Objectives

1. Communicate to the communities of interest that the Council values innovation and creativity in optometric education programs that maintain acceptable outcomes.
2. Ensure that the policies and the procedures of the Council do not inhibit innovation.
3. Ensure that the Council and consultants perceive innovation as a positive approach to foster continuous improvement in optometric education.

Goal 5

To assure the continued effectiveness of the accreditation process by the development and application of continuous quality assurance, self-assessment, and external review of the Council.

Objectives

1. Maintain recognition by the U.S. Department of Education and Council on Higher

Education Accreditation.

2. Seek external review by organizations that recognize accrediting bodies and follow accepted codes of good practice.
3. Engage in planning and conduct periodic self-assessments.
4. Evaluate and test the validity and reliability of the Council's processes.
5. Maintain a committee structure that involves Council members and other experts in planning, quality improvement, and self-assessment.
6. Seek regular input from the communities of interest relative to planning, quality improvement, and self-assessment.

RECOGNITION OF THE ACCREDITATION COUNCIL ON OPTOMETRIC EDUCATION

The Accreditation Council on Optometric Education is recognized by the United States Department of Education (USDE) as the accrediting body for professional optometric degree, optometric residency, and associate degree optometric technician programs.

In connection with its statutory duty to determine institutional eligibility for federal aid funds, the United States Department of Education conducts a program of evaluation, review and recognition of accrediting bodies to ensure that their actions are valid and reliable indicators of the quality of the educational programs offered by the accredited institutions. Educational institutions that are accredited by USDE recognized accrediting agencies are eligible for federal funds, provided certain other requirements are met.

The ACOE also has been recognized by the Council on Higher Education Accreditation (CHEA), a private, nonprofit national organization that coordinates accreditation activity in the United States. CHEA recognition signifies that the ACOE and other recognized accrediting agencies have met CHEA's standards for recognition. The ACOE is recognized by CHEA for accreditation of professional optometric degree programs (doctoral level), optometric technician programs and optometric residency programs.

The activities and policies of the Accreditation Council on Optometric Education are regularly reviewed by the USDE and CHEA to ascertain whether the ACOE conducts a valid and reliable accreditation process. These external reviews help to ensure that the Accreditation Council on Optometric Education is conducting its accreditation activities in a reliable manner that is responsive to public concerns.

STATEMENT OF POLICY ON DISTANCE EDUCATION

As defined by the United States Department of Education, distance education is education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies include:

- (1) the internet;
- (2) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- (3) audio conferencing; or
- (4) video cassettes, DVDs or CD-ROMs, if these are used in a course in conjunction with any of the technologies listed in 1-3 above.

The Accreditation Council on Optometric Education's accreditation standards have been stated in terms which allow flexibility and innovation. Regardless of the method(s) used to provide instruction, the Council expects that each accredited program will comply with the accreditation standards.

POLICY CONCERNING PROVISION OF INFORMATION TO THE SECRETARY OF THE U.S. DEPARTMENT OF EDUCATION

The Accreditation Council on Optometric Education will submit the following information to the Secretary of the U.S. Department of Education, either as a matter of course or on request:

1. Notice of final accrediting action taken by ACOE with the respect to the programs it accredits.
2. A copy of the ACOE annual report.
3. A copy, updated annually, of the directory of accredited programs.
4. A summary of the ACOE's major accrediting activities during the previous year (an annual data summary), if so requested by the Secretary to carry out the Secretary's responsibilities in specific federal legislation and regulation.
5. The name of any program it accredits that ACOE has reason to believe is failing to meet its Title IV Higher Education Act (HEA) program responsibility or is engaged in fraud or abuse, including the reason for the concern.
6. Any proposed change in the ACOE's policies, procedures or accreditation standards that might alter the ACOE's scope of recognition by the Secretary of Education or compliance with applicable federal legislation and regulations.
7. If the Secretary requests, the ACOE will provide information that may bear upon an accredited or preaccredited institution's compliance with its Title IV, HEA program responsibilities, including the eligibility of the institution or program to participate in Title IV, HEA programs. The Secretary may ask for this information to assist the Department in resolving problems with the institution's participation in the Title IV, HEA programs.

STATEMENT OF POLICIES AND NON-DISCRIMINATION

The Accreditation Council on Optometric Education does not practice, condone or perpetuate discrimination on the basis of age, sex, religion, race, creed, national origin, or disability. Further, the Council urges each institution to pursue an active affirmative action policy

regarding the recruitment of underrepresented and disadvantaged students, faculty, staff and administrators.

STATEMENT OF POLICY ON CONFLICT OF INTEREST AND GUIDELINES

The Accreditation Council on Optometric Education believes that in order to carry out its responsibilities of accreditation, maintain credibility in the accreditation process, and confidence in its decisions, each member of the Council must be free to make decisions regarding accreditation without any undue pressure or perceived alliance to any organization or institution that the Council recognizes or to any political entity within the optometric profession.

Evaluation policies and procedures of the Accreditation Council on Optometric Education shall provide a system to ensure fairness and impartiality in all aspects of the evaluation process. Procedures for selection of representatives of the Council who participate in site visits to programs should reinforce this impartiality. Representatives of the Council should avoid even the appearance of impropriety. Representatives of the Council include Council members, consultants, administrative staff, and other agency representatives.

No member of the Accreditation Council on Optometric Education should participate in any way in accrediting decisions in which the member has a pecuniary or personal interest or with respect to which, because of present institutional or program association, the member has divided loyalties or conflicts on the outcome of the decision.

If there is reason to believe that a person representing the Council might not objectively evaluate the program, the Council Director should be notified. If there is uncertainty as to a possible conflict of interest, the Director should be consulted immediately, and the Chair of the Council is empowered to make the final determination to resolve any questions regarding real or perceived conflicts. The following are examples indicating the probability of a conflict of interest, but are not all-inclusive:

- 1) the representative is known to be a graduate, a consultant, candidate for or a current or former faculty member or administrator of the institution;
- 2) the representative has a family member employed by or affiliated with the institution;
- 3) the representative has served as a consultant or in some other official capacity at the institution.

No ACOE member shall act as a paid or unpaid external consultant on ACOE accreditation matters to any program accredited by or seeking accreditation from the ACOE. This prohibition of serving as a paid or unpaid external consultant will extend for a period of two years after completing service on ACOE.

STATEMENT OF POLICY ON CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION

The Council shall enter into the ACOE form of Business Associate Agreement (“BAA”) with each accredited program that is a HIPAA Covered Entity, permitting the Council to receive Protected Health Information (“PHI”) from the program in the course of evaluating the program for accreditation. The ACOE adopts the following rules and guidelines related to PHI:

1. It is the policy of the Council that PHI, which includes any information that could identify an individual as a patient of the facility seeking accreditation, may not be used by the Council for any purpose other than for evaluation of the program for accreditation.
2. Applicants and accredited programs may not include any PHI in any correspondence or materials submitted to the ACOE, including but not limited to self-study materials. PHI that is included in any materials submitted to the Council will be destroyed. Programs may be required to resubmit materials if the originally submitted materials are destroyed because they contain PHI. The program is responsible for any resulting missed deadlines.
3. Site visitors may be exposed to PHI during site visits to accredited programs, for example during a visit to a clinic where patients are receiving care. Site visitors may not take copies of any PHI with them from the site visit and must maintain the confidentiality of all PHI to which they are exposed during the site visit. PHI shall not be shared with any individuals other than Council members, site visitors and staff that have a need to know the information in order to fulfill their official duties in connection with evaluating the program for accreditation.
4. All Council members, site visitors, and staff are required to sign a form certifying adherence to the Council’s policies on confidentiality of PHI, which is included in the “Certification of Adherence to Conflict of Interest and Confidentiality Policies By Members or Consultants of the Accreditation Council on Optometric Education.”
5. All Council staff and volunteers must participate in ACOE HIPAA compliance training on an annual basis.
6. It is the policy of the Council that individual site visitors will not sign separate confidentiality forms on site during a site visit. Confidentiality obligations exist between the Council – of which site visitors act as an agent for the limited purpose of conducting the site visit – and the program. These obligations are covered by these policies and the terms of the BAA or other confidentiality agreement entered into between the Council and the program, if any.

CHAPTER II | Standards of Accreditation

The Accreditation Council on Optometric Education has adopted the following standards of accreditation by which all accredited professional optometric degree programs are measured. The programs will be evaluated during Accreditation Council on Optometric Education site visits to determine their compliance with these standards. The standards define expectations of the Accreditation Council on Optometric Education with regard to an accredited professional optometric degree program and provide a framework for a program's self-study process. Depending on the stage of development of the program being evaluated, some of the components of the following standards may be considered to have greater or lesser priority.

FORMAT OF THE STANDARDS

The accreditation standards are divided into eight major areas. Following each standard is a list of items which must be submitted to the Accreditation Council on Optometric Education with the program's self-study or as an appendix to the self-study before an evaluation visit is conducted. Additional resource materials which should be available for the evaluation team's review at the time of the site visit are listed following the list of required documentation.

PROFESSIONAL OPTOMETRIC DEGREE STANDARDS

Adopted by the ACOE at its Winter Meeting, February 19-21, 2016 with revisions adopted by ACOE at its Winter Meeting, February 22-24, 2019 and at its Annual Meeting June 19-22, 2019
**Use of these standards is mandatory for all programs being evaluated on or after July 1, 2017.*

Standard I – Mission, Goals, and Objectives

1.1 The program must have a statement of its mission, and the goals and objectives by which it intends to fulfill its mission.

Examples of Evidence

- *Program's mission, goals and objectives*

1.1.1 The program must publish its mission and goals so that the information is readily and publicly available on the program's website.

Example of Evidence

- *Web site*

1.1.2 The goals and objectives must include teaching and learning, research or scholarly

activity, patient care, and service.

Examples of Evidence

- *Program's goals and objectives*

1.2 The mission, goals, and objectives must result in a professional optometric degree program whose graduates possess the attributes, knowledge, skills, and ethical values required for independently practicing contemporary optometry.

Examples of Evidence

- *Program's statement of attributes, knowledge, skills and ethical values*

1.3 The program must identify and use outcomes measures to evaluate its effectiveness by documenting the extent to which its goals and objectives have been met, and must use such assessment to improve its performance. Such measures must include but not be limited to graduation rates, and results from National Board of Examiners in Optometry (NBEO), Optometry Examining Board of Canada (OEBC) or equivalent testing agencies.

Examples of Evidence

- *Outcomes measures including but not limited to*
 - *Graduation rate*
 - *NBEO passage rates for all first-time takers*
 - *OEBC passage rates for all first-time takers*
 - *Licensing examination results*
 - *Career Placement, i.e. proportion of graduates employed, enrolled in a residency, or pursuing further education in optometry or a related field*
- *Analysis of outcomes measure*
- *Description of actions taken as a result of analysis*

1.3.1 Within six years of initial matriculation, at least 80% of entering students must be (1) licensed to practice optometry, or (2) pass all three parts of the NBEO or (3) pass the equivalent Canadian registration examination.

Examples of Evidence

- *Outcomes measures used including but not limited to*
 - *NBEO passage rates*
 - *NBEO ultimate pass rates for entering cohorts*
 - *OEBC passage rates*
 - *Licensing examination results*
 - *Licensure data on graduates*
 - *Career placement*
- *Analysis of outcomes measure*
 - *Description of actions taken as a result of analysis*

1.4 The program must publish on its website current and reliable information on its performance with respect to student achievement. Data must include, but need not be limited to: graduation rates; attrition rates; annual institutional pass rates for all first-time

takers of NBEO parts I, II, and III and the ultimate passage rate for each cohort graduating within each of the three previous academic years, or pass rates on OEBC or equivalent examinations.

Examples of Evidence

- *Published performance measures*
 - *Graduation rate, i.e. four and five year program completion rates for each of the three most recent graduating classes*
 - *Attrition rates for each of the three most recent academic years, i.e. proportion of students leaving the program for academic or other reasons*
 - *First time pass rate for each part of the NBEO exam and ultimate pass rate for each cohort graduating within each of the three previous academic years*
 - *Career placement*

- 1.5 The program must engage in an ongoing, systematic process of planning and self-study and must review on a regular basis its program mission, goals, and objectives and revise them as necessary.

Examples of Evidence

- *Description of review process*
- *Evidence of involvement of stakeholders*
- *Supporting documents from review, such as meeting agenda or minutes*
- *Documents which show actions taken with regard to mission, goals and objectives*

Standard II – Curriculum

- 2.1 The optometric curriculum must fulfill the intent of the mission statement of the program to prepare graduates to independently practice contemporary optometry.

Examples of Evidence

- *Copy of curriculum*
- *Curricular learning objectives*
- *Clinical competencies*
- *Course learning objectives*
- *Relevant educational outcome measures*

- 2.2 The program must offer an optometric curriculum of at least four academic years.

Example of Evidence

- *Copy of curriculum*

- 2.3 Each student's achievement of curricular outcomes must be assessed.

Examples of Evidence

- *Course examinations*
- *Laboratory practical examinations*

- *Clinical evaluations*
- *Pre- and post-clinical assessments (proficiency examinations)*
- *Course grades*

- 2.4 The program must employ a curriculum management plan that includes:
- a. ongoing curriculum review and evaluation processes that include input from faculty, students, administration and other appropriate stakeholders; and
 - b. evaluation of all courses with respect to the defined objectives of the program.

Examples of Evidence

- *Minutes of meetings in which curriculum is evaluated*
- *Description of actions taken as a result of curricular evaluations*
- *Student assessment of courses and instruction*
- *Defined program competencies*
- *Course syllabi including learning objectives*

- 2.5 If instruction in the optometric program is shared with another program or institution, the optometric program must demonstrate primary administrative responsibility for the creation, supervision and implementation of its curriculum.

Examples of Evidence

- *Documents delineating responsibilities in shared programs*

- 2.6 Basic science instruction must provide a foundation of knowledge in physical, biomedical and behavioral sciences essential for clinical optometric care.

Examples of Evidence

- *Copy of curriculum*
- *Results from Part I of NBEO examinations*
- *Results from OEBC examination*
- *Outcome assessment relative to curricular objectives*

- 2.7 Clinical instruction and practice must consist of didactic, laboratory, and supervised clinical experience in the examination, diagnosis, treatment, and management of patients.

Examples of Evidence

- *Copy of curriculum*
- *Results from Part II and III of NBEO*
- *Results from OEBC*
- *Outcome assessment relative to curricular objectives*

2.7.1 Externship rotations must complement, but not substitute for, the foundational clinical experiences that must occur at sites described by Standard 8.1.1.

Examples of Evidence

- *Learning objectives of externship sites*
- *Learning objectives of the core clinical experience*

2.8 The quantity, quality and variety of experiences in the supervised care of patients must be sufficient to develop clinical competency to independently practice contemporary optometry.

2.8.1 The number of patients seen, as well as diagnoses for each of these patients, must be tracked and documented for each student. These data must distinguish between patient encounters experienced during vision screenings, encounters in which supervised patient care was provided by one student, encounters in which supervised patient care was shared by more than one student, and encounters in which the experience was by observation only.

