

**U.S. Department of Education**



**Staff Analysis  
of the  
Petition for Continued Recognition  
Submitted by**

**Council on Naturopathic Medical Education**

**December 6-8, 1999**

Staff Report to the  
National Advisory Committee  
on  
Institutional Quality and Integrity

Recommendation Page

1. Agency: Council on Naturopathic Medical Education (1987/1995<sup>1</sup>)
2. Date of Advisory Committee Meeting: December 6-8, 1999
3. Scope and Nature: Petition for renewal of recognition as a national agency for the accreditation and preaccreditation of institutions and graduate programs in Naturopathy that lead to the degree of Doctor of Naturopathy (N.D.) or Doctor of Naturopathic Medicine (N.M.D.)
4. Staff Recommendation: Deny recognition.

NOTE: The principal reason for this recommendation is the agency's inability to demonstrate that its actions as an institutional accreditor comply with the Criteria for Recognition, due to the issues or problems cited below. These can be summarized as a fairly pervasive noncompliance with the criteria requiring adherence to and enforcement of the agency's published standards, policies, and procedures. While the agency's failure to follow its policies and procedures and enforce its standards was observed primarily with respect to one institution, these ongoing lapses assume particular significance, in Department staff's view, in light of the small number of institutions the agency accredits and the fact that the one institution in question serves as the agency's only "Federal link" for recognition purposes. Department staff believes it is possible that continued institutional accrediting experience on the part of the agency might well establish a record of consistency sufficient to permit staff at some future point to recommend recognition.

Department staff believes that the agency has demonstrated effectiveness and reliability as a programmatic accrediting agency. However, the agency is eligible

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<sup>1</sup> The dates provided are the date of initial listing as a recognized agency and the date of the agency's last review by the National Advisory Committee on Institutional Quality and Integrity for continued recognition.

agency is eligible to seek renewal of recognition only because its preaccreditation of one institution enables that institution to establish eligibility to participate in Title IV programs. Consequently, its failure to demonstrate that it meets the Criteria for Recognition in its capacity as an institutional accreditor necessitates a recommendation to deny recognition.

Department staff wishes to make clear that its recommendation to deny recognition is not in any way based on any philosophical differences within the profession as to what constitutes naturopathic medicine, whether or not the profession should be licensed, or what the appropriate methodology should be for providing naturopathic medical education.

5. Issues or Problems:

**Primary Issues**  
(not in priority order)

**§602.4(f) The name of any institution or program accredited by the agency that the agency has reason to believe is failing to meet its Title IV, HEA program responsibilities or is engaged in fraud or abuse and the reason for the agency's concern; and**

The agency has policies in place that meet the requirements of this section. However, it is not clear that the agency follows its policies.

**§602.23(b)(3) The agency's organizations, functions, and procedures include effective controls against the inconsistent application of its criteria and standards;**

The agency does not meet the requirements of this section. It needs to demonstrate that it has controls in place for the consistent application of its standards, criteria, and procedures in order to ensure consistency in its decisions.

**§602.23(b)(4) The agency bases its decisions regarding accreditation or preaccreditation on its published criteria;**

The agency does not meet the requirements of this section. It needs to demonstrate that it bases its decisions regarding accreditation and preaccreditation on its published criteria.

**§602.24(b)(1) In determining whether to grant initial or renewed accreditation, the accrediting agency evaluates whether an institution or program--**

**(iv) Complies with the agency's criteria;**

The agency does not meet the requirements of this section. It needs to demonstrate that its decisions are based on compliance with the agency's criteria, as determined by the results of its evaluative process.

**§602.24(b)(2) In reaching its determination to grant initial or renewed accreditation, the accrediting agency—**

**(iii) Conducts its own analyses and evaluations of the self-study and supporting documentation furnished by the institution or program, and any other appropriate information from other sources, to determine whether the institution or program complies with the agency's standards;**

The agency does not meet the requirements of this section. It needs to demonstrate that its decisions are based on the findings and conclusions of its evaluation of an institution's/program's compliance with its criteria.

**§602.24(b)(4) The accrediting agency--**

**(i) Monitors institutions or programs throughout the accreditation or preaccreditation period to ensure continuing compliance with the agency's standards or criteria; and**

**(ii) Conducts special evaluations, site visits, or both, as necessary;**

The agency does not meet the requirements of this section. It needs to adhere to its policies and take action in response to non-compliance with its policies, standards, and criteria.

**§602.26(b)(9) Success with respect to student achievement in relation to mission, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates.**

The agency does not meet the requirements of this section. It needs to establish standards/criteria for evaluating educational quality in terms of an institution's/program's success with respect to student achievement in relation to mission.

**§602.26(c)(1)** An accrediting agency shall take appropriate action if its review of an institution or program under any standard indicates that the institution or program is not in compliance with that standard.

**§602.26(c)(2)** If the agency believes that the institution or program is not in compliance with the standards, the agency shall--

- (i) Take prompt adverse action against the institution or program; or
- (ii) Require the institution or program to take appropriate action to bring itself into compliance with the agency's standards within a time frame specified by the agency.

**§602.26(c)(3)** The accrediting agency has sole discretion to determine the course of action it chooses under paragraph (c)(2) of this section and, if it selects the option specified in paragraph (c)(2)(ii) of this section, the time frame for the institution or program to bring itself into compliance with agency standards. However, except as indicated in paragraph (c)(4) of this section, the specified period may not exceed-

- (i) Twelve months, if the program is less than one year in length;
- (ii) Eighteen months, if the program is at least one year, but less than two years, in length; or
- (iii) Two years, if the program is at least two years in length.

**§602.26(c)(4)** If the institution or program does not bring itself into compliance within the specified period, the agency must take adverse action unless the agency extends the period for achieving compliance for good cause.

The agency does not meet the requirements of these sections. It needs to demonstrate its implementation of its policy to take action to require its institutions/programs to comply with its requirements.

### **Other Issues**

**§602.21(b)(2)** Competent and knowledgeable individuals, qualified by experience and training, responsible for on-site evaluation, policy-making, and decision-making regarding accreditation and preaccreditation status;

The agency needs to demonstrate that it follows its procedures that require all site evaluators to complete site evaluator training prior to participating on a site

evaluation team. It also needs to provide more timely training for site evaluators. Finally, it needs either to revise its policy to limit the authority of the Appeal Board or, if the agency chooses to retain the decision-making authority of the Appeal Board, to seek recognition of this body.

**§602.21(b)(3) Representation on its evaluation, policy, and decision-making bodies of--**

**(i) For an institutional accrediting agency, both academic and administrative personnel; and**

**(ii) For a programmatic accrediting agency, both educators and practitioners;**

The agency, if it chooses to retain the authority of the Appeal Board to make accreditation decisions, needs to revise its Appeal Board selection criteria to ensure that any Appeal Board, as a decision-making body, will include academic, administrative personnel, educators, and practitioners.

**§602.21(b)(5) Clear and effective controls against conflicts of interest or the appearance of conflicts of interest by the agency's board members, commissioners, evaluation team members, consultants, administrative staff, and other agency representatives;**

The agency needs to revise its policy to ensure that it includes effective controls against conflicts of interest and the appearance of conflicts of interest.

**§602.21(b)(7) Complete and accurate records of--**

**(i) Its last two full accreditation or preaccreditation reviews of each institution or program, including on-site evaluation team reports, institution or program responses to on-site reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and the institution's or program's most recent self-study report; and**

**(ii) All preaccreditation and accreditation decisions, including all adverse actions.**

The agency needs to augment good practice by establishing a written records-management policy/procedure.