Examples of Evidence

- *Description of clinical experience for each individual student*
- *Description of processes used to measure quantity, quality and variety of experiences*
- *Patient logs and an analysis of logs*
- *Student portfolio of clinical experience*

2.9 The program must establish a set of clinical competencies necessary for the contemporary practice of optometry and evaluate the student's attainment of these competencies.

Examples of Evidence

- *Description of clinical competencies*
- *Completed medical record reviews*
- *Faculty evaluation of clinical performance*
- *Referral letters and other communications*
- *Course and clinical learning objectives*

2.9.1 The graduate must be able to identify, record and analyze pertinent history and problems presented by the patient.

2.9.2 The graduate must be able to examine and evaluate the patient to arrive at an appropriate diagnosis.

2.9.3 The graduate must be able to formulate a rational treatment and management plan and understand the implications of various treatment and management options.

2.9.4 The graduate must be able to provide preventive care, patient education and counseling.

2.9.5 The graduate must be able to use the knowledge of optometry's role and the roles of other health professions to appropriately assess and address the health care needs of the patients and populations being served.

- 2.9.6 The graduate must be able to apply knowledge of professional, ethical, legal, and public health principles to the delivery of optometric care.
- 2.9.7 The graduate must be able to demonstrate understanding of research principles and conduct in order to critically assess the literature.
- 2.9.8 The graduate must be able to effectively communicate orally and in writing with other professionals and patients.
- 2.9.9 The graduate must be able to demonstrate basic life support skills for emergencies encountered in optometric practice.
- 2.9.10 The graduate must demonstrate an understanding of the basic principles and philosophy of optometric practice management.
- 2.10 There must be written and signed affiliation agreements between the program and its externship sites that define, at a minimum, the responsibilities of each party related to the educational program for optometry students.
- Example of Evidence*
- *Copy of affiliation agreements*
- 2.10.1 The program must establish and adhere to criteria for the selection of externship sites. These criteria must address at a minimum:
- Space and equipment
 - Qualifications of supervising faculty
 - Clinical privileges of supervising faculty where applicable
 - Clinical practice guidelines employed at the site
- Examples of Evidence*
- *Copy of criteria for selection*
 - *Copy of site selection procedure*
- 2.10.2 The program must monitor externship sites to ensure they are providing clinical experiences that meet the program's mission, goals, and objectives
- 2.10.2.1 Each site must be visited by personnel designated by the program within one year of placement of the first extern(s) and thereafter on a periodic basis.
- 2.10.2.2 Program approved learning objectives must be established for all externship sites, and student performance must be evaluated using these objectives.
- Examples of Evidence*
- *Description of monitoring procedure*

- *Student assessments of externship sites*
- *Administrative structure to monitor sites*
- *Analysis of clinical experience provided at sites*

2.10.3 The program must provide educational direction, including orientation, training and development, to the externship sites.

Examples of Evidence

- *Externship manual*
- *Description of in-service programs, training and other educational guidance provided to externships*

Standard III - Research and Scholarly Activity

3.1 The program must support, encourage and maintain research and scholarly activity.

Examples of Evidence

- *Policies that encourage research and scholarly activity*
- *Financial support*
- *Internal grant programs*
- *Description of research facilities*
- *List of faculty publications*
- *List of current grants and contracts*
- *Program infrastructure support (e.g. grant writing, biostatistics, graphics, technology)*
- *Mentoring and training opportunities*

3.2 The program must provide opportunities for students to participate in research and other scholarly activities mentored by faculty.

Examples of Evidence

- *Relevant course syllabi*
- *Samples of research projects in which students participated*
- *Samples of other scholarly activities in which students participated*

Standard IV – Governance, Regional Accreditation, Administration, and Finances

4.1 The doctor of optometry program must be offered by an autonomous unit organized as a school or college of optometry (within a university or as an independent entity.) This includes autonomy to manage the professional program within published policies and procedures, as well as applicable state and federal regulations.

Examples of Evidence

- *Appointment letter for program's chief executive officer*
- *Board of Trustees policies*
- *Administrative policies*
- *Organizational Chart*

- *Position descriptions of key administrators*

4.1.1 The program must adhere to written policies, including, but not limited to, conflict of interest, due process, disclosure, non-discrimination, confidentiality of records and fiscal accountability.

Examples of Evidence

- *Board of Trustees Policies*
- *Administrative policies*

4.1.2 The program must be conducted and organized in such a way as to facilitate open communication among administrators, faculty, students, staff and other constituencies.

Examples of Evidence

- *Program bylaws*
- *Organizational chart*
- *Surveys of constituents*
- *Communications among constituents*
- *Meeting minutes*
- *Electronic communications*

4.1.3 The institutional structure must clearly assign authority and responsibility for the hiring, on-going evaluation, retention and discharge of the program's chief executive officer.

Examples of Evidence

- *Board of Trustees policies*
- *Appointment letter*
- *Organizational chart*
- *Governance policies*
- *Evaluation instrument or procedures*

4.2 The program must be conducted at an institution that is accredited by a regional accrediting body recognized by the U.S. Department of Education or is recognized by a provincial ministry of education in Canada.

Examples of Evidence

- *Letter of institutional accreditation*
- *Institutional accreditation report*

4.3 The program's chief executive officer or chief academic officer must have a professional optometric degree, and both must be qualified by education, training and experience to provide leadership in optometric education, scholarly activity, and patient care.

Examples of Evidence

- *Curriculum vitae*
- *Copy of transcript*

- *Copy of diploma*
- *Description of process to verify credentials*

4.4 There must be a clear definition of the chief executive officer's authority and responsibility for the program.

4.4.1 The program's chief executive officer must have the authority and responsibility for fiscal management of the program.

Examples of Evidence

- *Position description*
- *Administrative policies*

4.5 The program must utilize clearly defined reporting relationships, performance expectations, and assessment procedures for all administrators.

Examples of Evidence

- *Organizational chart*
- *Administrative policies*
- *Documentation or narrative describing performance and assessment procedures*

4.6 The program must demonstrate that it possesses the financial resources required to develop and sustain the program on a continuing basis and to accomplish its mission, goals and objectives.

Examples of Evidence

- *Applicable financial and/or budgetary documents*
- *Analysis of historical financial resources*
- *Projection of financial resources*

4.6.1 The program must utilize sound and generally accepted financial management procedures to assure effective monitoring, control and accountability of its fiscal resources.

Examples of Evidence

- *Most recent audited financial statement*
- *Administrative policies and procedures*

4.7 The program must ensure that support from outside entities does not compromise the teaching, clinical or research components of the program.

Examples of evidence:

- *Written agreements(s)*
- *Contracts between the institution/program and sponsor(s) (For example: contract(s)/agreement(s) related to facilities, funding, faculty allocations, etc.)*
- *Copies of institutional policies or procedures regarding commercial sponsorship and conflicts of interest*

- 4.7.1 The authority and responsibility for matters relating to curriculum, student selection, faculty selection and administration must rest within the program.

Standard V – Faculty

- 5.1 The number, qualifications, expertise and experience of faculty members must be sufficient to meet the stated mission and goals of the program.

Examples of Evidence

- *Description of faculty rank classifications (i.e., associate, assistant, professor, clinical associate, etc.) with description of expected workload and expected contributions.*
- *Census of the faculty by classification*
- *Description of significant changes in faculty census and student-faculty ratio over the accreditation period.*
- *Curricula vitae of faculty*
- *Workload formula and implementation grid by semester (demonstrating application of policy referenced in standard 5.5)*
- *List of faculty teaching responsibilities*

- 5.1.1 Faculty members must hold an earned terminal degree or first professional degree from an institution accredited by a recognized agency or its foreign equivalent or have certification or licensure related to their primary instructional assignment.

Examples of Evidence

- *List of faculty members with abbreviated biographies and teaching responsibilities*
- *Copies of faculty CVs (on-site)*
- *Description of process to verify faculty credentials*

- 5.2 The program must demonstrate an effective mechanism for faculty participation in decision-making related to the optometric education program.

Examples of Evidence

- *A list of faculty committees and membership*
- *Schedule of faculty meetings in past two years*
- *Minutes of faculty meetings in past two years (on-site)*
- *Faculty charter, bylaws, contract, standard operating procedure, etc.*
- *Description of faculty committee structure, membership, objectives, reporting procedures*
- *Meeting schedules and minutes*
- *Evidence of governance issues resolved or identified by the faculty process (i.e. agendas, minutes, formal letters, white papers, votes)*

- 5.3 The program must allocate adequate time and resources for faculty to enhance their skills and leadership abilities in education, service, research and scholarly activity, and patient

care.

Examples of Evidence

- *Description of how faculty workload is determined*
- *Description of development programs*
- *Sabbatical policies*
- *Faculty technology support*
- *Description of orientation and mentoring programs*

5.4 The program must use a faculty evaluation process that establishes goals and assesses performance of each faculty member.

Examples of Evidence

- *Policy and procedure manuals*
- *Template of evaluation instruments*

5.5 The program must follow published policies and procedures for faculty recruitment and retention, promotion, tenure (where it exists), academic assignments and responsibilities, sabbaticals, reporting relationships, grievance, and benefits.

Examples of Evidence

- *Workload policy*
- *Organizational chart*
- *Procedure and policy manuals*

5.6 The program must demonstrate its efforts to recruit a diverse faculty.

Examples of Evidence

- *Announcement and publication of open positions*
- *Recruitment plans*

Standard VI – Students

6.1 The program must have a fair and impartial process that results in the admission of students who possess the intelligence, integrity, and maturity necessary for them to become competent doctors of optometry.

Examples of Evidence

- *Historical admissions statistics including*
 - *Number of applicants*
 - *Profile of entering class with details on*
 - *Gender*
 - *Academic ranking/attributes*
 - *Average OAT scores*
 - *Average GPAs*
 - *Racial/ethnic information*
- *Recruitment materials*
- *Recruitment plan*

- *Admission policy*
- *Attrition rates*
- *NBEO results*
- *OEBC results*
- *Four-year graduation rate*

6.2 The program must establish and publish the criteria considered in selecting students who have the potential for success in the program and the profession.

Examples of Evidence

- *Examples of publications*
 - *Catalog*
 - *Web site*
- *Admissions criteria*
 - *Pre-requisites*
 - *Admissions test scores*
 - *GPA's*
 - *Interview*
 - *Essays*
 - *Letters of reference*
 - *Deadlines for submission*
 - *Application fees*

6.2.1 The program must adhere to fair and impartial policies and procedures during the admissions process.

Examples of Evidence

- *Admission policy, criteria and procedure*

6.2.2 The program must require that the accepted applicants have completed all prerequisites and at least an equivalent of three academic years of postsecondary education in an accredited institution prior to beginning the program.

Examples of Evidence

- *Admission policy, criteria and procedure*
- *Catalog*
- *Student records*

6.3 The program must provide information to incoming students regarding pre-matriculation health standards, access to health care, personal counseling, and standards for immunization against infectious disease.

Examples of Evidence

- *Publications that describe the above*

6.4 There must be an institutional commitment to serving students, including an organizational element devoted to student affairs.

Examples of Evidence

- *Organizational chart*
- *Description of duties of element devoted to student affairs*
- *Position descriptions of personnel in student affairs*

6.4.1 At a minimum, student services must include financial aid and debt counseling, academic counseling, learning support services, career placement assistance, and access to information technology support.

Examples of Evidence

- *Organizational chart*
- *Position description of personnel in student affairs*
- *Student handbook*
- *Web site*

6.5 The program must maintain an orderly, accurate, confidential, secure and permanent system of student records.

Examples of Evidence

- *Policies on student record access*

6.6 The program's publications, written policies, advertising, and student recruitment must present an accurate representation of the program.

Examples of Evidence

- *Publications, written policies, advertising, Web sites*

6.6.1 The program must publish and adhere to policies and procedures on academic and professional standards, grading, attendance, disciplinary conduct actions, retention, dismissal and reinstatement, non-discrimination policy, due process, academic calendar, tuition, fees, refund policy, honors, scholarship and awards, and other related matters.

Examples of Evidence

- *Documents that describe above*
 - *College catalog*
 - *Student handbook*
 - *Web site*
 - *Honor code*

6.6.2 The program must publish and adhere to policies and procedures regarding student grievances and must maintain records of receipt, investigation, adjudication and resolution of such complaints.

Examples of Evidence

- *Documents that describe above*
 - *College catalog*
 - *Student handbook*

- *Web site*
 - *Record of complaints (on site)*
- 6.7 The program must provide opportunities for students to access and communicate with faculty and administrators of the program.
- Examples of evidence*
- *Faculty and administration office hours*
 - *Agenda, minutes, and/or reports of organized meetings between administration and students.*
- 6.8 The program must provide opportunities for students to participate in student governance, advocacy and other leadership development activities.
- Examples of Evidence*
- *Student governance documents*
 - *Organizational structure of student/school interactions*
 - *List of student committees*
 - *Student involvement in program committees*
- 6.9 The program must make available to students information on postgraduate educational programs, such as residencies, graduate degrees and fellowship training opportunities.
- Examples of Evidence*
- *Publications that provide information on the above*

Standard VII – Facilities, Equipment and Resources

- 7.1 The teaching and patient care facilities and equipment must be appropriate to fulfill the mission, goals and objectives of the program.
- Examples of Evidence*
- *Documents or narrative description of physical plant, and its utilization*
 - *Floor plan of facilities*
 - *Documents or narrative description of any planned changes in facilities*
 - *Documentation or current description of equipment relative to quantity, condition and currency*
 - *Documentation of facility certification by external agencies*
 - *Classroom technology*
- 7.1.1 The program must plan and provide for the repair, maintenance and replacement of physical facilities, ophthalmic instruments and other equipment, and computers and other technology infrastructure.
- Examples of Evidence*
- *Replacement policies and schedule*
 - *Description of available financial resources for equipment repair and replacement*

- *Description of personnel and facilities for equipment and physical facility maintenance and repair*
- *Plans for renovation or acquisition of facilities*
- *Equipment acquisition plans*

7.2 The program must provide access to well-maintained library, study space and information facilities, sufficient in size, breadth of holdings, and information technology to support the program's education and other missions.

Examples of Evidence

- *List of library holdings*
- *Library floor plan*
- *Electronic information resources*
- *Description of Information Technology (IT)*
 - *IT support services*
 - *Computer and IT resources*

7.3 The library and information services staff must support the needs of the faculty, residents and students of the program.

Examples of Evidence

- *Hours of library service*
- *Organizational chart for library and information services*
- *Curriculum vitae for key information resources personnel*
- *Information resource services available*
- *Surveys of patron satisfaction and use*
- *Summary of training provided to faculty, students and staff regarding utilization of library and information services*

7.4 The program must have an emergency preparedness plan.

Example of Evidence

- *Emergency preparedness plan.*

Standard VIII – Clinic Management and Patient Care Policies

8.1 The program must have or be assured the use of a clinical patient care program sufficient to fulfill its mission, goals and objectives.

Examples of Evidence

- *Description of institution's clinical patient care program*
- *Description of affiliated clinical patient care programs*
- *Description of patient demographics*

8.1.1 The clinical patient care program must include an integrated teaching clinic primarily staffed by faculty members who are employed by the program.

- 8.2 A coordinated system of clinical governance, administration, management and evaluation must be followed by all clinics managed by the program.

Examples of Evidence

- *Clinic administration organization chart*
- *Description of clinic administration*
- *Clinic management policies*
- *Procedures for evaluating clinic administrators*
- *Procedures for evaluating effectiveness of clinical operation*
- *Position description(s) for principal administrators of clinical program*

- 8.2.1 The program must publish and make available to staff, student clinicians, residents and faculty, a clinic manual which includes all clinic policies and procedures.

Examples of Evidence

- *Clinic manual*
- *Electronic clinic manual*

- 8.2.2 The program must verify credentials of faculty members who serve in the clinic.

Examples of Evidence

- *Faculty credentials*
- *Credentialing process*

- 8.2.3 The program must define the scope and extent of clinical privileges for each faculty member who serves in the clinic.

Examples of Evidence

- *Description of procedures to grant clinical privileges*
- *Completed privileging documents*

- 8.2.4 The patient record must allow for efficient review of the patient's condition and any pertinent previous care provided at the program's clinical facility.

Examples of Evidence

- *Copies of written or electronic patient records (on-site)*

- 8.2.5 The clinic must conduct a continuous quality assessment, improvement and compliance program that provides for remediation when deficiencies are identified.

Examples of Evidence

- *Description of quality assessment program*
- *Evaluation of clinic services by staff, patients or students*
- *Examples of remediation of deficiencies*
- *Description of faculty/staff/student in-service programs*

- 8.2.6 The clinic must publish or post policies and procedures on the patient's rights and responsibilities.

Examples of Evidence

- *Posted patient bill of rights*
- *Handouts which include patient bill of rights*
- *Publication which include patient bill of rights*
- *Informed consent documents*

8.2.7 The clinic must have written procedures for receiving and resolving patient complaints, grievances and appeals.

Examples of Evidence

- *Documents with relevant policies*
- *Files of complaint, grievances and appeals since the most recent site visit (on site)*
- *Clinic manual*

8.2.8 Clinic programs must utilize established procedures to address risk management such as liability, security and safety.

Examples of Evidence

- *Liability policies including professional liability*
- *Security policies*
- *Safety policies*
- *Emergency procedures*
- *Infection control policies*

8.3 The program must provide eye and vision care services, which are consistent with accepted and well-established health care standards such as clinical practice guidelines.

Examples of Evidence

- *Adopted clinical practice guidelines*
- *Description of access to clinical practice guidelines*
- *Quality assurance program*

REVISION OF PROFESSIONAL OPTOMETRIC DEGREE PROGRAM STANDARDS

The Accreditation Council on Optometric Education is committed to conducting a valid and reliable accrediting process. Review and revision of the preceding professional optometric degree program standards is a regular part of the Council's activities. Programs or individuals who wish to suggest changes of the standards are invited to submit their suggestions in writing. The procedure for revision of standards is as follows:

1. The standards will be reviewed at least every five years.
2. As part of the standard review process, the Council will circulate contemplated changes to accredited programs, state boards of optometry, the U.S. Department of Education, and other interested parties. The comment period will be a minimum of 30 days.
3. Following review of comments on standards, the Council may elect to recirculate a revised draft for additional comments.
4. When the comment solicitation and review process is complete, the Council will take action to adopt the standards.

The Council may review, revise, delete or add individual standards at any time it deems appropriate in accordance with the following process. If, through its system of review, the Council determines that it needs to change any individual standard, or the standards as a whole, the ACOE shall initiate the revision process within 12 months of determining that a change is necessary. The ACOE will complete the revision process in a reasonable period of time. Before finalizing any changes to the standards, the ACOE will provide notice to its constituency and other interested parties and provide a response time of a minimum of 30 days to comment on the proposed changes. The ACOE will consider comments received from interested parties in the revision process.

CHAPTER III | Self-Study Process

The self-study is a key component in the ACOE accreditation process as it is in most accrediting processes for institutions of higher learning in the United States.

The primary purpose of the self-study is to involve the entire community of the school or college in optometry in "looking at itself" for the purpose of self-improvement and long term planning. It engages members of the community in a critical review of institutional mission, goals and programs; in considering the impact of societal and economic changes affecting the institution; and in identifying institutional strengths and weaknesses in the achievement of intended outcomes.

Moreover, the self-study report orients the evaluation team to the institution or program. The self-study describes the entity that is being evaluated as to its resources, the constituencies whom it serves and who serve it, its mission, goals, objectives and the degree to which they are being met, its physical plant, and other factors. Essentially, a well done self-study enables the evaluation team member to obtain more than a superficial sense of the essence of the institution or program. The team member comes to the site visit with substantial knowledge of the backgrounds of the involved faculty, administrators and students, the financial integrity of the program being evaluated, and the intricacies of governance.

GUIDELINES FOR THE SELF-STUDY PROCESS

The following recommendations will help foster the constructive attitudes and participation essential for a productive self-study.

1. Administration should effectively communicate the reasons for the self-study to all concerned constituencies.

In order for faculty and students to participate enthusiastically in the process, the administration must reinforce the concept of continual self-improvement represented by the self-study process. The administration can bolster morale by helping to create "ownership" of the process.

2. Adequate human, technical and financial resources should be assigned for the self-study process.

Administration sends a clear message to faculty and students that the self-study is an important institution priority when adequate resources are allocated to assure its timely and effective completion.

3. Faculty and staff who have demonstrated an interest and expertise in institutional self-assessment and/or outcomes assessment should be chosen to play leadership roles.

Motivating participants is best accomplished by individuals who understand the positive and constructive aspects of self-study. These individuals can often bring valuable ideas and insights to the process and should be core members of the self-study team.

4. All appropriate constituencies should be involved in the self-study process.

Inclusiveness facilitates a more accurate assessment of many issues. The participation of students, alumni, support staff, trustees and possibly representatives from the community in which the school or college is located helps develop a view of the entity being studied that benefits both the program or institution and the involved individuals.

5. The self-study should be undertaken and continued with an openness and willingness to identify problems and concerns.

Administration should realize and make it clear to those involved that the self-study is an important opportunity for institutional planning and improvement. The most valuable benefit of the self-study process is the identification of weaknesses and potential solutions.

6. The process should identify the accomplishments and positive elements of the institution or program.

The self-study should identify accomplishments relating to institutional mission, goals and objectives.

7. The self-study should be available to members of the institution or program with adequate time for review before it is sent to the accrediting body.

Review and comment on the self-study by the institutional community help to affirm that the document represents the views of the faculty, students or residents, and staff. A final review also helps to ensure the completeness and accuracy of the document since even the most dedicated self-study team can report inaccurately or overlook important elements.

FOCUS ON OUTCOMES

As noted above, the essential purpose of the self-study is to assess the results -- the outcomes -- of the institution's efforts in pursuit of its mission and goals. Whereas mission and goals statements indicate the desired outcomes, statements of objectives should serve as specific criteria by which outcomes may be assessed.

The following definitions may be useful:

1. **Mission** -- The mission statement should express the overall purposes, intent and uniqueness of the program or institution.
2. **Goals** -- Goals specify the end results necessary to achieve the mission; they should elaborate each of the major components of the mission.

For example, if one element of the mission is to "prepare individuals to practice in compliance with the optometric laws, rules and regulations of any state in the union," a goal derived from this could be "To ensure that the didactic and clinical curricula are state of the art in order to produce graduates who practice in compliance with optometric laws, rules and regulations throughout the nation."

3. **Objectives** -- As the goals were derived from components of the mission, specific objectives should flow from the goals. Objectives are the specifications on how the particular goal is to be reached. To continue with the example, some objectives could be:
 - a. That faculty continually inform themselves about changes in provisions of optometry laws in states throughout the country.
 - b. That faculty annually review curriculum to determine that both the clinical and didactic content are appropriate in terms of current optometry laws.
 - c. That the institution maintains and uses a database of student performance on national and state board examinations.
 - d. That at least every four years the institution conducts surveys of graduates to ascertain their opinions on how well they were prepared to practice, and that faculty and administration use the results of the surveys in their evaluation and planning.

Objectives "a" and "b" specify means to be used to attain the goal in the example; objectives "c" and "d" provide mechanisms to carry out a form of measurement on whether the goal was actually realized (an assessment of the expected outcome).

THE SELF-STUDY PROCESS

The self-study process should be an ongoing activity within schools and colleges of optometry. Institutions should initiate the self-study process at least 12 months before the scheduled site visit. Prior to this, the program should adopt a timetable for the self-study that starts with the appointment of the self-study committee, includes each step in the process, and ends with the date the self-study is to be sent to the Accreditation Council on Optometric Education (at least two months prior to the site visit).

Accreditation Council on Optometric Education standards of accreditation for professional optometric degree programs state the conditions, resources, and other factors that the Council requires in the professional program. As such, they should be addressed point by point.

While the Council does not prescribe the format of the self-study, a report presented on a standard-by-standard basis can demonstrate compliance with standards as well as give the

program a framework in which to state areas of concern and areas of strength. The Council expects that a program has developed plans to address specific areas of concern or weakness.

The school or college should submit the required documentation listed after each of the standards in Chapter 2 within or as appendices to their self-studies.

There are published materials on the subject of self-study. For a current bibliography, contact the Director of the Accreditation Council on Optometric Education.

CHAPTER IV | Application and Evaluation Procedures

INITIAL APPLICATION

Inquiries about the eventual accreditation of a proposed professional optometric degree program should be directed to the Director, Accreditation Council on Optometric Education, American Optometric Association, 243 North Lindbergh Blvd., St. Louis, MO 63141. In response to an inquiry, the Accreditation Manual: Professional Optometric Degree Programs will be sent to the inquiring institution. In addition, the Accreditation Council on Optometric Education is available to interested institutions for consultation and advice regarding the accreditation procedures and standards of the Accreditation Council on Optometric Education.

The process for new programs seeking accreditation includes the following stages:

- Stage One Applicant
- Stage Two Applicant
- Preliminary Approval, which is a formal pre-accreditation status

STAGE ONE APPLICANT

The Stage One Applicant phase is the first step towards eventual accreditation. The Stage One Applicant phase is designed to provide programs with input from the ACOE as the program works towards the development of a new professional optometric degree program. Stage One Applicant does not provide any rights or privileges of accreditation, and it is also not a formal pre-accreditation status. In order for a potential professional optometric degree program to be considered a Stage One Applicant, the sponsoring institution must:

1. Submit a formal letter of intent from the chief executive officer of the institution and demonstrate that the institution that would be sponsoring the program is devoted primarily to education.
2. Complete and submit a feasibility study of the proposed professional optometric degree program in terms of:
 - a. **Public Need**
Documentation of the rationale for starting a new program and the need for a school or college of optometry including the following: location of the school or college; and statement of how the public will be served.
 - b. **Students**
Documentation of class size and total enrollment projections based upon

- c. resources available to the educational program, which takes into account information collected during the feasibility study;
 - d. **Resources**
Availability of an appropriate patient base, financial resources, availability of faculty, technological resources and physical facilities;
 - e. **Career opportunities for graduates**
3. Submit the initial application fee, which is non-refundable. The current application fees are listed on the ACOE web site or may be obtained by contacting the ACOE Director.

At its next regularly scheduled meeting that occurs at least 60 days following receipt of the above submissions, the ACOE will review the institution's request to become a Stage One Applicant. If the feasibility study is determined to be complete and adequate, the program will be designated as a Stage One Applicant. If the feasibility study is incomplete or inadequate, the ACOE may return it to the institution for additional development. Programs may continue as a Stage One Applicant for up to three years while working on the requirements for Stage Two Applicant status.

STAGE TWO APPLICANT

The Stage Two Applicant phase is not an official pre-accreditation classification, but rather a step toward pre-accreditation. During the Stage Two Applicant phase, the program develops a self-study and other documentation. To become a Stage Two Applicant, the program must:

1. Demonstrate that it is part of an institution that possesses or is actively seeking regional institutional accreditation;
2. Have employed a chief executive officer and chief academic officer of the program at least six months prior to submitting the self-study;
3. Provide evidence that it is authorized by applicable law to confer the doctor of optometry degree upon its graduates in recognition of their successful completion of a four academic year or equivalent professional program of study in optometry; and
4. Have completed and submitted a self-study report according to the requirements outlined in Chapter III and standards for initial pre-accreditation of a new professional optometric degree program in Appendix I.

The program must submit the above documentation, which will be reviewed by the Accreditation Council on Optometric Education at the next regularly scheduled meeting that occurs at least 60 days following receipt of the program's information to determine whether basic planning and development have progressed to a degree that would warrant an on-site visitation as required prior to the consideration of a pre-accreditation status. If the ACOE in its review of the self-study report discerns deficiencies or weaknesses in the program that make it clearly out of compliance with the standards for new professional optometric degree programs, the Council may:

1. postpone an on-site visitation until the self-study has been further developed, and the deficiencies have been corrected. The Council may invite program representatives to meet with the Council to assist in interpreting standards and to generally advise the institution in the development of its professional optometric degree program. At the program's invitation and expense, the Council may also conduct a preliminary site visit to assist the program in interpreting the standards and to advise the institution on development of its professional optometric degree program.
2. encourage that the applicant consider withdrawing the application and not reapply for at least two years.

Programs may be Stage Two Applicants for up to two years.

STAGE THREE—PRELIMINARY APPROVAL (PRE-ACCREDITATION STATUS)

Following submission of an acceptable self-study and other documentation outlined above, the ACOE will schedule an on-site evaluation visit to the program. This visit will normally take place approximately six months after the acceptance of the self-study and other Stage Two Applicant documentation. After an evaluation team conducts a formal on-site visitation and completes its report, the team's evaluation report is submitted to the Council for its review at its next regularly scheduled meeting. If the Stage Two Applicant program is found to meet the Council's standards, the Council will grant the pre-accreditation status of "preliminary approval" as described further in Chapter V.

Programs must not recruit or enroll students until "preliminary approval" has been awarded. If a program enrolls students before being granted "preliminary approval" status, the Council will not accept the program's application for accreditation until after the first enrolled class is graduated, and the program will be evaluated using the ACOE's standards for professional optometric degree programs found in Chapter II.

RENEWAL OF ACCREDITATION

Programs which hold an accreditation status will be re-evaluated on a regular basis. Normally, the month and year of the next evaluation is scheduled by the Council at the time it grants accreditation. However, programs are responsible to continuously maintain and improve the components of their program, especially those that have been identified by the Council as areas of concern. The Accreditation Council on Optometric Education may elect to request a new self-study and re-evaluate a program at any time with due notice to assess the effects of substantive changes in the program or to monitor developing situations. Programs will routinely be revisited at intervals no longer than eight years.

Evaluation visits will not be conducted during vacations and breaks since student and faculty input are valuable components of the accreditation process. Programs should provide the

Director of the Accreditation Council on Optometric Education with a calendar for the academic year in which visits are scheduled.

The Accreditation Council on Optometric Education will not normally grant delays in the submission of the self-study and discourages an accredited program from requesting delays in its regularly scheduled accreditation visit. In extenuating circumstances, the program must submit a written request in a reasonable amount of time prior to the scheduled visit. This request must include documentation of the following:

1. The reason for the requested delay;
2. A report of the program's progress to date on the recommendations of the last evaluation report of the Council;
3. Other supporting documentation.