**§602.23(b)(6) The agency demonstrates to the Secretary that, as a result of its program of review under paragraph (b)(5) of this section, each of its standards provides--**

(i) A valid measure of the aspects of educational quality it is intended to measure; and

(ii) A consistent basis for determining the educational quality of different institutions and programs.

The agency needs to submit the analysis and results of its validity and reliability studies indicating that its standards and criteria are valid and reliable indicators.

**§602.24(b)(2)(iv) Provides to the institution or program a detailed written report on its review assessing--**

**(A) The institution's or program's compliance with the agency's standards, including areas needing improvement; and**

**(B) The institution's or program's performance with respect to student achievement;**

The agency needs to provide its institutions/programs, clearly and consistently, a detailed written report assessing their performance in terms of student outcome measures.

**§602.25 Substantive change**

**(a) To be listed by the Secretary as a nationally recognized accrediting agency, an institutional accrediting agency must demonstrate to the Secretary that it maintains adequate substantive change policies that ensure that any substantive change to the educational mission or program(s) of an institution after the agency has granted accreditation or preaccreditation to the institution does not adversely affect the capacity of the institution to continue to meet the agency's standards.**

**(b) The Secretary considers that an accrediting agency meets the requirements of paragraph (a) of this section if--**

**(1) The agency requires prior approval of the substantive change by the agency before the change is included in the agency's previous grant of accreditation or preaccreditation to the institution; and**

**(2) The agency's definition of substantive change includes, but is not limited to, the following types of change:**

**(i) Any change in the established mission or objectives of the institution;**

- (ii) Any change in the legal status or form of control of the institution;
- (iii) The addition of courses or programs that represent a significant departure, in terms of either in the content or method of delivery, from those that were offered when the agency most recently evaluated the institution;
- (iv) The addition of courses or programs at a degree or credential level above that included in the institution's current accreditation or preaccreditation;
- (v) A change from clock hours to credit hours or vice versa; and
- (vi) A substantial increase in--
  - (A) The number of clock or credit hours awarded for successful completion of a program; or
  - (B) The length of a program.

(c) The agency has discretion to determine the procedures it will use to grant prior approval of the substantive change, which may, but need not, require an on-site evaluation before approval is granted.

The agency needs to provide documentation that it adheres to its substantive change policy as written.

**§602.26(b)(6) Recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising.**

The agency needs to adopt standards/criteria that clearly require its institutions/programs to develop and adhere to published student grading systems.

**§602.26(b)(11) Record of student complaints received by, or available to, the agency.**

The agency needs to establish a standard, criteria, or policy to require its institutions/programs to maintain and make available to the agency a record of student complaints that remain at the institution/program level.

**§602.27(b)(2) The business plan that an institution submits under paragraph (b)(1)(ii) of this section must contain a description of--**

- (i) The educational program to be offered at the branch campus;**
- (ii) The projected revenues and expenditures and cash flow at the branch campus; and**
- (iii) The operation, management, and physical resources at the branch campus;**

The agency needs to revise its policy to require an institution that seeks to establish a branch campus to submit information on the operation, management and physical resources of the proposed branch campus.

U.S. Department of Education  
Staff Analysis  
of the  
Petition for Continued Recognition  
Submitted by the  
Council on Naturopathic Medical Education

Prepared October 21, 1999

Background

The Secretary granted initial recognition to the Council on Naturopathic Medical Education (CNME) in 1987. The scope of recognition included both the accreditation and preaccreditation of educational programs leading to the degree of Doctor of Naturopathy (N.D.) or Doctor of Naturopathy Medicine (N.D. or N.M.D.).

When the agency was reviewed for initial recognition, there were no third parties opposing the agency's recognition. However, the agency's petition for renewal of recognition in 1989 drew substantial negative comments from third parties that motivated the Advisory Committee to recommend withdrawal of recognition. The Secretary allowed the Committee another opportunity to review information it did not have before it made its withdrawal recommendation. After review of the information in 1991, the Committee recommended continued recognition.

The agency was last reviewed for continued recognition in May 1995. At the time, Department staff received comments from organizations and individuals representing a segment of the field of naturopathy that opposed the agency's recognition. After reviewing the comments and the Department staff analysis, hearing all the third-party oral testimony, and questioning the agency, the Advisory Committee recommended that the agency's recognition be continued for a period of four years and that the agency submit an interim report addressing its efforts to come into full compliance with the Criteria for Recognition. The Secretary concurred with the Committee's recommendation. The interim report was reviewed by the Advisory Committee in the fall of 1996 and subsequently accepted by the Secretary.

The agency submitted its current petition for continued recognition in November 1998 for review by the Advisory Committee at its May 1999 meeting. In the early stage of the review process, Department staff determined that the agency did not meet the basic eligibility requirement contained in §602.1(b)(1). Specifically, the agency did not have a link to Federal programs because, at that time, it did not accredit or preaccredit any single-purpose institutions. The agency was notified of Department staff's conclusion and, in April 1999, produced documentation that one of its institutions had reverted back to a single-purpose institution and required the agency's accreditation in order to be eligible to participate in Title IV programs. By that time, Department staff had

insufficient time to complete its analysis of the agency's petition. Consequently, staff requested that the Committee recommend to the Secretary that the agency be granted a deferral until the Fall 1999 meeting in order for Department staff to complete its analysis of the petition. The Committee recommended and the Secretary granted the deferral.

Individuals representing the same segment of naturopathy that opposed the agency in 1995 have again expressed their opposition to continued recognition of the agency. Because those individuals are expected to appear before the Advisory Committee at its December 1999 meeting, Department staff provides the following excerpts from its 1995 analysis of the agency to help Committee members become familiar with some of the issues.

Because the philosophical differences within the profession are key to understanding the nature of the opposition to the agency, a brief description follows.

Based on the Department's understanding, there are two types of naturopathic physicians<sup>2</sup>. The first type is the licensed naturopathic physician who may practice as a primary care physician in one of the ten states and the District of Columbia that require licensure to practice naturopathic medicine. The ten states are Alaska, Arizona, Connecticut, Hawaii, Montana, Oregon, Washington, Florida, New Hampshire, and Utah. Licensing laws generally require a minimum of 4,000 clock hours of classroom and clinical studies at a college approved by the state licensing board. The Council's standards are written to satisfy the requirements that State licensing boards have adopted. In theory, students enrolled in Council-accredited institutions and programs receive education in conventional medical sciences, but they are not orthodox medical doctors. The licensed naturopathic physicians treat disease and restore health using therapies from the sciences of clinical nutrition, herbal medicine, homeopathy, physical medicine, exercise therapy, counseling, acupuncture, natural childbirth, and hydrotherapy. The treatment is tailored to individual needs. In addition, these physicians cooperate with all other branches of medical sciences and refer patients to other practitioners when appropriate.

In practice, the licensed naturopathic physicians perform physical examinations, laboratory testing, gynecological exams, nutritional and dietary assessments, metabolic analysis, allergy testing, X-ray exams, and other diagnostic tests. They are clinically trained in the use of a wide variety of natural therapeutics. The licensed naturopathic physician obtains a N.D. or N.M.D. degree from a four-

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<sup>2</sup> The American Association of Naturopathic Physicians defines naturopathic physicians (N.D.) as "general practitioners trained as specialists in natural medicine."

year graduate level naturopathic medical college and must pass a national or state-level board exam in states where they are regulated.