The Accreditation Council on Optometric Education will not delay an evaluation visit to a professional optometric degree program in order to coincide with an evaluation visit to either another accredited optometric program at the institution or to the institution itself. If the program wishes the Council to conduct evaluation of more than one program during the same time frame, the program should plan on having the later scheduled program evaluation conducted on an accelerated basis rather than delaying the earlier scheduled evaluation.

EVALUATION VISIT PROCEDURES

THIRD PARTY COMMENTS

The Accreditation Council on Optometric Education periodically evaluates accredited programs for compliance with ACOE standards. This process includes the consideration of third-party comments. The Council will publish the dates of upcoming site visits in its semi-annual newsletter, in its annual report and in special mailings as deemed appropriate by the Council including, but not limited to, a release for publication in the *Chronicle of Higher Education*.

Third party comments must address substantive matters relating to the quality of the program and the ACOE standards and should be addressed to the Director of the Council at ACOE, 243 N. Lindbergh Blvd., St. Louis, MO 63141. Comments must be received 30 days prior to the program's scheduled site visit date. (In cases where the exact date is not yet determined when the listing is published, the month and year of the visit will be listed, and the comments must be received by not later than the first day of the month preceding the site visit. All third party comments must be signed.)

Comments will be forwarded to the evaluation team and to the appropriate program director for response during the evaluation visit process.

COMPOSITION AND SELECTION OF THE EVALUATION TEAM

An on-site evaluation team which visits a professional optometric degree program normally comprises 4 or 5 members. Evaluation teams are appointed by the chair of the Accreditation Council on Optometric Education. The Director of the Council will consult with the dean or president of the school or college of optometry to obtain advice concerning perceived needs. When the members of the evaluation team are selected, the names and a brief background about the proposed members of the evaluation team will be provided to the dean or president to determine whether there are any conflicts of interest perceived with any of the proposed members. If the program finds a real or potential conflict of interest with respect to a proposed team member, or any other problem which might interfere with the objectivity of any proposed team member, the Council chair will take action when deemed appropriate.

The Accreditation Council on Optometric Education, while ultimately responsible for accreditation decisions, wishes to benefit from the expertise of as many groups and individuals as possible in the evaluation of optometric educational programs. The chair of the Accreditation Council on Optometric Education selects persons from a group of identified consultants who represent certain areas of expertise to serve on evaluation teams. An evaluation team assigned to visit a professional optometric degree program is composed of at least one member of the Council and a number of consultants with special expertise in areas such as finance, administration, clinical science instruction, basic sciences, and curriculum. Each evaluation team shall include at least one educator and one practitioner. Subject to the above guidelines, the chair of the Council may choose from among the following groups:

1. **Council members** -- The Accreditation Council on Optometric Education includes nominees from the American Optometric Association, the Association of Regulatory Boards of Optometry, the accredited schools and colleges of optometry, the optometric technician field, and the public. Evaluation teams will be composed of at least one Council member, so that at least one of the groups represented on the Council also will be represented on evaluation teams.
2. **Consultants** -- All Accreditation Council on Optometric Education evaluation teams will include at least one consultant. The individual(s) chosen to serve in this capacity will be expert in areas in which the Council anticipates the institution evaluated may need special assistance. The consultant will participate fully in all team activities.
3. **Staff** -- A staff member of the Accreditation Council on Optometric Education may accompany the team to assist in coordinating administrative activities during the evaluation visit. The Council staff person is responsible for making the necessary local arrangements with the program being evaluated, providing guidance on interpretation of the standards and procedures of the Council, and coordinating the preparation of the evaluation report with the team chair.

It is the policy of the Accreditation Council on Optometric Education to encourage the participation in evaluation visits of regional accrediting agency representatives. At the request

of the program being evaluated, the Council will invite the regional accrediting body to appoint a representative to accompany the team during the entire course of the visit. Representatives of regional accrediting agencies advise and consult with the evaluation team and participate fully in all team activities.

It is also the policy of the Council to encourage interagency cooperation by conducting joint evaluation visits with regional and other specialized accrediting groups.

At the request of the program being evaluated and when it is deemed advisable by the Council, the Council is willing to conduct a joint evaluation or coordinate the date of the on-site visit with the visitation of the regional accrediting agency, or another accrediting agency.

The Accreditation Council on Optometric Education also encourages the participation in on-site evaluation visits by a representative of a state board of examiners in optometry. With the concurrence of the dean or president of the program being evaluated, the Council may invite one state board of optometry to appoint a representative to serve as an observer with the right to participate in team activities, except executive sessions.

Staff representatives of the U.S. Department of Education may also attend an on-site evaluation visit to observe Council evaluation teams. The U.S.D.E. representatives are present as observers of the process.

THE EVALUATION TEAM'S SCHEDULE

The length of an evaluation visit may vary depending on the complexity of the program, but on-site visitations to professional optometric degree programs are usually scheduled for 2-1/2 to 3 days. The chair of the evaluation team will consult with the dean or president of the school or college of optometry to develop the visitation schedule. Although there is no rigid schedule which the Council requires to be followed during an on-site visitation, the Council considers each of the following elements to be important and will expect all of them to be included at some point in the visitation.

1. An executive session of the team to be held prior to the initiation of the visit. The agenda, the schedule of the visitation, review of protocol for evaluation team members, identification of areas needing clarification with the dean or president, and discussion of the materials provided as they relate to the standards of the Accreditation Council on Optometric Education are some of the topics discussed at this meeting.
2. An entrance interview with the chief executive officer and others who may be designated by him or her on the first day of the visitation to discuss the following topics: the chief executive officer's perceptions of the strengths, weaknesses and areas of concern of the program; the team's perceptions of areas which will require exploration and clarification during the site visit; discussion of the relationship of the professional optometric degree program to the parent institution, when appropriate; and other subjects selected by the chief executive officer and the evaluation team chair. The entrance interview will orient

the team to particular areas of concern and the chief executive officer to the methods and procedures of the team.

3. A tour of the physical plant of the professional optometric degree program including extramural teaching facilities and external clinical sites, when feasible.
4. Conferences with the following individuals: the president and/or the dean; chief academic officer (if other than the president or dean); admissions officer; student affairs officer; financial officer; department chairs; director of residencies; students; student representatives; faculty; alumni; librarian; selected standing committees; the chief administrative officer of the parent institution or appointed representative.
5. An open meeting with students (no faculty or administrators present) will be scheduled to provide the team with input on student perceptions regarding the effectiveness of the program.
6. An open meeting will also be held with faculty (no administrators present) to allow the faculty to participate in discussions with the evaluation team.
7. A team meeting will be held near the end of the visit to allow the team to formulate its impressions and prepare a presentation of its findings to the chief executive officer of the program.
8. Meetings with individual faculty, students and administrators at the discretion of the chair.
9. An exit interview will be held as the final session of the on-site visitation which will provide the chief executive officer of the program and others he or she may designate with insight into the findings of the team and opportunity for the chief executive officer to respond or comment.

PROTOCOL FOR ON-SITE VISITATIONS

PROTOCOL FOR THE PROGRAM

Optometric program administrators are expected to cooperate with the team during the evaluation visit by providing them with information and additional background materials when requested.

Program administrators are requested to provide the Council Director with suggestions for lodging of the team as well as for necessary ground transportation. Programs should not schedule social activities for the team that interfere with the function of evaluation.

The program should provide the team with a secure conference room for team meetings and individual assignments. The team should be able to lock the room since it may contain

confidential materials. The program is asked to have the additional documents requested in Chapter 2 available for the team's inspection in the conference room.

During the course of the visit, the College will be expected to provide the team with access to all college facilities including, but not limited to, class rooms, laboratories, clinics and record room. The program is required to post a notice of the team's open meetings with faculty and students so that those who are interested may attend.

PROTOCOL FOR EVALUATION TEAM MEMBERS

The Accreditation Council on Optometric Education has developed the following guidelines for evaluation team members.

1. The primary function of an evaluation team is program analysis. Social engagements may interfere with this function. The typical evaluation schedule will call for team meetings and dinners each evening following the day's visitation to the professional optometric degree program, so it is expected that team members be available to interact with the team to share information and observations. Individual team members should not accept social invitations from host administrators or faculty.
2. Team members will be provided the program's self-study report, previous evaluation report, previous annual reports of the program, and a record of any complaints received by the ACOE in accordance with the ACOE complaint procedure since the most recent evaluation visit, along with the resolution of the complaint(s). Team members are expected to familiarize themselves with these materials prior to the visit, and to request any additional needed materials as soon as the need is identified.
3. Team members must participate throughout the duration of the visit. Late arrival or early departure is a significant breach of etiquette that adversely affects the rapport and competence of the team and reduces its efficiency and effectiveness.
4. Although team members may discuss general findings and recommendations with program administrators during the exit interview, team members must not express personal or team opinions regarding the accreditation status of the program under evaluation. Decisions relative to the accreditation status of educational programs are made exclusively by the Accreditation Council on Optometric Education at regularly scheduled meetings, and only after thorough discussion and in-depth review of the evaluation reports.
5. Team members are expected to participate actively in conference discussions during the site visit, but they are cautioned to refrain from expressing their own personal opinions regarding teaching methodology or practice technique. Comparisons to the team member's individual program should be avoided.

6. Individual team members are expected to prepare reports **within two weeks** of the site visit on the areas of the program that are assigned to them by the evaluation team chair.
7. A draft of the evaluation report will be sent to the team when it is compiled. Prompt response by team members to the draft of the evaluation report is essential to the timely preparation of the final report for the Council.
8. When evaluation reports are presented to the Council for review and action during regularly scheduled meetings, evaluation team members on the Council are expected to participate in the discussion of the programs being evaluated, and, if necessary, to explain and elaborate on the reports.
9. Team members must treat all information and data obtained from whatever source regarding the program under evaluation as confidential. In addition, the disclosure of personal or team opinions with respect to the accreditation status of the program being evaluated is unauthorized at any time before, during or after the on-site visitation.
10. Following the Council's approval of the formal report, evaluation team members are expected to destroy their copy of the pre-evaluation materials and other documents relating to the visit.

COMPILATION OF EVALUATION TEAM REPORTS

The evaluation team report must serve not only the Council as an accurate basis for accreditation decisions, but also officials and administrators of educational institutions as an impartial guide to the qualitative aspects of their educational programs. Evaluation team reports, therefore, should reflect the Council's sensitivity to the multi-faceted problems which confront institutions of higher education, and should also demonstrate the professionalism of the Council in its efforts to provide constructive analysis and recommendations for the improvement of the professional optometric degree program. Following the evaluation visit, each evaluation team member is expected to prepare a report on the areas assigned. If possible, it is highly desirable for the team member to submit at least a preliminary draft report to the team chair prior to leaving the site. If there is insufficient time for drafting the report during the visit, the individual team members should prepare separate reports and submit them no later than two weeks following the visit to the evaluation team chair for use in preparing the evaluation team report.

The evaluation team chair will assemble all sections of the report, and edit the document to ensure consistency. The Director of the ACOE will assist the evaluation team chair in preparing the report and recommendations and in distributing it to the team members for comment. Although there is no rigid format for the development of an evaluation team report, comments on each of the major standards listed in Chapter 2 of this manual should be included. The comments should indicate not only areas which are not in compliance, but also areas which are weak or areas of strength. Following discussion of the standards, the team should prepare a

summary which highlights the strengths and weaknesses of the program, and draft suggestions for program enhancement and recommendations.

REVIEW OF FACTUAL ACCURACY

When accepted by the evaluation team, the draft report will be transmitted by the evaluation team chair to the chief administrative officer of a free-standing college of optometry, or in the case of a school or college of optometry that is affiliated with a university, the dean or president of the school or college, for review of the report for factual accuracy. The draft report submitted to the institution will not include any team recommendations or statements regarding accreditation status. In reviewing the draft report, the program should concentrate on issues of fact. The institution may challenge the factual accuracy of any aspects of the evaluation team report by submitting additional written information to the evaluation team chair through the Director of the Council. The evaluation team chair may modify the draft based on factual information or comments submitted by the institution.

The draft report reflects conditions at the time of the site visit. Consequently, if the institution has made changes since that time, these changes should be reported to the Council in the program's next annual report or in a petition for reconsideration of accreditation as described in Chapter 5.

FINANCING THE ACCREDITATION PROCESS

The American Optometric Association bears most of the expense for the activities of the Accreditation Council on Optometric Education. The cost of any on-site visitation to evaluate a professional optometric degree program by the Accreditation Council on Optometric Education is borne by the institution visited. Following the visit, the institution will be billed for the expenses of evaluators, consultants and Council staff. All accredited programs and programs applying for initial accreditation or pre-accreditation will also be billed an annual fee toward the cost of administration. Details about the current annual fees are available from the Director of the Council.

PAYMENT OF ACCREDITATION FEES

All institutions offering programs accredited by the Accreditation Council on Optometric Education (ACOE) are expected to adhere to the due date for payment of the annual accreditation fee for each ACOE-accredited program sponsored by the institution. Invoices are sent in October, and payment is due to the ACOE by January 1 of each year. Programs are also expected to pay any site visit fees for which they are billed within 90 days of receiving an invoice. Programs which do not pay their annual fees by February 15 or site visit fees within 90

days of receiving the invoice will be placed on Administrative Probation by the ACOE Director, in consultation with the ACOE Chair. The CEO of the institution sponsoring the program and the program director will be notified of this status and informed that the ACOE intends to withdraw the accreditation of the program(s) at its next scheduled meeting if payment is not received.

CHAPTER V | Accreditation Procedures

The Council views accreditation as an ongoing process which is subject to change based on changes in the institution. The following procedures are designed to assist the Council in performing its responsibilities to help ensure the quality and continued improvement of optometric education.

COUNCIL REVIEW OF EVALUATION REPORTS

Following receipt of the response to factual accuracy from the institution, the evaluation team report with draft recommendations and suggestions is submitted to the Council for consideration at its next regularly scheduled meeting. All evaluation team reports are reviewed by the Council in executive session. Executive sessions are restricted to Council members, staff and consultants who may be invited by the Council chair. Consultants are not expected to attend Council meetings unless they are specifically invited by the chair.

At the Council meeting, the evaluation team chair presents the report to the Council for its action. The Council considers the report of the team, and takes action on the acceptance of the report, and on adoption of recommendations that relate to the standards and suggestions for program enhancement for the professional optometric degree program. If there are any unresolved conflicts with the institution on factual accuracy, the Council may defer action on the report.

Recommendations relate to areas where the program is not completely in compliance with Council accreditation standards. Suggestions for program enhancement represent improvements that would substantially enhance the potential for excellence.

Following adoption of the recommendations and suggestions, the Council determines the level of compliance for each of the standards—met, met in part or not met. For standards, which are not met or met in part, the Council specifies the reason the standard is not considered fully met. For all areas where a standard is not fully met, there is a corresponding recommendation that must be met to address the concern and to come into compliance with the standard. The Council then takes action on granting, continuing, modifying or revoking accreditation status.

Members of the Accreditation Council on Optometric Education are expected to withdraw from consideration of the accreditation decision of a program when the member or the Council feels that there may be conflict of interest. (See Chapter 1 for statement on conflict of interest.)

ACCREDITATION AND PRE-ACCREDITATION DECISIONS

Accreditation decisions are based on the Council's judgment of the total educational effectiveness of the program. This judgment in turn is based on the degree to which the program meets the standards of the Accreditation Council on Optometric Education.

PRE-ACCREDITATION CLASSIFICATION

In the case of a program which is not fully operational, the Council may grant the pre-accreditation status of preliminary approval following satisfaction by the program of the requirements for initial application in Chapter 4 and the Council's review of an evaluation team report following a site visit:

PRELIMINARY APPROVAL -- A pre-accreditation classification granted to a professional optometric degree program that has clearly demonstrated it is developing in accordance with Council standards. The program has approval to begin student recruitment, selection and admissions, and to begin offering the program. The Council shall review the preliminary approval classification annually during the first three academic years of the program through written reports and/or site visits as deemed necessary by the Council. A request for accreditation status shall be made not less than 12 months prior to graduation of the program's first class. As required by the USDE, the Council will not grant pre-accreditation status to a program for longer than five years.

When the Council awards preliminary approval to a program or at any time during the Council's monitoring of a program holding preliminary approval status, the ACOE may issue recommendations or specify conditions for monitoring, which must be attained in order to maintain the pre-accreditation status.

ACCREDITATION STATUS

The Accreditation Council on Optometric Education may decide to grant one of the two following accreditation statuses to a program following adoption of the evaluation team report and recommendations. Accreditation status may be lowered or revoked if the Council determines that the program is not making sufficient progress on recommendations from the Council.

ACCREDITED -- A classification granted to an educational program indicating that the program generally meets the standards for accreditation. This classification indicates that the program has no deficiencies or weaknesses that compromise the educational effectiveness of the total program. However, recommendations relating to marginal compliance with certain standards, and suggestions relating to program enhancement may be included in evaluation reports.

ACCREDITED WITH CONDITIONS -- A classification granted to an educational program with major deficiencies or weaknesses with reference to the standards of accreditation. This classification indicates that the educational effectiveness of the program is in jeopardy. Programs with this classification will be required to submit progress reports and shall undergo a full on-site evaluation visit within two years.

LENGTH OF ACCREDITATION

The Council accredits optometric degree programs at schools and colleges of optometry for periods of time no longer than eight years. The accreditation is measured from the date of the most recent evaluation visit. Schools and colleges should avoid using phrases such as "accreditation has been continued for an eight year period." ACOE accreditation is not necessarily for a specific period since it is subject to continual review. Depending on the outcomes of annual reports, progress reports, interim visits, substantive program changes and other significant events affecting a program, the Council may decide to schedule a full on-site evaluation visit before the original eight year accreditation period is complete. Thus, while Council policies dictate that schools and colleges must be evaluated at least once every eight years, many programs are evaluated more frequently.

TIMEFRAME FOR COMPLIANCE WITH STANDARDS

In the event the Council determines that a program is not in compliance with any of the Council's standards, the Council shall require that such program take prompt action to correct such non-compliance with the relevant Council standard(s) within the applicable frame as follows: 12 months from the date of the Council's decision if the program is less than one year in length; 18 months from the date of the Council's decision if the program is at least one year but less than two years in length; or two years from the date of the Council's decision if the program is at least two years in length. In the event the program does not bring itself into compliance with the applicable Council standard(s), the Council shall take prompt adverse action against the program. The Council defines adverse action as an official Council action such as the denial or withdrawal of accreditation. The Council may grant *good cause* extensions for situations only where the program has made substantial, but not complete, progress toward compliance with ACOE standards, where a limited amount of time is needed to reach full compliance and where all reasonable alternatives for achieving compliance within the appropriate time period have been exhausted.

Typically, the deadline for compliance will be extended for no more than six months. The ACOE may grant no more than one extension to the deadline for compliance. In cases where the standard with which the program is out of compliance relates to outcomes of the program, the deadline for compliance may be extended to the end of the current program year to allow the program to document outcomes (such as completion rate and Board scores.)

When the Council signifies its desire to visit and evaluate an accredited institution, a failure by that institution to extend an invitation for a site visit may be interpreted as a lack of interest in further accreditation by the Council.

DENIAL OF ACCREDITATION

Accreditation will be withdrawn or withheld from programs which the Council judges to be substantially not in compliance with the standards of the Accreditation Council on Optometric Education. Programs which are denied accreditation may appeal the decision or request reconsideration as outlined in this manual later in this chapter.

WITHDRAWAL FROM CONSIDERATION OF ACCREDITATION

A professional optometric degree program may withdraw its application for any status of accreditation or pre-accreditation at any time before a final decision is made on that request by submitting its intention to withdraw from consideration, in writing, to the Director of the Accreditation Council on Optometric Education.

Any previously accredited or pre-accredited program wishing to have its name removed from the Council's list of accredited programs should have the chief executive officer of the institution notify the Director of the ACOE in writing. The Council will report that the program has voluntarily withdrawn from the accreditation process on its next annual listing of accredited programs.

REINSTATEMENT OF ACCREDITATION

A program which has voluntarily withdrawn from accreditation, or which has had its accreditation revoked by the Accreditation Council on Optometric Education, may apply for reinstatement of accreditation by following the procedures outlined for initial application for accreditation in Chapter 4 of this manual. A self-study and evaluation visit will be required.

NOTIFICATION OF ACCREDITATION DECISIONS

A notification letter will be sent to the highest ranking officer of the institution within 30 days of the Council meeting at which the accreditation decision was made. When the school or college of optometry is part of a university system, the notification letter and accompanying documents will be addressed to the chancellor, provost, or the local campus president as

appropriate. Concurrently, a copy of the letter and accompanying documents will be sent to the school's or college's dean or president.

The letter will include the accreditation classification that has been determined, the length of time until the next scheduled re-evaluation visit, a copy of the evaluation report that was the basis for the Council's decision, and recommendations and suggestions for program enhancement. It will delineate the reasons for any change in accreditation status and specify the time lines for interim visits and/or progress reports. The letter will include a statement regarding the program's compliance with the standards and the program's expected time frame for coming into compliance with any unmet standards. The letter will also contain a statement regarding procedures for requesting reconsideration and appeal of the Council's accreditation decisions.

APPEAL PROCESS FOR ACCREDITATION DECISIONS

The Council will provide the chief executive officer of the program a specific statement of reasons for any adverse accrediting decision. The ACOE will notify the U.S. Department of Education, appropriate state agencies and appropriate accrediting agencies of an adverse action or a decision to grant or continue the "accredited with conditions" status at the same time the program is notified. The decision of the ACOE becomes final at the end of 30 days following the program's receipt of notification of the action, if the program does not file a petition for reconsideration or appeal as specified in the following procedures. The ACOE will notify the public through its web site of a final decision for an adverse action or to grant or continue "accredited with conditions" within 24 hours of notifying the program of the ACOE's final decision. The Council may reconsider any adverse accreditation decision on its own motion, or upon the petition of an institution or program.

An adverse accreditation decision means an official Council action, such as the withdrawal or denial of an accreditation or preaccreditation classification.

PETITION FOR RECONSIDERATION

An institution or program desiring the Council to reconsider an adverse decision or determination of "accredited with conditions" must submit to the Council, in writing, a "Petition for Reconsideration" stating, with all necessary documentation, that:

the facts upon which the Council decision was based no longer exist or have changed significantly;

the Council's ruling is clearly erroneous based on its construction of the facts; or

the Council's ruling is clearly erroneous based on its interpretation or application of the Accreditation Manual: Professional Optometric Degree Program; or

any combination of the above.

A program may seek in a Petition for Reconsideration a review of new financial information provided that: (i) the financial information was unavailable to the institution or program until after the adverse accreditation decision was made; (ii) the financial information is significant and bears materially on any financial deficiencies identified by the Council; and (iii) the only remaining deficiency cited by the Council in support of a final adverse accreditation decision is the institution's or program's failure to meet Council standard(s) pertaining to finances.

This Petition for Reconsideration must be filed with the Council no later than 30 days following notification of the Council's decision. The Council will consider the program's Petition and any oral presentation which the program may wish to make. If the problems or deficiencies that precipitated the adverse action have been corrected, or if upon further consideration and evaluation the Council agrees that some error of construction, interpretation, or application has occurred, the Council will take appropriate action.

APPEAL OF ACCREDITATION DECISIONS

If, following reconsideration, the Council again acts to withdraw, deny or lower the accreditation status of the program, or to continue the program as "accredited with conditions", the chief administrative officer of the institution or program affected may appeal the Council's decision to an ad hoc Appeals Panel. The appeal must be in writing and filed with the Secretary-Treasurer of the American Optometric Association (AOA) within 30 days of receipt of notice of the Council's action upon reconsideration.

The institution or program in its appeal shall allege, with necessary documentation, that:

the Council's ruling is clearly erroneous based on its construction of the facts; or

the Council's ruling is clearly erroneous based on its interpretation or application of the Accreditation Manual: Professional Optometric Degree Programs; or

the Council's decision was arbitrary, capricious, or not supported by substantial evidence in the record on which it took action, or

the procedures used by ACOE to reach its decision were contrary to ACOE's standards or other established policies and practices, and that procedural error prejudiced ACOE's consideration or

More than one of the above occurred.

An institution or program may not appeal to argue that the facts upon which the Council based its action have changed or no longer exist; such an argument must be made to the Council in the reconsideration proceeding.

Within 30 days of receipt of the Appeal, the president of the AOA shall name three (3) persons to an ad hoc Appeals Panel, and three alternates, no one of whom shall be a member of the Accreditation Council on Optometric Education or a member of the Board of Trustees of the AOA, or have had affiliation with the institution or program filing the appeal or with the accreditation process relating to that institution or program. The Appeals Panel will be composed of an educator, practitioner, and public member. Each member of an Appeals Panel shall comply with the Statement of Policy on Conflict of Interest and Guidelines and shall have appropriate training on the ACOE standards, policies and procedures.

The Director of the Accreditation Council on Optometric Education will determine the willingness to serve of the designated principals and alternates and notify the institution or program of the names of the three principals. If the institution shows good cause why a named principal is unacceptable, an alternate will be selected who is acceptable to both parties.

The Appeals Panel shall meet within 90 days of the date on which the program was notified of the adverse decision of reconsideration by the Accreditation Council on Optometric Education, or on a date which is mutually acceptable to the institution or program, the Appeals Panel and the Council. The institution or program may have one (1) representative appear before the Panel to make oral and/or written presentations and to respond to questions from the Panel. The chair of the Accreditation Council on Optometric Education shall designate a representative to appear before the Appeals Panel to support the decision of the Council and to respond to questions of the Panel. Either party may be represented by counsel; however, the proceeding shall be conducted on an informal basis.

The purpose of the Appeals Panel is not to evaluate again the educational program; but rather, to determine whether ACOE's decision was arbitrary, capricious, or not supported by substantial evidence in the record on which it took action, or whether the procedures used by ACOE to reach its decision were contrary to ACOE's standards or other established policies and practices, and that procedural error prejudiced ACOE's consideration. The Appeals Panel does not serve solely in an advisory or procedural role but has and uses its authority to sustain, modify or reverse the decision of the Council or to remand the matter to the Council for further reconsideration with recommendations. Notice of the decision to the Council shall include a statement of the specific issues on which the decision is based and the specific issues that the Council must address.

There will be no change in the accreditation classification of the institution or program pending disposition of an appeal. The Appeals Panel shall forward its findings and conclusions to the Council for action. In such case, the Council must act in a manner consistent with the Appeals Panel's decisions and/or instructions. The institution or program will receive written notification of the result of its appeal and the basis for that result.

The cost related to appeal procedures shall be underwritten by the institution or program and the Council on a shared basis.

MONITORING ACCREDITED PROGRAMS

The Accreditation Council on Optometric Education employs a number of mechanisms to monitor accredited programs in the interim between evaluation visits. These mechanisms are described below.

THE ANNUAL REPORT

Annual reports are tools to assist the Accreditation Council on Optometric Education with monitoring and evaluating the program's continued compliance with accreditation standards in the interim period between evaluation visits. The annual report should provide the Council with the following information:

- * A progress report on efforts to address unmet recommendations (if any) to bring the program into compliance with ACOE standards;
- * Major changes that have occurred in the previous year and notification of the nature and extent of substantive changes that are being considered;
- * Information regarding the program's continuing compliance with the ACOE standards including the following:
 - Changes in the program's mission, goals and objectives;
 - A summary of outcome assessments made during the previous year and National Board of Examiners in Optometry results including the ultimate pass rate by the time of graduation;
 - Report of significant financial challenges, and the program's plans to address the challenges;
 - Changes relating to facilities, equipment and resources;
 - Faculty additions, separations and openings;
 - Student matriculation data;
 - Steps taken to assess student achievement of outcomes of the curriculum including the clinical component;
 - Changes or challenges as to the quality, quantity and variety of experiences in the supervised care of patients to develop clinical competency for entry level practice;
 - Description of distance learning activities that the program is providing or planning
 - Changes in the program's patient care delivery program;
 - Steps taken to implement the clinic's quality assessment and improvement program
 - Changes in the program's support, encouragement and maintenance of research activity in vision and related science; and

- Description of the most significant problems and concerns currently facing the professional optometric degree program and strategies planned to overcome the obstacles.

The annual report must be submitted to the Council by May 1 of each year. The Council will review the reports at its annual meeting, and representatives of the institution may request or may be requested to meet with the Council at its annual meeting in June to explain or elaborate on their report.

Programs will be notified following the annual meeting if their report satisfied a recommendation of the evaluation report or if further action is needed.

The ACOE will review a professional optometric degree program that has less than a 70% ultimate pass rate for two consecutive years on the NBEO or any professional optometric degree program that demonstrates a decrease of 20 percentage points or more from the prior year's ultimate pass rate. The ACOE will modify these benchmarks only after soliciting input from the community of interest.

THE PROGRESS REPORT

The progress report is a mechanism which requires the chief executive of a program to submit a document indicating the degree to which recommendations contained in the most recent formal Council evaluation report or other identified concerns have been implemented. The Council may require a progress report of any accredited institution. Determination of need for the progress report will be made by the Council when it reviews the program's evaluation report or annual report. The Council will specify a due date when the progress report is required. Following receipt of the report by the institution, the Council will review it at its next regularly scheduled meeting. If the progress reported is satisfactory, a program with the status of accredited with conditions may be raised to accredited status. On the other hand, if the progress reported is unsatisfactory or the report is not received by the due date, the Council may either require a representative of the institution to appear before it and explain the lack of progress, or schedule a special re-evaluation to determine the basis for the lack of progress.

In preparing the progress report, the program should focus on the particular areas requested by the Council and should also report on progress made on each recommendation of the most recent evaluation report. The program should describe in detail its accomplishments toward implementing the specific recommendation or addressing the area of concern. Other areas identified by the institution should also be included in the report.

The Council expects that progress reports will include the observations of department chairs and program directors who are directly responsible for the areas covered by the particular recommendations.

THE ANNUAL SURVEY

The annual survey is a questionnaire conducted by the Association of Schools and Colleges of Optometry (ASCO) that is mailed to each optometric educational institution and program at the beginning of each academic year. The survey requires institutions and programs to submit detailed information on enrollment, admissions, curriculum, faculty, library and finances.

The Accreditation Council on Optometric Education monitors the results of the ASCO survey. If a school or college of optometry does not participate in the ASCO survey, it will be required to submit a similar questionnaire form to the Council.