The second type of practicing naturopathic physician is the naturopath who does not use drugs as part of any treatment and does not advocate or perform surgical operations on patients. Neither are these procedures within the scope of this type of practice. Naturopaths of this type maintain that naturopathy is a system of natural methods comprising the use of air, earth, sunshine, water, heat and cold, harmonized food, and any natural modalities. It is their belief that naturopathic physicians should use vegetable oils, herbs, fruits and other natural modalities in their practice. Naturopathic physicians of this type may or may not be licensed to practice as a naturopath.

Much of the opposition to the agency's petition for renewal of recognition has voiced concern that the first type of naturopathic physicians are not true "naturopaths" because they perform surgery and prescribe drugs. The agency's response to this concern is that the surgery performed by these naturopathic physicians is fairly minor and includes repair of superficial wounds and removal of foreign bodies, cysts, and other superficial masses with local anesthesia, as necessary. The drugs prescribed by these naturopathic physicians are those assimilable substances containing elements or compounds that are components of bodily tissues and are physiologically compatible to body process for maintenance of life.

The Council defines naturopathic medicine using the definition in the Department's Dictionary of Occupational Titles, 4th Edition (1977) as follows:

Naturopathy Physician - Diagnoses, treats, and cares for patients using a system of practice that bases its treatment of physiological functions and abnormal conditions on natural laws governing the human body and utilizes physiological, psychological and mechanical methods, such as air, water, heat, light, earth, phototherapy (treatment by use of plants), food and herb therapy, psychotherapy, electrotherapy, physiotherapy, minor and orificial surgery, mechanotherapy, naturopathic corrections and manipulation, and natural methods or modalities, together with natural medicines, natural processed foods, and herbs and nature's remedies. Excludes major surgery, therapeutic use of x-ray and radium, and use of drugs, except those assimilable substances containing elements or compounds which are components of bodily tissues and are physiologically compatible to body process for maintenance of life.

## Summary of Findings

Based on its analysis of the information provided in the agency's petition and supporting documentation, observation of a on-site evaluation team visit, and observation of Council meetings, Department staff concludes that the agency has failed to demonstrate that its actions as an institutional accreditor comply with the Criteria for Recognition.

## Staff Analysis

An accrediting agency seeking recognition by the Secretary of Education as a reliable authority to accredit institutions of higher education, higher education programs, or both must comply with the following requirements of Part 602, the Secretary's procedures and criteria for the recognition of accrediting agencies:

### **§602.1 Purpose.**

**(b)(1) The Secretary only grants recognition to those accrediting agencies that accredit--**

**(i) Institutions of higher education, provided that accreditation by the agency is a required element in enabling those institutions to establish eligibility to participate in HEA programs; or**

**(ii) Institutions of higher education or higher education programs, provided that accreditation by the agency is a required element in enabling those institutions or programs to establish eligibility to participate in other programs administered by the Department or by other Federal agencies;**

The agency accredits/preaccredits four educational institutions or programs that offer a doctoral degree in Naturopathic Medicine. It accredits two educational programs, one offered at National College of Naturopathic Medicine and one at Bastyr University. It preaccredits two institutions, Southwest College of Naturopathic Medicine and Canadian College of Naturopathic Medicine. CNME's accreditation/preaccreditation of Southwest College is a required element enabling the college to establish eligibility to participate in HEA programs.

Third-party commentators contend that the agency does not accredit/preaccredit a single-purpose institution. Department staff disagrees. On April 16, 1999, the Board of Directors of Southwest College of Naturopathic Medicine voted to discontinue its acupuncture program, thus reinstating the institution as a single-purpose institution. Department staff confirmed, during a recent observation of a site evaluation team visit to the institution, that it is in fact a single-purpose institution.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Tab G: Public Outreach

**§602.3 Organization and membership.**

**(a) The Secretary recognizes only the following categories of accrediting agencies:**

**(1) A State agency that--**

**(i) Has as a principal purpose the accrediting of institutions of higher education, higher education programs, or both; and**

**(ii) Has been listed by the Secretary as a nationally recognized accrediting agency on or before October 1, 1991;**

**(2) An accrediting agency that--**

**(i) Has a voluntary membership of institutions of higher education;**

**(ii) Has as a principal purpose the accrediting of institutions of higher education and that accreditation is a required element in enabling those institutions to participate in programs authorized under this Act; and**

**(iii) Satisfies the "separate and independent" requirements contained in paragraph (b) of this section;**

**(3) An accrediting agency that--**

**(i) Has a voluntary membership; and**

**(ii) Has as its principal purpose the accrediting of higher education programs, or higher education programs and institutions of higher education, and that accreditation is a required element in enabling those institutions or programs, or both, to participate in Federal programs not authorized under this Act; and**

**(4) An accrediting agency that, for purposes of determining eligibility for Title IV, HEA programs--**

**(i)(A) Has a voluntary membership of individuals participating in a profession; or**

**(B) Has as its principal purpose the accrediting of programs within institutions that are accredited by another nationally recognized accrediting agency; and**

**(ii)(A) Satisfies the "separate and independent" requirements contained in paragraph (b) of this section; or**

**(B) Obtains a waiver from the Secretary under paragraph (d) of this section of the "separate and independent" requirements contained in paragraph (b) of this section.**

The agency is an institutional accretor and falls under the (a)(2) category listed in this section. It must meet the "separate and independent" requirement of §602.3(b).

Third-party commentators contend that the CNME cannot comply with the requirements of this section because the Secretary recognizes only agencies whose principal purpose is accreditation. The commentators contend that the CNME is actively engaged in promoting licensure laws for the profession.

According to the CNME Handbook for Accreditation, "The mission of the Council on Naturopathic Medical Education is to ensure the high quality of naturopathic medical education in the United States and Canada through the voluntary accreditation of colleges and programs of naturopathic medical education." Department staff has not determined that the agency's principal purpose is not accreditation.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pg. 64

**§602.3(b) For purposes of this section, "separate and independent" means that--**

**(1) The members of the agency's decision-making body--who make its accrediting decisions, establish its accreditation policies, or both--are not elected or selected by the board or chief executive officer of any related, associated, or affiliated trade association or membership organization;**

**(2) At least one member of the agency's decision-making body is a representative of the public, with no less than one-seventh of the body consisting of representatives of the public;**

**(3) The agency has established and implemented guidelines for each member of the decision-making body to avoid conflicts of interest in making decisions;**

**(4) The agency's dues are paid separately from any dues paid to any related, associated, or affiliated trade association or membership organization; and**

**(5) The agency's budget is developed and determined by the agency without review by or consultation with any other entity or organization.**

The Council is composed of three types of members: institutional (one per institution or program), profession (at least five but not more than ten), and public (at least one of every seven Council members). The current Council has twelve members: four institutional members, five profession members, and three public members.

The Council elects its own members. The members are not elected or selected by the Board or chief executive officer of any related, associated, or affiliated trade association or membership organization. Although profession members are required to be members of a national, State, or provincial association, no membership organization or affiliated trade association is represented on the Council.

The Council has established conflict-of-interest policies applicable to Council members, evaluators, consultants, staff and other representatives of the Council. Details about the conflict-of-interest policy are discussed in §602.21(b)(5).

Third-party commentators contend there is a violation of the requirements of this section by the agency and a conflict-of-interest because the Council allots one seat to each accredited program/institution. However, this is fairly common practice among some accrediting agencies and is not, in and of itself, considered to be a conflict of interest for the purposes of compliance with the requirements of this section.

Accredited and candidate institutional members pay dues directly to the Council, not to any affiliated association. The agency uses the dues collected to carry out its accrediting activities. In addition, the Council solicits voluntary contributions from national, State, and provincial associations of naturopathic physicians.

The budget for the agency is prepared each year by the Executive Director and submitted to the Treasurer prior to the Council's annual meeting. The Treasurer reviews the budget and makes any necessary changes before submitting it to the Council for consideration. The Council does not confer with any other organization during the preparation of the budget, nor does any other related association review the budget once it is completed and adopted by the Council.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 28,55, 65-66

**§602.4 Submission of information to the Secretary by recognized accrediting agencies.**

Each accrediting agency recognized by the Secretary shall submit to the Secretary--

**(a) Notice of final accrediting actions taken by the agency with respect to the institutions and programs it accredits;**

The agency has adopted written procedures that require it to submit written notices of final accrediting actions to the Secretary. The Department receives the notices on a continuous basis.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 26, 62-63.

**§602.4(b) A copy of any annual report prepared by the agency;**

The CNME does not prepare an annual report.

**§602.4(c) A copy, updated annually, of the agency's directory of accredited institutions and programs;**

The agency has adopted written procedures that require it to submit updated lists of accredited programs to the Secretary. It does this on a regular basis.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Tab G: Public Outreach, Information Report #21, #11

Department files

**§602.4(d) A summary of the agency'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 related to this part;**

The agency has expressed its willingness to submit this report, if so requested by the Secretary. In practice, the agency does submit to the Secretary a summary of its accreditation activities during the previous year, even without a request from the Secretary.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 62-63

**§602.4(e) Upon request of the Secretary, information regarding an accredited or preaccredited institution's compliance with its Title IV, HEA program responsibilities, including its eligibility to participate in Title IV, HEA programs, for the purpose of assisting the Secretary in resolving problems with the institution's participation in these programs;**

The CNME's written policies require that it provide information regarding a member institution's compliance with its Title IV responsibilities, if so requested by the Secretary.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 62-63

**§602.4(f) The name of any institution or program accredited by the agency that the agency has reason to believe is failing to meet its Title IV, HEA program responsibilities or is engaged in fraud or abuse and the reason for the agency's concern; and**

The agency's written policies require that it notify the Secretary if it believes one of its accredited members is not complying with its Title IV responsibilities or is engaged in fraud and abuse, together with the reasons for the agency's concern.

Department staff is concerned about whether the agency complies in practice with its stated policies. In a telephone conversation with staff over the past summer, the Executive Director indicated to staff that he had learned that there were very serious problems, possibly even fraud and abuse, at one institution and promised to follow up with a letter describing the situation in detail. No information about the suspected fraud and abuse was ever forwarded to the Department.

**Staff Determination:** The agency has policies in place that meet the requirements of this section. However, it is not clear that the agency follows its policies. Consequently, the agency needs to demonstrate that it does in fact follow its policies.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 62-63

**§602.4(g) Any proposed change in the agency's policies, procedures, or accreditation standards that might alter the agency's--**

- (1) Scope of recognition; or
- (2) Compliance with the requirements of this part.

The agency's written policies require that it notify the Secretary of changes in its scope of recognition or its compliance with the Criteria for Recognition.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 62-63

**§602.20 Geographic scope of accrediting activities.**

To be listed by the Secretary as a nationally recognized accrediting agency, an accrediting agency must demonstrate to the Secretary that the geographical scope of its accrediting activities covers--

- (a) A State, if the agency is a component of a State government;
- (b) A region of the United States that includes at least three States that are contiguous or in close geographical proximity to one another; or
- (c) The United States.

The agency's scope is national. Its membership includes three institutions or programs at the accredited or candidate level in three non-contiguous states and one institution in Canada. (Though the agency accredits an institution outside of the United States, its scope of recognition is limited, by law, to include only those programs and institutions located within the United States.)

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 64,69

Tab G: Public Outreach

**§602.21 Administrative and fiscal responsibility.**

(a) To be listed by the Secretary as a nationally recognized accrediting agency, an accrediting agency must demonstrate to the Secretary that it has the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition.

(b) The Secretary considers that an accrediting agency meets the requirements of paragraph (a) of this section if it has, and will likely continue to have--

(1) Adequate administrative staff to--

(i) Carry out its accrediting responsibilities effectively; and

(ii) Manage its finances effectively;

The CNME's administrative staff consists of an Executive Director working under a .5 FTE professional services contract. The Executive Director is responsible for all day-to-day operations of the agency, coordination of all accreditation activities, all liaison activities, and management of the finances of the agency including fund-raising. The current Executive Director has been with the agency since 1992. He has extensive qualifications, including over 21 years of experience in administration in postsecondary institutions, accounting, writing, editing, and publishing. In addition, he is supported by and uses office communications and recordkeeping technology to carry out his responsibilities.

The current staffing level, using office and communications technology, appears to be adequate to fulfill all of the agency's current accrediting and budgetary responsibilities. This was demonstrated to Department staff during contacts with the agency and through observation of an agency site visit and a decision meeting.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Tab F: Fiscal & Administrative Staff

Tab G: Public Outreach

Tab A: Minutes of Council Meetings, August 24, 1998, Item 10-A.

§602.21(b)(2) Competent and knowledgeable individuals, qualified by experience and training, responsible for on-site evaluation, policy-making, and decision-making regarding accreditation and preaccreditation status;

#### On-Site Evaluation

The agency's site visitor pool currently contains 22 potential site visitors. The site visitor pool printout reflects each individual's qualifications (current and past education, work experiences, and licensure), Council service history, and CNME evaluation experiences. The agency has written criteria for the nomination and selection of site evaluators. To be selected, nominees must be/have:

- A licensing, practicing naturopathic physician who is not serving as a Council member, or
- Experienced in higher education administration or have extensive graduate-level instructional experience in the health sciences and knowledge of or interest in naturopathic medicine;
- Interviewing, communications, and assessment skills;
- Knowledge of state/provincial licensing laws, current practices, and trends in the profession; and
- The capability of devoting 3-4 consecutive workdays once every year or two.

Agency policy indicates that site evaluators must participate in an evaluation workshop prior to participating in a site evaluation. However, the agency's printout, provided as documentation, shows that two evaluators have participated on evaluation teams but does not indicate their participation in an evaluation workshop.

The Council's requirement is that an evaluator must participate in one evaluator training workshop. However, the Council conducts a one-day training workshop for evaluators only once every four years. The last training was conducted in 1997, and some evaluators received training as far back as 1993. Department staff believe that the agency needs to conduct training more frequently or to develop another training format to ensure that site visitors are currently knowledgeable concerning the agency's site visit processes and procedures, site visitor documents, standards, interpretations. In addition, Department staff strongly recommends that the agency conduct a formal, pre-visit orientation/refresher training for the site evaluation team prior to each site visit. This is based on Department staff's observation of a site visit during which the team did not follow the procedures outlined in the Handbook for On-Site Evaluators, especially those related to the content of the pre-visit planning meeting and the requirement to focus on evaluating the institution against the agency's standards. Also during that visit, one

evaluator expressed to the Executive Director a need for greater understanding and expertise with regard to a portion of his/her assignment.