INTERIM VISITS

The Accreditation Council on Optometric Education may elect to conduct an interim visit to a program between full evaluation visits. Interim visits are initiated by the Council or at the request of the institution for several reasons:

1. As the result of concerns identified in an evaluation report or interim visit report;
2. Lack of progress on concerns identified in an evaluation visit, interim visit or progress report, or during the annual report review;
3. As the result of a substantive program change;
4. Change in leadership of the program; or
5. Other concerns which come to the attention of the Council.

Interim visits, by their very nature, address a specific area of concern. However, an interim visit for the purpose of addressing issues broader in scope may be considered at the discretion of the Council. The program must submit a report on the area(s) being evaluated during the visit, at least one month prior to the visit.

Interim visit teams are generally composed of two to three evaluators at least one of whom is a member of the Accreditation Council on Optometric Education. The length of the interim visit varies depending on the scope of the visit. The ACOE chair, interim visit chair, or the Council staff will consult with the program director to establish the length and agenda for the visit.

Following the interim visit, the team will prepare a report which will be sent to the program for review of factual accuracy. It will then be submitted to the Council for consideration. The following are examples of outcomes that might result from an interim visit:

- * Acceptance of the report by the Council with a full evaluation visit scheduled at the previously determined time;
- * Additions and/or deletions to the current list of recommendations may be made;

- * Acceptance of the report by the Council with a request by the Council for a full evaluation visit to occur on an accelerated schedule based on continuing concerns resulting from the interim visit;
- * A lowered accreditation status;
- * Loss of accreditation.

If a negative decision results from an interim visit, the program will have the opportunity to appeal according to procedures described previously in this Chapter.

SUBSTANTIVE CHANGE

Through the annual report, the annual survey, progress reports and interim visits, the Council continuously monitors the general quality of the education provided by accredited programs. A professional optometric degree program receives its recognition on the basis of evaluation and accreditation of its educational program. Any institution which contemplates a substantive change in its professional optometric degree program should receive concurrence from the Accreditation Council on Optometric Education prior to formal adoption thereof. By "substantive change," the Accreditation Council on Optometric Education means new educational policies, practices, or programs that affect:

- * Institutional mission, goals and objectives;
- * The organizational relationship of the school or college with the parent institution;
- * The scope, length and/or content of the program;
- * Resources.

The following are examples of changes that the Council considers substantive. This list is not all inclusive, and the Council reserves the right to exercise its judgment to determine whether a change is substantive.

- * The establishment of a branch campus.
- * The institution of educational policies which allow for awarding transfer credit to significant numbers of students in the program for the purpose of providing them with advanced standing.
- * New affiliations or mergers with other institutions.
- * International professional optometric degree programs sponsored by accredited institutions.

- * Substantial increases or decreases in enrollment.
- * Substantial increases or decreases in faculty.
- * Substantial change in financial resources.
- * Substantial change in mission of the program.

Substantive changes must be submitted to the Council in writing for its assessment and approval prior to implementation. Failure to comply with this policy may result in the scheduling of an interim site visit, or in extreme cases, the lowering or withdrawal of the program's accreditation status after due notice and an opportunity for a hearing.

The program must report to the Council in writing within thirty days if a substantive change that was not contemplated occurs. This report must document how the program will continue to meet the accreditation standards.

When a change occurs, and the program is not certain whether the change is major or minor, the staff of the Council should be consulted immediately.

INTERRUPTION OF EDUCATION POLICY

Interruption of an accredited educational program due to unforeseen circumstances is a potentially serious problem. If such interruption may compromise the quality and effectiveness of education, the Council must be notified in writing of any such disruption. The program must provide a comprehensive plan for how the loss of its clinical and didactic components will be addressed. Programs accepting educational responsibility for displaced students in O.D. and technician programs and residents must submit their plans to deal with any substantive change.

CHAPTER VI | In the Public Interest

The Accreditation Council on Optometric Education takes seriously its responsibility as an accrediting body to inform and assure the public about the quality of educational programs in optometry. The ACOE will publish its accreditation decisions, including the basis for any final decisions, on its web site within 30 days of the decision. The information to be published will include:

- the type of program (professional optometric degree, optometric residency, or optometric technician);
- the program's sponsor, and in the case of an optometric residency not sponsored by a school or college of optometry, the name of the affiliated optometric institution;
- accreditation status or action;
- the year of the next currently scheduled site visit;
- and the Council's summary of compliance with the standards, which specifies the Council's basis for any final decision.

Updates to the summary of compliance will be published when the ACOE determines that the standards are met. The ACOE also publishes on its web site a directory of accredited programs, which is updated following each ACOE meeting, and when major changes occur. The Council also publishes an annual report which it submits to the AOA House of Delegates listing its accreditation decisions, the names of the programs which are removed from the list of accredited programs, and reasons for removal.

The Accreditation Council on Optometric Education will regularly monitor catalogs and appropriate publications of professional optometric degree programs to determine that programs are accurately portrayed to the public. If the program elects to publicly disclose its ACOE accreditation status, it must accurately list its status and include the Accreditation Council on Optometric Education's name, address and phone number. Further, the Council requires that programs be accurate in all references to the areas and levels for which accreditation has been received.

CONFIDENTIALITY OF ACCREDITATION REPORTS

Council policy specifies that evaluation reports are confidential and are not disclosed except to the educational institution involved. Premature and/or unauthorized disclosure of information reflecting the evaluation team's or Council's conclusions and recommendations concerning accreditation status of an accredited program may seriously jeopardize the Council's position as an accrediting agency, and adversely affect the program or institution. The Council expects the chief executive officer of optometric educational institutions to make Council evaluation

reports available to faculty members, members of the governing board and others directly concerned.

Council members, evaluation team members and consultants are not authorized under any circumstances to disclose information obtained during on-site visitations or during Council meetings. The extent to which publicity is given to evaluation reports is determined by the chief executive officer of the educational institution. It is the obligation of the Council to maintain the confidentiality of its relationships with institutions and not to announce publicly any action with respect to an institution other than its accreditation classification or its removal from the accredited list.

However, when an institution so conducts its affairs that they may become a matter of public concern, the Council may find it necessary to make public its actions. Moreover, when the Council is thus forced to make its actions public, it cannot avoid the necessity of explaining, to whatever extent it deems necessary and appropriate, the basis for its action. This may result in some departure from the usual confidential character of the Council's relations with an institution.

PROCEDURES FOR REVIEW OF COMPLAINTS ALLEGING VIOLATION OF ACCREDITATION COUNCIL ON OPTOMETRIC EDUCATION STANDARDS BY ACCREDITED PROGRAMS

The Accreditation Council on Optometric Education, through its established procedures of evaluation and monitoring, attempts to ensure that professional optometric degree, optometric residency and optometric technician programs maintain high standards of educational quality.

The Accreditation Council on Optometric Education does not serve as an arbiter or mediator of disputes that may arise between the programs and other parties. However, the Council is interested in hearing from groups or individuals who may have specific complaints relating directly to the lack of compliance with the accreditation standards and requirements of the Council.

PROCEDURES FOR FILING A COMPLAINT

An individual or group desiring to file a complaint with the Accreditation Council on Optometric Education shall submit the complaint in writing, signed by the complainant, to the Director or the Chair of the Council. The complaint must be specific in detail and include all information the complainant wishes considered. Upon request and if possible, the Council may withhold or protect the identity of the complainant.

Complaints received by the Council that do not relate to the standards of accreditation or that do not have sufficient documentation to warrant an investigation will be disposed of in an appropriate manner at the discretion of the ACOE Executive Committee, which is composed of the ACOE Chair, Vice-Chair and Director. If it is determined that no investigation is warranted, the complainant shall be so informed.

Upon receipt of a relevant complaint, the Council will forward within 20 business days a copy to the chief executive officer of the program for response. If the name of the complainant is being withheld/protected, the Director shall summarize the complaint or redact identifying information prior to forwarding to the institution or program. The program will have 20 business days to respond to the complaint and to provide all information it would like considered. The Chair of the Council may grant an extension of time to respond to the complaint if warranted. A request for delay must be submitted in writing within the 20 business day period referenced above. If a site visit is scheduled within the response time frame, the response may be provided as set forth below.

If an on-site evaluation is scheduled to begin within 90 days of the receipt of the complaint, the Council will also refer the complaint to the chair of the evaluation team visiting the program for investigation and action during the regular course of the evaluation process. If the complaint is not referred to the chair of the next evaluation team, the chief executive officer of the program, or other appropriate person, will be asked to provide the Council with a written summary of actions that led to the complaint and any actions taken as a result of the complaint, including appropriate documentation available to support the summary.

If the response received from the program satisfactorily demonstrates that the program is in compliance with the ACOE standards, the ACOE Executive Committee may dispose of the complaint in a manner it deems appropriate or opt to refer the matter to the Council as a whole for further consideration.

If the complaint's allegations appear to be substantial and tend to suggest lack of compliance with one or more standards and requirements of accreditation, the Chair of the Council will appoint two members of the Council who have no conflicting relationship with the program in question, including one public member, who will investigate the complaint. The public member will preside and direct the investigation.

The investigation may, but need not necessarily, include a visit to the program against which the complaint was filed and may involve such hearings as deemed appropriate. This two-member investigative team shall have access to any and all information relevant to its inquiry. Upon completion of the investigation, the chair of the team shall report to the Council at its next regularly scheduled meeting. The Council shall take appropriate action, including but not limited to dismissing the complaint, requiring an interim visit, scheduling a full evaluation visit, or other appropriate corrective action to bring the program into compliance with the accreditation standard(s) in question. The complainant and the program will be informed of the results of the investigation within 30 business days of a decision.

Each ACOE accredited program shall inform its students or residents of the Council's mailing address and/or telephone number, the procedures for filing complaints, and that only complaints relating directly to the lack of compliance with standards and requirements of accreditation will be considered by the Council. The Council will not intervene on behalf of individuals or act as a court of appeal for individuals in any matters. The Council will not consider complaints on matters that are not related to the standards of accreditation.

The ACOE will maintain records of complaints about accredited programs received as well as the resolution of the complaints. Pursuant to U.S.D.E. policies, evaluation teams will receive records of any complaints pertaining to a program being reviewed that have been received since the program's previous evaluation visit.

The costs related to the complaint process will be divided equally between the Council and the program.

PROCEDURE FOR COMPLAINTS NOT RELATED TO ACCREDITATION DECISIONS

- 1) A complaint or inquiry regarding the Accreditation Council on Optometric Education (ACOE) other than the merits of an accreditation decision may be initiated by filing a written complaint with the ACOE. The complaint must identify the specific matters complained of, set forth in detail the facts and reasons claimed to support the allegations and must include pertinent documents in possession of complainant relating to the complaint.
- 2) Upon receipt of a written complaint regarding ACOE actions other than the merits of accreditation decisions, the ACOE shall have 45 days to conduct an investigation of the allegations in the complaint where warranted. If it is determined that no investigation is warranted, the complainant shall be so informed. The investigation may include, without limitation, interviews with persons having information regarding the allegations and a review of materials relevant to the complaint. Any individual with information regarding the allegations may also be asked to provide documents and comments relating to the complaint.
- 3) The Chair of the ACOE may appoint an individual or a committee to conduct the inquiry into the allegations of the complaint. (If the complaint concerns the Chair, the ACOE may appoint an individual or committee to conduct the investigation.) Following the investigation, the individual or committee shall prepare a written report to the ACOE stating the findings of the investigation. The person(s) filing the complaint will be provided with a copy of the written report and will be provided with an opportunity to submit written comments to the ACOE on the investigation report. Any written comments shall be submitted to the ACOE within thirty (30) days following receipt of the report.

- 4) Following review of the findings and additional written comments, if any, the Council at a duly scheduled meeting shall make a determination with respect to the allegations of the complaint. Within 15 business days following the decision, a written report shall be prepared specifying factual findings of the ACOE and the actions, if any, that the ACOE will take with respect to the complaint, including but not limited to dismissing the complaint, requiring a new site visit evaluation, or other remedial action. The complainant(s) will be provided with a copy of the ACOE decision.
- 5) The person(s) filing the original complaint may appeal the decision of the Council by filing the appeal, in writing and stating specific reason(s) for the appeal, with the Secretary-Treasurer of the Board of Trustees of the American Optometric Association, within 30 days following notification of the decision of the Council. Within 15 days of receipt of the Appeal, the President of the AOA shall name three (3) persons to an ad hoc Appeals Panel, and three alternates, no one of whom shall be a member of the Accreditation Council on Optometric Education or a member of the Board of Trustees of the AOA, or have had affiliation with the institution, program, or person(s) filing the appeal or with the accreditation process relating to an institution or program. No additional fact finding may be undertaken regarding the initial complaint, unless requested by the Appeal Panel.
- 6) Within 60 days after appointment, the Appeal Panel shall schedule and convene a meeting to hear or receive presentations from the complainant and the Council or their respective representatives. The complainant(s) will have an opportunity to have one (1) representative appear before the Appeal Panel to make oral and/or written presentations and to respond to questions from the Panel. The Accreditation Council on Optometric Education will designate a representative to appear before the Panel to support the decision of the Council and to respond to questions of the Panel. Either party may be represented by counsel; however, the proceeding shall be conducted on an informal basis.
- 7) The Appeals Panel shall review the materials presented and shall reach a decision within 15 days of the meeting. The Appeal Panel decision may be to sustain, modify or reverse the decision of the Council or to remand the matter to the Council for reconsideration with recommendations. The decision of the Appeal Panel shall be in writing, shall state the pertinent finding of facts and conclusions, and the actions approved by the Panel. The Appeal Panel shall forward its findings and conclusions to the Council for action, and shall provide complainant(s) with a copy of the Appeal Panel decision.

During the period of the investigation, the ACOE will maintain the confidentiality of the information and documents submitted to it, except to the extent it deems necessary and appropriate in order to conduct a thorough inquiry.

CONSIDERATION OF ACTIONS OF OTHER ACCREDITING GROUPS AND NOTIFICATION OF WITHDRAWALS

The Accreditation Council on Optometric Education will review the accreditation or pre-accreditation status of any professional optometric degree program located within an institution that has been placed on public probation or that has had its accreditation or pre-accreditation status revoked by any recognized accrediting agency. The purpose of the review will be to determine if the ACOE should take adverse action against the program or lower its accreditation status to “accredited with conditions.” The Council will provide the program with due notice of its intended review. Programs which are currently accredited by ACOE as well as those seeking initial accreditation are required to notify ACOE if the accreditation of their parent institution is revoked, or if the parent institution is placed on public probation.

The Accreditation Council on Optometric Education shall take into account decisions made by recognized institutional accrediting agencies or State agencies. If the ACOE determines that an institution sponsoring a ACOE accredited program or a program seeking ACOE accreditation is the subject of an interim action or threatened loss of accreditation or legal authority to provide postsecondary education, the ACOE will act as follows:

Programs accredited by ACOE

If a recognized institutional accrediting agency takes adverse action with respect to the institution offering the program or places the institution on public probationary status, the ACOE shall promptly review its accreditation of the program to determine if it should take adverse action against the program.

The ACOE shall not renew the accreditation status of a program during any period in which the institution offering the program--

1. is the subject of an interim action by a recognized institutional accrediting agency potentially leading to the suspension, revocation, or termination of accreditation or pre-accreditation;
2. is the subject of an interim action by a State agency potentially leading to the suspension, revocation, or termination of the institution’s legal authority to provide postsecondary education;
3. has been notified of a threatened loss of accreditation, and the due process procedures required by the action have not been completed; and/or
4. has been notified of a threatened suspension, revocation, or termination by the State of the institution's legal authority to provide postsecondary education, and the due process procedures required by the action have not been completed.

Programs applying for accreditation by ACOE

In considering whether to grant initial accreditation to a program, the ACOE takes into account actions by:

1. recognized institutional accrediting agencies that have denied accreditation or pre-accreditation to the institution offering the program, placed the institution on public probationary status, or revoked the accreditation or preaccreditation of the institution; and
2. a State agency that has suspended, revoked, or terminated the institution's legal authority to provide postsecondary education.

Granting of ACOE accreditation notwithstanding actions by other agencies

If the ACOE grants accreditation to a program notwithstanding the actions described in this policy, the Council shall provide to the Secretary of the U.S. Department of Education within 30 days of ACOE action, a thorough explanation, consistent with the accreditation standards, why the previous action by a recognized institutional agency or the State does not preclude ACOE's grant of "accreditation."

The ACOE will, upon request, share with other appropriate recognized accrediting agencies and recognized state approval agencies information about the accreditation or preaccreditation status of a program and any adverse actions it has taken against the accredited or preaccredited program.

As an accrediting agency recognized by the U.S. Department of Education (USDE), the Accreditation Council on Optometric Education will notify the USDE Secretary of any action the Council takes to withdraw an accredited status from a program or to place an accredited program on a publicly announced probationary status. As required for recognition by the USDE, the Council will forward a notice of all final accrediting actions taken at each meeting to the USDE Secretary. The Council will also notify the Secretary of ACOE's final decision to deny, withdraw, suspend or terminate the accreditation of a program at the same time it notifies the program.

When the Council makes a final decision to deny, withdraw, suspend, or terminate a program's accreditation status, it shall notify the affected program within 30 days after such action. That notification letter shall include a statement that the Council must make available to the Secretary of the U.S. Department of Education, appropriate accrediting agencies and the public the decision and a brief summary of the Council's reasons for the determination as well as any comments that the program may wish to make regarding such decision. The notice shall request that the program submit any brief comments that would be made available to the public not later than a specified date that is within 50 days after such final decision is made. The Council reserves the right to ensure that such comments are accurate and not defamatory.

Within sixty (60) days after the Accreditation Council on Optometric Education makes a final decision to deny, withdraw, suspend, or terminate a program's accreditation status, ACOE shall make available to the Secretary of the U.S. Department of Education, the appropriate accrediting agencies, and the public, such decision and a brief summary of the reasons for the ACOE's determination, as well as any comments that the affected program may wish to make regarding such decision.

Within 30 days of receiving notification of voluntary withdrawal from accreditation or preaccreditation from a program, the Accreditation Council on Optometric Education will notify the US Department of Education, the appropriate state board of optometry and other appropriate state agencies, appropriate accrediting agencies, and upon request, the public of the program's decision to voluntarily withdraw.

If a program lets its accreditation or preaccreditation lapse, the ACOE will notify the US Department of Education, the appropriate state board of optometry and appropriate state agencies, appropriate accrediting agencies and upon request, the public within 30 days of the date on which the accreditation lapses. Accreditation or preaccreditation lapses when a program fails to continue the regularly scheduled process of accreditation, and no extension in which to comply has been requested by the program and granted by the ACOE.

CHAPTER VII | Conclusion

The Accreditation Council on Optometric Education's prime purpose as an accrediting agency is to ensure the quality and continued improvement of optometric education by establishing and applying valid and reliable educational standards that reflect the evolving practice of optometry. In the final analysis, accreditation and its self-study procedures should provide stimulation to institutions to ensure continued growth and improvement in the teaching program through the assessment of levels of achievement of its mission, goals and objectives.

The Accreditation Council on Optometric Education in its evaluation of professional optometric degree programs at schools and colleges of optometry welcomes inquiries relative to the interpretation of its standards and procedures. The Council reserves the right to collect data periodically from each of the schools or colleges of optometry participating in its accreditation program and may re-visit and re-evaluate any of them at any time, provided that proper notice and adequate opportunity for preparations are allowed. Finally, the Accreditation Council on Optometric Education is committed to providing accurate public information to potential students, the government and the public who may have questions about optometric education. Its regularly published lists will provide an overview of programs' accreditation status.

APPENDIX I | Standards for professional optometric degree programs seeking preliminary approval pre-accreditation status (Effective January 1, 2019)

Standard I – Mission, Goals and Objectives

1.1 The program must have a statement of its mission, and the goals and objectives by which it intends to fulfill its mission.

Example of Evidence

- *Program’s mission, goals and objectives*

1.1.1 The program must identify where it plans to publish its mission and goals.

Examples of Evidence

- *Catalog*
- *Web site*
- *Brochure*

1.1.2 The goals and objectives must include teaching and learning, research or scholarly activity, and public service.

Example of Evidence

- *Program’s goals and objectives*

1.2 The mission, goals, and objectives must give emphasis to a professional optometric degree program whose graduates possess the attributes, knowledge, skills, and ethical values required for independently practicing contemporary optometry.

Example of Evidence

- *Program’s statement of attributes, knowledge, skills and ethical values*

1.3 The program must identify the outcomes measures it will use to evaluate its effectiveness, and develop an assessment plan to demonstrate how it will use assessment to improve its performance. Such measures must include but not be limited to: matriculation data; student academic performance; retention rate; results from examinations administered by the National Board of Examiners in Optometry (NBEO), Optometry Examining Board of Canada (OEBC) or equivalent testing agencies; graduation rates; licensing examination results; and career placement.

Examples of Evidence

- *Assessment plan detailing how assessment will occur and what measures will be used, including:*
 - *Matriculation data*
 - *Student academic performance*
 - *Retention rate*

- *Graduation rate*
- *NBEO passage rates for all first-time takers*
- *Career placement, i.e., proportion of graduates employed, enrolled in a residency or pursuing further education in optometry or a related field*

1.4 The program must identify the information it plans to publish on its performance, including student achievement and describe where it plans to publish the information. Data to be published must include but not be limited to: graduation rates; attrition rates; and first time pass rates for all students taking the exam in each administration for parts I, II, and III of the NBEO exam and the ultimate passage rate for each cohort graduating within each of the three previous academic years, or pass rates on OEBC or equivalent examinations.

Examples of Evidence

- *Plans to publish performance measures*
 - *Graduation rate, i.e., four and five year program completion rates for each of the three most recent graduating classes*
 - *Attrition rates for each of the three most recent academic years, i.e. proportion of students leaving the program for academic or other reasons*
 - *First time pass rate for each part of the NBEO exam and ultimate pass rate for each cohort graduating within each of the three previous academic years*
 - *Career placement*
 - *Placement in residencies*

1.5 The program must articulate its plans to conduct a regular review of its program mission, goals and objectives and revise them as necessary

Example of Evidence

- *Description of review process including plans to include involvement of stakeholders*

Standard II – Curriculum

2.1 The program must establish curricular learning objectives and demonstrate how its proposed curriculum will fulfill the intent of the mission to prepare graduates to independently practice contemporary optometry.

Examples of Evidence

- *Copy of curriculum*
- *Curricular learning objectives*
- *Clinical competencies*
- *Course learning objectives*
- *Relevant educational outcome measures*

2.2 The program must develop a detailed professional optometric curriculum of at least four academic years that

1. includes basic science instruction designed to provide a foundation of knowledge in the physical, biological and behavioral sciences essential for clinical optometric care;
2. includes clinical instruction and practice consisting of didactic, laboratory and supervised clinical experience in the examination, diagnosis, treatment and management of patients; and
3. establishes learning objectives for each course in the curriculum, including clinical rotations.

Examples of Evidence

- *Copy of curriculum*
- *Course descriptions*
- *Course learning objectives*
- *Outcome assessment relative to course objectives*

2.3 Syllabi must be developed for each course in the first-year curriculum that include at minimum

1. course learning objectives;
2. a topical outline;
3. a lecture and laboratory schedule;
4. methods of assessment of student learning; and
5. the name and qualifications of the instructor of record and other instructors in the course.

Example of Evidence

- *Syllabi for first-year courses*

2.4 The program must:

1. specify how the effectiveness of the curriculum will be assessed, including the outcome measures to be utilized; and
2. design a system to manage and review the curriculum that includes evaluation by students, faculty, administration and other appropriate stakeholders.

Examples of Evidence

- *Outcome measures*
- *Curriculum assessment plan*
- *Minutes of meetings in which curriculum is evaluated*

2.5 In the event instruction in the optometric program will be shared with another program or institution, the program must provide evidence that the optometry program will retain primary responsibility for its curriculum.

Example of Evidence

- *Documents delineating responsibilities in shared programs*

2.6 Clinical instruction and practice must consist of didactic, laboratory, and supervised clinical experience in the examination, diagnosis, treatment, and management of patients.

Examples of Evidence

- *Copy of curriculum*
- *Outcome assessment relative to curricular objectives*

2.7 The program must develop a plan to ensure that the quantity, quality and variety of experiences in the supervised care of patients will be sufficient to develop clinical competency which will prepare students to independently practice contemporary optometry. This plan, at minimum, must include:

1. Clinical competencies necessary for the contemporary practice of optometry (see ACOE Standard 2.8) and the manner in which student attainment of these competencies will be evaluated;
2. A description of the proposed clinical experience for each student including location of clinical facilities and nature of clinical rotations;
3. The minimum number of patient encounters expected per student for each term of the curriculum and what defines a patient encounter;
4. A process whereby quantity, quality and variety of patient encounters will be measured; and
5. Plans to remedy any shortfall in patient encounters.

Examples of Evidence

- *Description of clinical competencies*
- *Description of processes to be used to measure quantity, quality and variety of experiences*
- *Proposed student portfolio of clinical experience*
- *Target number of student-patient encounters*

2.8 The program must establish a set of clinical competencies necessary for the contemporary practice of optometry and a plan to evaluate each student's attainment of these competencies.

Examples of Evidence

- *Description of clinical competencies*
- *Medical record review form*
- *Form for faculty evaluation of clinical performance*
- *Course and clinical learning objectives*

2.8.1 The graduate must be able to identify, record and analyze pertinent history and problems presented by the patient.

2.8.2 The graduate must be able to demonstrate the necessary skills to examine and evaluate the patient to arrive at an appropriate diagnosis.

2.8.3 The graduate must be able to formulate a treatment and management plan and understand the implications of various treatment and management options.

2.8.4 The graduate must be able to provide preventive care, patient education and counseling.

2.8.5 The graduate must be able to use the knowledge of optometry's role and the roles of other health professions to appropriately assess and address the health care needs of the patients and populations being served.

2.8.6 The graduate must be able to apply knowledge of professional, ethical, legal, and public health issues applicable to the delivery of optometric care.

2.8.7 The graduate must be able to demonstrate understanding of research principles and conduct in order to critically assess the literature.

2.8.8 The graduate must be able to effectively communicate orally and in writing with other professionals and patients.

2.8.9 The graduate must be able to demonstrate basic life support skills for emergencies encountered in optometric practice.

2.8.10 The graduate must be able to demonstrate an understanding of the basic principles and philosophy of optometric practice management.

2.9 The program must provide written letters of intent from potential externship and affiliated sites that demonstrate sufficient capacity to meet the program's minimum number of patient encounters per student for external rotations.

Example of Evidence

- *Written letters of intent*

2.9.1 The program must establish and adhere to criteria for the selection of externship sites. These criteria must address at a minimum:

- Space and equipment
- Qualifications of supervising faculty
- Clinical privileges of supervising faculty where applicable
- Clinical practice guidelines employed at the site

Examples of Evidence

- *Copy of criteria for selection*
- *Copy of site selection procedure*

2.9.2 The program must formulate a monitoring system to assure that clinical affiliates or externship sites provide clinical experiences that meet the program's mission, goals, and objectives.

Examples of Evidence

- *Description of monitoring procedure*

- *Plan for visiting proposed externship sites*
- *Administrative structure to monitor sites*
- *Analysis of clinical experience expected to be provided at sites*

2.9.3 The program must formulate a system to provide educational direction to the externship and affiliated sites.

Examples of Evidence

- *Externship manual*
- *Description of proposed in-service programs, training and other educational guidance provided to externships*

Standard III – Research and Scholarly Activity

3.1 The program must develop a plan showing how it will support, encourage and maintain research and scholarly activity.

Examples of Evidence

- *Five year goals for research*
- *Faculty workload formula*
- *Policies that encourage research and scholarly activity*
- *Financial support*
- *Internal grant programs*
- *Description of research facilities*
- *List of faculty publications*
- *List of current grants and contracts*
- *Program infrastructure support (e.g. grant writing, biostatistics, graphics, technology)*
- *Mentoring and training opportunities*

3.2 The program must have a plan to provide opportunities for students to participate in research and other scholarly activities mentored by faculty.

Standard IV – Governance, Regional Accreditation, Administration, and Finances

4.1 The doctor of optometry program must be offered by an autonomous unit organized as a school or college of optometry (within a university or as an independent entity). This include autonomy to manage the professional program within published policies and procedures, as well as applicable state and federal regulations.

Examples of Evidence

- *Appointment letter for program's chief executive officer*
- *Board of Trustees policies*
- *Administrative policies*
- *Organizational Chart*
- *Position descriptions of key administrators*

4.1.1 There must be policies concerning governance issues including, but not limited to, conflict of interest, due process, disclosure, non-discrimination, confidentiality of records and fiscal accountability.

Examples of Evidence

- *Board of Trustees Policies*
- *Administrative policies*

4.1.2 The program must be organized in such a way as to facilitate open communication among administrators, faculty, students, staff and other constituencies.

Examples of Evidence

- *Program bylaws*
- *Organizational chart*
- *Plans to conduct surveys of constituents*
- *Plans to facilitate communications among constituents*

4.1.3 The institutional structure must clearly assign authority and responsibility for the hiring, on-going evaluation, retention and discharge of the program's chief executive officer.

Examples of Evidence

- *Board of Trustees policies*
- *Appointment letter*
- *Organizational chart*
- *Governance policies*
- *Evaluation instrument or procedures*

4.2 The program must be conducted at an institution that is accredited by a regional accrediting body recognized by the U.S. Department of Education or is recognized by a provincial ministry of education in Canada. A professional optometric degree program that is not a component of a regionally accredited institution must achieve institutional accreditation from the appropriate regional accrediting body. For the purpose of preliminary approval, attainment of pre-accreditation status from a regional accrediting body would meet the requirements of this standard.

Examples of Evidence

- *Letter of institutional accreditation or preaccreditation*
- *Institutional accreditation report*

4.3 The program's chief executive officer or chief academic officer must have a professional optometric degree. The program's chief executive officer or chief academic officer must have experience in higher education, and both must be qualified to provide leadership in optometric education, scholarly activity, and patient care. The positions of chief executive officer and chief academic officer must be in place at least six months prior to submission of the self-study for Stage Two Applicant status.