Policy-making and Decision-making:

The Council is the policy-making and decision-making body for all matters concerning accreditation. However, a five-member ad hoc Appeal Board also has the authority to make accreditation decisions.

As described in a previous section, the Council's membership is composed of three classes of members: institution members (one per each accredited/preaccredited institution/program), profession members (at least five but not more than ten) and public members (one for every seven Council members). The current Council is composed of twelve members: four institutional members, five profession members and three public members.

The agency has written criteria guiding the nomination and selection of its members. The criteria include the following requirements:

- Institutional members must be nominated by the CEO of the college or program and must be from the academic or administrative level;
- Profession members must have a current license to practice, be a member of an association of naturopathic medicine, and have experience either as an educator or in evaluation and accreditation;
- Public members cannot be naturopathic physicians or have membership in or any role in State licensing or naturopathic associations and must meet the Secretary's definition of public member.

The Appeal Board is selected by the agency's Executive Director according to the following selection criteria: no member may be a current member of the Council, be affiliated with an institutional member of the Council, be affiliated with the appellant college or program, or have served on an evaluation team to the appellant college or program. Appointments include both members experienced in higher education accreditation and members experienced in the field of naturopathic medicine.

As one of its options, the Appeal Board can overturn the decision of the Council. The agency's Policy on Appeals, Decisions of the Appeal Board states that there are three possible decisions the Appeal Board may make: "1. Sustain the negative recognition action taken by the Council; 2. Grant the college or program's application for accreditation or candidacy, or reinstate accreditation or candidacy; or 3. Remand the matter to the Council with instructions...."

This authority to overturn a Council decision places the Appeal Board in a decision-making position and raises issues regarding the Secretary's recognition. While there

have been no instances of an accreditation decision being made by an Appeal Board, the agency needs either to revise its policy to limit the authority of the Appeal Board or, if the agency chooses to retain the decision-making authority of the Appeal Board, to seek recognition of this body.

**Staff Determination:** The agency partially meets the requirements of this section. It needs to demonstrate that it follows its procedures that require all site evaluators to complete site evaluator training prior to participating on a site evaluation team, and it needs to provide more timely training for site evaluators. Finally, it needs either to revise its policy to limit the authority of the Appeal Board or, if the agency chooses to retain the decision-making authority of the Appeal Board, to seek recognition of this body.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 55-57

Tab F: Fiscal & Administrative Staff

Tab G: Public Outreach

Tab J: Evaluators Pool

Tab K: Evaluators Training Workshop, April 19, 1997, Vancouver, BC

**§602.21(b)(3) Representation on its evaluation, policy, and decision-making bodies of--**

**(i) For an institutional accrediting agency, both academic and administrative personnel; and**

**(ii) For a programmatic accrediting agency, both educators and practitioners;**

The agency is both an institutional and a programmatic accrediting agency. As such, its policy-makers, decision-makers, and evaluators include academic, administrative personnel, educators, and practitioners. However, the agency's selection criterion does not ensure that the Appeal Board, as a decision-making body, includes academic, administrative personnel, educators, and practitioners.

**Staff Determination:** The agency partially meets the requirements of this section. If it retains the authority of the Appeal Board to make accreditation decisions, it needs to revise its Appeal Board selection criteria to ensure that any Appeal Board, as a decision-making body, will include academic, administrative personnel, educators, and practitioners.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 55-57

Tab E: Council Members (Board of Directors)  
Tab J: Evaluators Pool

**§602.21(b)(4) Representation of the public on all decision-making bodies;**

The agency currently has twelve members on its Commission, three of whom represent the public.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Tab E: Council Members (Board of Directors)  
Exhibit 1: Handbook of Accreditation, pg. 66

**§602.21(b)(5) Clear and effective controls against conflicts of interest or the appearance of conflicts of interest by the agency's board members, commissioners, evaluation team members, consultants, administrative staff, and other agency representatives;**

The CNME's conflict-of-interest policy is included in its accreditation handbook. The policy provides specific guidelines to which all parties identified in these requirements must adhere in order to guard against real or perceived conflict of interest in dealing with affiliated colleges or programs.

In 1995, Department staff's review concluded that the agency's definition met the requirements of this section. However, upon further review, Department staff is concerned that the agency measures affiliation in terms of a timeframe, in fact a very short timeframe. Specifically the agency's policy states that "a person is affiliated if ...[that person] is or was within the past two years an officer, director, trustee, or employee of the college, or is or was within the past four years a student or applicant for admission to the college; or has any direct or indirect dealings with the college or program from which he or she has received directly or indirectly cash or property valued in excess of \$500 in any 12-month period with in the past 24 months."

Measuring affiliations between representatives of an accrediting agency and institutions/programs in terms of a timeframe is not common practice among accrediting agencies. Neither is it a clear and effective control against conflict of interest and the appearance of conflict of interest; which results from relationships, not time intervals. While Department staff acknowledges that the agency has a relatively small professional community from which to draw, the agency is strongly encouraged to actively promote participation by its entire professional community. It remains incumbent upon the agency to establish policies that provide effective controls against both conflicts of interest and the appearance of such conflicts.

The agency's meeting minutes reflect that Council members refrain from participating in discussion and voting in instances where there may be a conflict of interest as currently defined by the agency.

**Staff Determination:** The agency partially meets the requirements of this section. It needs to revise its policy to ensure that it includes effective controls against conflicts of interest and the appearance of conflicts.

Documentation:

Exhibit 1: Handbook of Accreditation, pg.. 55

Tab A: Minutes of Council Meetings

**§602.21(b)(6) Adequate financial resources to carry out its accrediting responsibilities, taking into account the funds required to conduct the range of accrediting activities specified in the requested scope of recognition and the income necessary to meet the anticipated costs of its activities in the future; and**

The Council is a relatively small agency, but it has demonstrated that its annual income is adequate for carrying out its planned accrediting activities. Income is generated primarily from membership dues, contributions, and on-site-visit fees. The agency increased its application fees in 1996 and its institutional membership dues in 1997. In addition, it has been proactive in fund-raising activities related to various national, State, and provincial associations of naturopathic physicians and individual members of the naturopathic profession. The agency documents a 90 percent increase in income from approximately \$30,800 in 1994 to \$58,500 in 1998. Annual revenues have nearly equaled or significantly exceeded expenditures since 1995.

Agency expenditures are primarily for the staffing and operation of the agency, on-site evaluations, and site evaluators' training workshop every four years. The agency's 1999 budget indicates that income from fees, dues, and other income will cover 100 percent of the operating costs. The agency is currently operating in the black with a positive cash flow, and it maintains a growing fund balance of approximately \$18,000.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Tab B: Budget Reports, Fund Raising

Tab C: Independent Auditors' Report for Year Ended Dec. 31, 1997

§602.21(b)(7) Complete and accurate records of--

- (i) Its last two full accreditation or preaccreditation reviews of each institution or program, including on-site evaluation team reports, institution or program responses to on-site reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and the institution's or program's most recent self-study report; and
- (ii) All preaccreditation and accreditation decisions, including all adverse actions.

The agency states that it maintains files that contain complete records of all previous accreditation and candidacy reviews, including on-site evaluation reports, institution and program responses, interim progress reports, reports from special on-site visits, annual reports, self-study reports, and information on previous accreditation decisions. In 1995, Department staff's review concluded that the agency met the requirements of this section. However, upon further review, Department staff identified that the agency does not have a written records-management policy/procedure to support its compliance with this requirement.