Examples of Evidence

- *Curriculum vitae*
- *Copy of transcript*
- *Copy of diploma*
- *Description of process to verify credentials*

4.4 There must be a clear definition of the chief executive officer's authority and responsibility for the program.

4.4.1 The program's chief executive officer must have the authority and responsibility for fiscal management of the program.

Examples of Evidence

- *Position description*
- *Administrative policies*

4.5 The program must develop a comprehensive staffing plan to include administrators and support staff, which delineates a time line for hiring.

Example of evidence

- *Table of positions with the proposed date of hire and percent of time devoted to administration and other areas of responsibility*

4.5.1 There must be clearly defined reporting relationships, performance expectations, and assessment procedures for all administrators.

Examples of Evidence

- *Organizational chart*
- *Administrative policies*
- *Documentation or narrative describing performance and assessment procedures*

4.6 The program must have a projected cash flow analysis of revenue and expenditures for the first five years of program operation and must possess the financial resources required to develop and sustain the program on a continuing basis and to accomplish its mission, goals and objectives.

Examples of Evidence

- *Applicable financial and/or budgetary documents*
- *Projected cash flow analysis of revenue and expenditures for the first five years of program operation*
- *Analysis of historical financial resources for the institution housing the program (if applicable)*
- *Projection of financial resources*

4.6.1 The program must demonstrate that it plans to utilize sound and generally accepted financial management procedures to assure effective monitoring, control and accountability of its fiscal resources.

Examples of Evidence

- *Most recent audited financial statement for the institution housing the program (if applicable)*
- *Administrative policies and procedures*

Standard V – Faculty

5.1 The number, qualifications, expertise and experience of faculty members must be sufficient to meet the stated mission and goals of the program.

5.1.1 The program must establish student-to-faculty teaching ratios for classroom, laboratory and clinical instruction for all years of the curriculum.

5.1.2 The program must determine the number and qualifications of faculty members that will be hired to deliver the full curriculum and perform research/ scholarship, administrative and service functions in support of a fully operational program.

5.1.3 The program must establish a detailed timetable for hiring of faculty.

5.1.4 The program must have hired sufficient qualified faculty members to deliver the first year of the curriculum and perform requisite research/scholarship, administrative and service functions during the first year of the program's operation.

Examples of Evidence

- *Proposed student to faculty ratios for each aspect of the curriculum*
- *Proposed number, qualifications and assignments of faculty*
- *Timetable for hiring of faculty*
- *Status of faculty searches*
- *Teaching assignments for first year of curriculum*
- *CVs of faculty members hired to teach in first year of curriculum*
- *List of teaching and other responsibilities of hired faculty members*

5.1.5 The program must establish and utilize a process to ensure that each faculty member holds an earned terminal degree or first professional degree from an institution accredited by a recognized agency or its foreign equivalent or has certification or licensure related to their primary instructional assignment.

Examples of Evidence

- *List of faculty members with abbreviated biographies and teaching responsibilities*
- *Copies of faculty CVs (on-site)*
- *Description of process to verify faculty credentials*

5.2 The program must formulate and implement a system to enable faculty participation in the governance of the program including a faculty committee structure and preliminary faculty bylaws.

Examples of Evidence

- *A list of faculty committees and membership*
- *Faculty meeting schedules and minutes*
- *Minutes of faculty meetings (on-site)*
- *Faculty charter, bylaws, contract, standard operating procedure, etc.*
- *Description of faculty committee structure, membership, objectives, reporting procedures*
- *Evidence of governance issues resolved or identified by the faculty process (i.e. agendas, minutes, formal letters, white papers, votes)*

5.3 The program must formulate and implement a faculty workload policy that provides faculty members with adequate allocated time and resources to enhance their skills and leadership abilities in education, service, research and scholarship.

Examples of Evidence

- *Description of how faculty workload is determined*
- *Description of faculty development programs*
- *Sabbatical policies*
- *Faculty technology support*
- *Description of faculty orientation and mentoring programs*

5.4 The program must formulate and begin to implement a faculty evaluation process that establishes goals and assesses performance of each faculty member.

Example of Evidence

- *Template of evaluation instruments*

5.5 The program must develop, publish and follow policies and procedures for faculty recruitment and retention, promotion, tenure (where it exists), academic assignments and responsibilities, sabbaticals, reporting relationships, grievances and benefits.

Examples of Evidence

- *Workload policy*
- *Organizational chart*
- *Procedure and policy manuals*

5.6 The program must demonstrate its efforts to recruit a diverse faculty.

Examples of Evidence

- *Announcement and publication of open positions*
- *Recruitment plans*

Standard VI – Students

6.1 The program must define a fair and impartial process that will result in the admission of students who possess the intelligence, integrity and maturity necessary for them to become competent doctors of optometry.

Examples of Evidence

- *Recruitment materials*
- *Recruitment plan*
- *Admission policy, criteria and procedures*

6.2 The program must establish the criteria that will be utilized in selecting students who have the potential for success in the program and the profession, and the program must have a plan to publish the criteria.

Examples of Evidence

- *Admissions criteria*
 - *Prerequisites*
 - *Admissions tests, including minimum acceptable scores*
 - *GPA's*
 - *Interview*
 - *Essays*
 - *Letters of reference*
 - *Deadlines for submission*
 - *Application fees*
- *Draft of catalog*
- *Draft of web site*

6.2.1 The program must have a policy that requires that the accepted applicants have completed all prerequisites and at least an equivalent of three academic years of postsecondary education in an accredited institution prior to beginning the program.

Examples of Evidence

- *Admission policy, criteria and procedure*
- *Draft of catalog*

6.3 The program must be prepared to provide information to incoming students regarding pre-matriculation health standards, access to health care, personal counseling, and standards for immunization against infectious disease.

Example of Evidence

- *Drafts of publications which describe the above*

6.4 There must be an institutional commitment to serving students, including an organizational element devoted to student affairs with sufficient staffing and resources to meet the needs of applicants and students.

Examples of Evidence

- *Organizational chart*
- *Description of duties of element devoted to student affairs*
- *Position descriptions of personnel in student affairs*

6.4.1 At a minimum, student services must include financial aid and debt counseling. A plan to provide academic counseling, learning support services, career placement assistance, and access to information technology support must be in place.

Examples of Evidence

- *Organizational chart*
- *Position description of personnel in student affairs*
- *Student handbook*
- *Draft of Web site*

6.5 The program must have a system in place that will allow it to maintain an orderly, accurate, confidential, secure and permanent system of student records.

Example of Evidence

- *Policies on student record access*

6.6 The program's publications, written policies, advertising, and student recruitment materials must present an accurate representation of the program.

Example of Evidence

- *Drafts of publications, written policies, advertising, Web sites*

6.6.1 The program must have developed policies and procedures on academic and professional standards, grading, attendance, disciplinary actions, retention, dismissal and reinstatement, non-discrimination policy, due process, academic calendar, tuition, fees, refund policy, honors, scholarship and awards, and other related matters, and the program must have a plan to publish the policies and procedures.

Examples of Evidence

- *Documents which describe above*
 - *Draft of College catalog*
 - *Student handbook*
 - *Draft of Web site*
 - *Copy of the proposed policies and procedures*

6.6.2 The program must have fully developed policies and procedures regarding student grievances that must include maintaining records of receipt, investigation, adjudication and resolution of such complaints, and the program must have a plan to publish these policies and procedures.

Examples of Evidence

- *Documents which describe above*
 - *Draft of College catalog*
 - *Student handbook*

- *Draft of Web site*

6.7 Policies must be in place that will allow students access to faculty and administrators of the program.

Example of Evidence

- *Organizational structure of student/school interactions*

6.8 Policies must be in place that will allow students opportunities to participate in student governance and other leadership development activities.

Examples of Evidence

- *Student governance policies*
- *List of proposed student committees*
- *Policies promoting student involvement in program committees*

6.9 The program must have a plan in place to make available to students information on postgraduate educational programs, residencies, and fellowship training opportunities.

Examples of Evidence

- *Policies or publications which provide information on the above*

Standard VII – Facilities, Equipment and Resources

7.1 Prior to Preliminary Approval, teaching, laboratory, and patient care facilities, and related infrastructure for the first year of the curriculum must be in place and be appropriate to fulfill the mission, goals and objectives of the program.

7.1.1 There must also be a written plan for how additional facilities will be completed in time for the subsequent years of the program.

Examples of Evidence

- *Photos*
- *Architectural drawings*
- *Blueprints*
- *Timeline for completion of additional facilities*

7.1.2 The program must have a plan for how it will provide for the repair, maintenance, and replacement of physical facilities and equipment.

Examples of Evidence

- *Replacement policies and schedule*
- *Description of available financial resources for equipment repair and replacement*
- *Description of personnel and facilities for equipment and physical facility maintenance and repair*
- *Plans for renovation or acquisition of facilities*
- *Equipment acquisition plans*

7.2 The program must have access to well-maintained library, study space and information facilities, sufficient in size, breadth of holdings, and information technology, to support the program's education and other missions.

Examples of Evidence

- *List of library holdings*
- *Library floor plan*
- *Electronic information resources*
- *Description of information technology*
 - *IT support services*
 - *Computer and IT resources*

7.3 The program must have access to library and information service staff who will support the needs of the faculty, residents and students of the program.

Examples of Evidence

- *Hours of library service*
- *Organizational chart for library and information services*
- *Curriculum vitae for key information resources personnel*
- *Information resource services available*

7.4 The program must have an emergency preparedness plan.

Example of Evidence

- *Emergency preparedness plan*

Standard VIII – Clinic Management and Patient Care Policies

8.1 The program must operate a clinical patient care program sufficient to develop the clinical competencies in Standard 2.8. This clinical patient care program must be primarily staffed by faculty members who are employed by the program. These patient care clinics must be developing at a pace to provide for an adequate caseload in terms of size, variety and scope to support the required clinical experiences necessary to fulfill the mission, goals, and objectives of the program.

Examples of Evidence

- *Description of institution's clinical patient care program*
- *Description of affiliated clinical patient care programs*
- *Description of patient demographics (if available)*
- *Documentation that each proposed clinical site provides access to physical facilities and appropriate patient populations*
- *Comprehensive plan for patient recruitment.*

8.2 The program must have a coordinated system of clinical governance, administration, management and evaluation in place for clinics operated by the program.

Examples of Evidence

- *Clinic administration organization chart*

- *Description of clinic administration*
- *Clinic management policies*
- *Procedures for evaluating clinic administrators*
- *Procedures for evaluating effectiveness of clinical operation*
- *Position description(s) for principal administrators of clinical program*

8.2.1 The senior official whose primary responsibility will be administering the clinical program must be in place.

8.2.2 A clinic manual which includes all clinic policies and procedures must be developed, published and accessible to faculty and staff.

Examples of Evidence

- *Clinic manual*
- *Electronic clinic manual*

8.2.3 The program must verify credentials of faculty members who serve in the clinic(s).

Examples of Evidence

- *Faculty credentials*
- *Credentialing process*

8.2.4 The program must define the scope and extent of clinical privileges for each faculty member who serves in the clinic(s).

Examples of Evidence

- *Description of procedures to grant clinical privileges*
- *Completed privileging documents*

8.2.5 The patient record system must allow for efficient review of the patient's condition and any pertinent previous care provided at the program's clinical facility.

Example of Evidence

- *Samples of written or electronic patient records (on-site)*

8.2.6 The clinic must conduct a continuous quality assessment, improvement and compliance program that provides for remediation when deficiencies are identified.

Examples of Evidence

- *Description of quality assessment program*
- *Sample evaluation forms of clinic services by staff, patients or students*

8.2.7 The clinic must publish or post policies and procedures on the patient's rights and responsibilities.

Examples of Evidence

- *Posted patient bill of rights*
- *Handouts which include patient bill of rights*
- *Publications which include patient bill of rights*

- *Informed consent documents*

8.2.8 The clinic must have written procedures for receiving and resolving patient complaints, grievances and appeals.

Examples of Evidence

- *Documents with relevant policies*
- *Clinic manual*

8.2.9 Clinic programs must utilize established procedures to address risk management such as liability, security and safety.

Examples of Evidence

- *Liability policies including professional liability*
- *Security policies*
- *Safety policies*
- *Emergency procedures*
- *Infection control policies*

8.3 The program must provide eye and vision care services which are consistent with accepted and well-established health care standards such as clinical practice guidelines.

Examples of Evidence

- *Adopted clinical practice guidelines*
- *Description of access to clinical practice guidelines*
- *Quality assurance program*

APPENDIX II | Glossary of Terms

This glossary provides a quick reference to the commonly used terms in the Professional Optometric Degree Program Accreditation Standards. Where appropriate, the definitions are stated in the context of the professional optometric degree program.

accreditation – The process of self-study and external review which assures that an educational program meets or exceeds the standards applicable to that program.

educator – For professional optometric degree programs and residencies, someone directly engaged in education at a school or college of optometry (e.g., professor, instructor, academic dean) (or who has retired within the last two years from optometric education); for optometric technician education programs, someone engaged in education at an optometric technician program, or who has retired within the past two years from an optometric technician program.

entry level optometry -- The level of knowledge, skills and values required for the independent, unsupervised practice of optometry.

examples of evidence -- Documentation the program provides to the Council as evidence the program meets the standard. The examples listed are not all inclusive, and the program may choose to use all, some, or none of the examples in its documentation. However, the Council does require the program to submit appropriate documentation as evidence of meeting the standard.

governance – A method or system of government or management.

maintain – Review, revise and update.

mission – A statement of the fundamental reasons for a professional optometric degree program's existence.

goals – Statements which provide clarification and specificity for the components of the mission statement.

objectives – Statements which define outcomes attributable to the mission and goals of a professional optometric degree program.

must – Indicates an imperative need or a duty; an essential or indispensable item; denotes a mandatory requirement.

should – Indicates a desirable element; denotes an item that is highly recommended.

outcomes – The results of any activity or program.

outcomes assessment – The process of collecting information about the attainment of a stated desired objective of an academic endeavor; analyzing that information by comparing and contrasting it with previously established statements of mission, goals and objectives; and using that information to validate existing effort or to make recommendations to guide improvement.

patient satisfaction – The patient’s summary of the overall satisfaction with his or her eye/vision care visit and the patient’s perception of the quality of the care he or she received throughout the entire interaction with the doctor, the student clinician and the office staff.

practitioner—Someone directly engaged in the practice of optometry in a setting that is primarily devoted to patient care (or who has retired within the last two years from the practice of optometry)

program – The course of study leading to the doctor of optometry (O.D.) i.e., the professional optometric degree program unless specified otherwise. “Program” includes on- and off-campus facilities, personnel, equipment, clinic and curricular elements.

publish: To make available to the communities of interest (students and their families, counselors, education community, and the general public) via one or more of the following means (1.) catalog, (2.) brochure, (3.) Internet site.

risk management – Clinical and administrative activities performed to identify, evaluate and reduce the risk of injury and loss to patients, personnel, visitors and the institution.

student support services – Services provided to students that are designed to facilitate the student’s matriculation and to enhance the experience on the campus, i.e. personal and academic counseling, financial aid services, information on career opportunities, housing information, etc. With the exception of academic counseling, these may be provided by either the University or the program.

standard – A measurable criterion of the quality of one or more components of a professional optometric degree program.