**Staff Determination:** The agency partially meets the requirements of this section. It needs to augment good practice by establishing a written records-management policy/procedure.

Documentation:

Exhibit 1: Handbook of Accreditation

§602.22 Accreditation experience.

- (a) To be listed by the Secretary as a nationally recognized accrediting agency, an accrediting agency must demonstrate to the Secretary that it has adequate experience in accrediting institutions, programs, or both.
- (b) The Secretary considers that an accrediting agency satisfies the requirements of paragraph (a) of this section if it has--
  - (1) Granted accreditation or preaccreditation status to institutions or programs in the geographical area for which it seeks recognition;

The scope for which the agency is seeking continued recognition is national. The agency accredits three institutions/programs located in non-contiguous states and one institution located in Canada. (Though the agency accredits an institution outside of the

United States, its scope of recognition is limited, by law, to include only those programs and institutions located within the United States.)

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Tab A: Minutes of Council Meetings

**§602.22(b)(2) Conducted accreditation activities covering the range of the specific degrees, certificates, and programs for which it seeks recognition, including--**

- (i) Granting accreditation or preaccreditation status; and**
- (ii) Providing technical assistance related to accreditation to institutions, programs, or both;**

The agency has granted accredited and preaccredited status to institutions whose offerings cover the range of degrees and certificates for which the agency seeks recognition, specifically, the Doctor of Naturopathy (N.D.) degree or the Doctor of Naturopathic Medicine (N.M.D.) degree.

The agency provides technical assistance to its institutions in a number of ways. Besides the usual responses to telephone and written inquiries, the other ways can be summarized as follows:

- (1) Printed materials - Among the many helpful documents provided by the agency, the most significant are
  - an accreditation manual used by all participants in the process;
  - a manual that identifies the accreditation standards and criteria, details accreditation procedures, and identifies agency policies;
  - guidance or training for site evaluators on interpreting the criteria; and
  - a site evaluator's handbook and worksheets to guide the site evaluation and report-writing process.
- (2) Electronic communications - a toll-free information line and a web site for up-to-date information.
- (3) Staff or evaluator visits and workshops - on request or at the Council's determination to provide on-the-spot technical assistance;

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 3: Evaluation Team Reports, 3-A to 3-G

Tab A: Minutes of Council Meetings

Tab L: Miscellaneous Letters

Tab P: Workshop on Accreditation & Self-Study (Program, Handouts)

**§602.22(b)(3) Established policies, evaluative criteria, and procedures, and made evaluative decisions, that are accepted throughout the United States by--**

- (i) Educators and educational institutions; and**
- (ii) Licensing bodies, practitioners, and employers in the professional or vocational fields for which the educational institutions or programs within the agency's jurisdiction prepare their students.**

The agency's policies, procedures, evaluative criteria, and decisions are accepted by that segment of the profession that supports the objective of the CNME: to accredit only naturopathic medical programs that train students (in a classroom/laboratory setting rather than through distance education or correspondence training) to become licensed naturopathic physicians.

This is demonstrated by the:

- Participation of naturopathic physicians and educators in the agency's accreditation process,
- Expansion (to eleven) in the number of states regulating and licensing naturopathic medicine in accordance with the agency's evaluative criteria,
- Requirement or practice of some licensing bodies that applicants for the licensure examination be graduates of CNME-affiliated programs, and
- Participation of non-naturopathic educators in the agency's accreditation activities.

While engendering the support of the entities identified above, the agency's objective of accrediting only programs that train students to become licensed naturopathic physicians contributes to what is a sharp division in the profession between the smaller group of licensed naturopathic physicians and the larger group of unlicensed naturopaths trained by (predominantly) correspondence schools. According to third-party commentators, this larger group, which wants to keep naturopathy in the public domain and largely free of government regulation, contests that the Council is not representative of the naturopathic profession.

However, the Criteria for Recognition do not require unanimous support for nor even majority support for an agency within a profession, only a reasonable level of support. Also, the Secretary's recognition of an agency is based on the agency's ability to comply with the Criteria and ensure the quality of education and training offered rather than on any differences in the philosophical approaches regarding the content and delivery of that education and training. Therefore, even though there is considerable opposition to the agency, the agency has sufficiently demonstrated that it has, at a minimum, the level of acceptance necessary to comply with this section.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Tab B: Budget Reports, Fund Raising

Tab J: Evaluators Pool

Tab L: Miscellaneous Letters

**§602.23 Application of standards.**

**(a) To be listed by the Secretary as a nationally recognized accrediting agency, an accrediting agency must demonstrate to the Secretary that it consistently applies and enforces written standards that ensure that the education or training offered by an institution or program is of sufficient quality to achieve, for the duration of any accreditation period granted by the agency, the stated objective for which it is offered.**

**(b) The Secretary considers that an accrediting agency meets the requirements of paragraph (a) of this section if--**

**(1) The agency's written standards and procedures for accreditation and preaccreditation, if that latter status is offered, comply with the requirements of this part;**

**(2) The agency's preaccreditation standards, if offered, are appropriately related to the agency's accreditation standards, with a limit on preaccreditation status of no more than five years for any institution or program;**

The Council offers a preaccreditation status called "Candidate for Accreditation". An institution/program that applies for Candidacy undergoes the same procedures as a program/institution that applies for accreditation. Programs/institutions are required to meet the Council's eligibility requirements, demonstrate compliance with agency standards that are consistent with their stage of development, and demonstrate the potential to attain accreditation within five years after receiving candidacy status.

**Staff Determination:** The agency meets the requirements of this section.

## Documentation

Exhibit 1: Handbook of Accreditation, pgs. 8-13

### **§602.23(b)(3) The agency's organizations, functions, and procedures include effective controls against the inconsistent application of its criteria and standards;**

The agency's written processes and procedures and its accreditation documents are created to establish controls against the inconsistent application of its criteria and standards. The process for all institutions/programs includes the self-study, the evaluation team visit and report, the institution/program response to the team report, and the interview with the team chair and with the institution's/program's representatives during the Council meeting. In addition, all parties in the accreditation process use the same written materials (accreditation manual and Handbook for Evaluators). The use of specific written procedural guidance and standardized reporting formats, the training provided to the site team chairs and Council members, and the written policy/procedures implemented by the Council and its administrative staff are intended to guide all participants in the accreditation process in carrying out their assigned responsibilities to help ensure the consistent application of criteria and standards. Additional mechanisms for control against inconsistent application of the criteria/standards include (1) the evaluation of the site team after each site review, (2) the Executive Director's presence at and observation of all site visits, (3) an institution's/program's opportunity to petition for reconsideration, and (4) the agency's appeal procedures.

In 1995, Department staff's review concluded that the agency met the requirements of this section. However, Department staff is concerned that, in spite of the mechanisms it has established, the agency has not consistently applied and enforced its standards and criteria. Department staff asserts that while the agency used the same standards, criteria, and procedures, in two instances of institutions having similar findings, the agency acted inconsistently in concluding two different accreditation decisions.

In one instance, the agency determined that:

- Recommendations of the Council had not been implemented.
- Retention of key personnel was a serious problem.
- The self-study process was initiated only three months before the report was due.
- Unraveling of the college's infrastructure was a great concern.
- According to the college leadership, it was not as much in compliance as it was two or three years earlier.

- There were delays in the college's ability to come into compliance with State requirements.

With this information, the agency imposed a sanction on the college with a one-year timeframe to demonstrate compliance with agency criteria.

In the second instance, the agency identified that:

- Recommendations of the Council had not been implemented.
- There were two radical changes and upheavals in administrative personnel and internal restructuring resulting in loss of key administrative personnel,
- Administrative and staff turnover contributed to the less-than-comprehensive approach to the writing of the (college's) Progress Report; responses to various sections were very inadequate; requested documents not provided.
- For an extended period of time, the college had been operating under crisis management and uncertainty; the college's financial position weakened even further, to the point where the entire financial structure had become unstable.
- The conditions seen at the college during 1998 were similar to those seen in 1997.
- There were delays in the college's ability to come into compliance with Federal requirements.

With this information, the agency reaffirmed the college's candidacy status.

**Staff Determination:** The agency does not meet the requirements of this section. It needs to demonstrate that it has controls in place for the consistent application of its standards, criteria, and procedures in order to ensure consistency in its decisions.

Documentation

Exhibit 1: Handbook of Accreditation

Exhibit 3: Evaluation Team Reports

Tab A: Minutes of Council Meetings

Tab Mc: Handbook for On-Site Evaluators

**§602.23(b)(4) The agency bases its decisions regarding accreditation or preaccreditation on its published criteria;**

In 1995, Department staff's review concluded that the agency met the requirements of this section. However, upon further review, Department staff questions whether the agency always bases its decisions on its published criteria.

As stated in §602.23(b)(2), the agency requires its colleges and programs to meet the Council's eligibility requirements. According to agency policy, "...the Council accepts

for consideration applications for accreditation and candidacy from colleges and programs that...meet the Council's eligibility requirements." Agency policy also states, "In granting initial or reaffirming accreditation, the Council has determined that the college or program meets the Council's eligibility requirements...."

These eligibility requirements include the following: (1) an institution must document a funding base, financial resources, and plans for financial development adequate to carry out its mission and objectives within a balanced budget and a safe level of debt, and (2) an institution must have a chief executive officer whose full-time or major responsibility is to the college or program.

Also, under the "Loss of Candidacy" section, agency policy directs that: "The agency reserves the right to withdraw the candidacy of a college or program, after due notice, if evidence of progress is lacking or if the conditions on which a college or program was granted candidacy are significantly altered." In "reserving the right," the agency's policy infers that it will initiate action to withdraw candidacy in such circumstances. Agency policy identifies those circumstances as follows: "Circumstances that will lead the Council to issue a show-cause letter include but are not limited to... Failure to maintain compliance with the Council's eligibility requirements...Inadequate financial support and control; and Inadequacies in the number ...of the administrators...."

However, the agency did not initiate action in accordance with its policies when it found no evidence that one college had made progress in addressing the Council's concerns and it also found that the conditions on which the college was granted candidacy (the Council's eligibility requirements) were significantly altered. Department staff provides the following specifics about this case.

In November 1997, it was clear to the Council that a candidate institution's financial position had weakened considerably since the institution was granted candidacy, to the point where the entire financial structure had become unstable. Also, there were at that time a number of vacant positions - including the chief executive officer -- primarily because of financial constraints. These conditions were confirmed again in April 1998, at which time, the conditions were similar to those known by the Council in 1997 -- a weak financial position and vacancies in several key administrative positions with associated problems created by these vacancies.

With this knowledge, the Council, instead of taking action in accordance with its policies, voted to reaffirm the college's candidacy at its May 1998 meeting; an action that attested to the fact that the institution, in the opinion of the Council, continued to meet its eligibility requirements and was making satisfactory progress towards accreditation.

**Staff Determination:** The agency does not meet the requirements of this section. It needs to demonstrate that it bases its decisions regarding accreditation and preaccreditation on its published criteria.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 8-13

Exhibit 3: Evaluation Team Reports

**§602.23(b)(5)** The agency maintains a systematic program of review designed to ensure that its criteria and standards are valid and reliable indicators of the quality of the education or training provided by the institutions or programs it accredits and are relevant to the education or training needs of affected students.

In its petition, the agency describes a number of activities that reflect directly and/or indirectly on the evaluation of its materials and processes. While third-party commentators contest that the agency does not comply with the requirements of this section, Department staff conclude that the agency's plan meets the requirements.

In May 1998, the agency developed and adopted a plan for the on-going assessment of its accreditation standards and processes for validity and reliability. The plan calls for the agency to review, for validity, all of its standards and criteria in alternate years (beginning in 1998) via a survey of the accreditation stakeholders, both internal and external. Validity surveys were distributed in October 1998 to a comprehensive group of practitioners, educators, students, licensing agencies, professional naturopathic associations, and other health and postsecondary agencies. The petition states that a report of the results and recommendations "is anticipated" by March 1999. As the agency's petition was submitted in November 1998, the report was not available for inclusion in the agency's petition documentation.

The agency's plan also includes an on-going assessment of the site visit process and the Council's decision-making process for reliability. The agency has developed a questionnaire that is to be completed by each program/institution after its site visit. Using this information and data received as a part of the annual reports, the Committee on Standards, Policies, and Procedures conducts a review of the data at each of its semi-annual meetings and provides a report to the full Council at the Council's next meeting.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 4: Survey

Tab A: Minutes of Council Meetings

Tab N: Committee on Standards, Policies, and Procedures

Tab R: Outcomes, On-Going Monitoring

Tab V: Validity & Reliability

**§602.23(b)(6)** The agency demonstrates to the Secretary that, as a result of its program of review under paragraph (b)(5) of this section, each of its standards provides--

(i) A valid measure of the aspects of educational quality it is intended to measure; and

(ii) A consistent basis for determining the educational quality of different institutions and programs.

While the agency has demonstrated that it has begun its validity study, it had not completed it by the date of this petition (it had not received all data or completed its analysis and report). Therefore, the agency has not provided evidence that its standards have undergone a validation review. Neither has the agency provided documentation of its on-going analysis of its criteria and processes for reliability.

**Staff Determination:** The agency has not yet been able to demonstrate that it meets the requirements of this section. It needs to submit the analysis and results of its validity and reliability studies indicating that its standards and criteria are valid and reliable indicators.

Documentation:

Exhibit 4: Survey

Tab A: Minutes of Council Meetings

Tab N: Committee on Standards, Policies, and Procedures

Tab R: Outcomes, On-Going Monitoring

Tab V: Validity & Reliability

**§602.24 Accreditation processes.**

(a) To be listed by the Secretary as a nationally recognized accrediting agency, an accrediting agency must demonstrate to the Secretary that it has effective mechanisms for evaluating compliance with its standards and that those mechanisms cover the full range of an institution's or program's offerings, including those offerings conducted at branch campuses and additional locations.

(b) The Secretary considers that an accrediting agency meets the requirements of paragraph (a) of this section if--

(1) In determining whether to grant initial or renewed accreditation, the accrediting agency evaluates whether an institution or program--

**(i) Maintains clearly specified educational objectives consistent with its mission and appropriate in light of the degrees or certificates it awards;**

The agency has established procedures for determining that its member programs/institutions maintain defined objectives consistent with the mission and the type of degrees or certificates awarded. The agency's Standard I: Mission and Objectives requires institutions/programs to define their mission and objectives in clear, concise, and realistic terms. In addition, the agency has established specific criteria regarding the scope, development, implementation, and periodic re-evaluation of an institution's/program's mission and objectives. Programs/institutions must demonstrate that they comply with the standard. This is documented in the program's/institution's self-study and verified by the site evaluation team and discussed in the evaluation report.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 29-31

Exhibit 3: Evaluation Team Reports

Tab Q: Worksheets for On-Site Evaluators

**§602.24(b)(1)(ii) Is successful in achieving its stated objectives;**

The Council evaluates the institutions/programs against their stated objectives to "ensure that the accrediting process evaluates (a) the appropriateness of the college's or program's objectives, (b) the adequacy of resources and organization to achieve these objectives, (c) the educational outcomes which indicate these objectives have been met, and (d) the extent to which there is reasonable assurance the objectives will continue to be met."

In the self-study, programs/institutions are required to identify and discuss their objectives in relation to the educational activities, allocation of resources, and planning, as well as to evaluate achievement of their mission using student outcome measures. This information is examined and verified by the site team during the on-site visit.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pg. 3

Exhibit 3: Evaluation Team Reports

**§602.24(b)(1)(iii) Maintains degree and certificate requirements that at least conform to commonly accepted standards;**

State licensing requirements, which establish the minimally acceptable criteria for preparation in the profession of naturopathic physician, are at the core of the agency's standards.

The agency evaluates whether institutions/programs maintain degree and certificate requirements that conform to the accepted standard through its curriculum standard and its continuing education standard. Specifically, programs/institutions must establish a curriculum that consists of at least 4,100 total clock hours and is taught over four years. Specified courses in the curriculum must include the basic sciences and clinical sciences and a clinical practicum with a minimum of 1,200 clock hours. In addition, institutions, in awarding continuing education certificates, must testify to the advanced competence, knowledge, and ability of those who hold them. These requirements are endorsed by institutions, educators, licensing authorities, State higher education agencies, and professional associations of naturopathic physicians.

The agency requires that an institution's/program's self-study address how it maintains congruence between the curriculum and the purpose of the curriculum, and the effectiveness of the curriculum in terms of student outcomes, as well as the purpose and effectiveness of continuing education programming.

The agency verifies the information in the self-study and supporting documentation and reviews the institution's/program's curriculum to ensure that it includes all of the competencies commonly accepted or required by the degree or certificate.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 43-48

Exhibit 3: Evaluation Team Reports

**§602.24(b)(1)(iv) Complies with the agency's criteria;**

In 1995, Department staff's review concluded that the agency met the requirements of this section. However, during this review, Department staff finds that the agency has not demonstrated that its mechanisms effectively direct the agency's accrediting determinations so that they are based on compliance with agency standards, criteria, policies and procedures. The agency has the following mechanisms in place on which to base its accrediting decisions:

- an accreditation manual used by all participants in the process;

- a manual that identifies the accreditation standards and criteria, details accreditation procedures, and identifies agency policies;
- guidance or training for site evaluators on interpreting the criteria;
- a site evaluator's handbook and worksheets to guide the site evaluation and report-writing process; and
- clearly outlined policies and procedures to provide the full Council with specific direction for taking action.

However, the agency, in its application of these mechanisms during its evaluation of an institution's compliance with its standards, does not demonstrate that its determinations are based upon the results obtained from those evaluative mechanisms. Instances of this have already been described in §602.23(b)(3) and (4).

**Staff Determination:** The agency does not meet the requirements of this section. It needs to demonstrate that its decisions are based on compliance with the agency's criteria, as determined by the results of its evaluative process.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 10-12

Exhibit 3: Evaluation Team Reports

**§602.24(b)(2) In reaching its determination to grant initial or renewed accreditation, the accrediting agency--**

- (i) **Requires an in-depth self-study by each institution or program, in accordance with guidance provided by the agency, that includes the assessment of educational quality and the institution's or program's continuing efforts to improve educational quality;**

The agency requires each institution/program to conduct a self-analysis of all facets of its operation. The written self-study submitted by each institution/program describes and documents the extent to which it complies with each of the agency's standards, its unique strengths and areas of weakness, and its continuing efforts to improve educational quality. The institution/program provides a final draft of the self-study to the Executive Director of the agency for review and comment. The institution/program must provide a copy of the self-study to each Council member and to each member of the site evaluation team at least one month prior to the date of the on-site visit. The contents of the self-study report are verified during the on-site evaluation.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 16-53

**§602.24(b)(2)(ii) Conducts at least one on-site review of the institution or program at which the agency obtains sufficient information to enable it to determine if the institution or program complies with the agency's criteria;**

The agency conducts a three-day, on-site evaluation visit to each institution/program seeking initial or renewed accreditation. Four-person evaluation teams are selected by the agency. A full evaluation team consists of one or more Council members, one non-Council member educator, and one naturopathic physician. An interim visit evaluation team consists of three members, and a focused site visit team consists of two members.

Also present at each on-site evaluation, as an ex officio member of the team, is the Executive Director of the agency. His role, as described in a site visit memo to the institution confirming the site visit, is to help ensure that the evaluative criteria are consistently applied at all institutions.

The agency provides team members with guidelines for conducting the on-site visits. Team members review the information submitted in the self-study report for accuracy by interviewing administrative staff, students, faculty, and other appropriate personnel. Observations of classroom and laboratory activities, as well as reviews of the program and student records, are also conducted during the visit in order to make compliance determinations. The results of the on-site visit, along with additional information and necessary documentation, are provided to the Council for consideration.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation

Exhibit 3: Evaluation Team Reports

Tab Mc: Handbook for On-Site Evaluators

**§602.24(b)(2)(iii) Conducts its own analyses and evaluations of the self-study and supporting documentation furnished by the institution or program, and any other appropriate information from other sources, to determine whether the institution or program complies with the agency's standards;**

The agency conducts its analyses of the self-study and supporting documentation in two stages. The first stage involves a review of the self-study report that is provided to the team members for review prior to the on-site visit. The team members conduct a thorough analysis of the self-study to verify its contents during the on site visit.

In the second stage, when determining whether to grant accreditation, all Council members review the self-study and supporting documentation, the team report, and other information, including the confidential team recommendation and public comments.

In 1995, Department staff's review concluded that the agency met the requirements of this section. However, during the current review period and as described in §602.23(b)(3) and (4) and in §602.24(b)(1)(iv), staff has found that the agency is unable to demonstrate that its decisions are congruent with the results of its analysis and evaluation of an institution's/program's compliance with its criteria.

**Staff Determination:** The agency does not meet the requirements of this section. It needs to demonstrate that its decisions are based on the findings and conclusions of its evaluation of an institution's/program's compliance with its criteria.

Documentation:

Exhibit 1: Handbook of Accreditation, pg. 15

Exhibit 3: Evaluation Team Reports

**§602.24(b)(2)(iv) Provides to the institution or program a detailed written report on its review assessing--**

**(A) The institution's or program's compliance with the agency's standards, including areas needing improvement; and**

**(B) The institution's or program's performance with respect to student achievement;**

The agency's representative, the team chair, prepares and provides the institution/program with a written report of findings within 30 days after the on-site visit. The report addresses the institution's/program's strengths and deficiencies and includes recommendations for complying with agency standards.

With respect to student achievement, the evaluation team reviews the program's/institution's development and implementation of an evaluation system based on student outcomes. However, while evaluation team reports generally reference student outcomes from the perspective of whether or not a program/institution has an effective evaluation system in place (a review of compliance with the Standard I: Mission and Objectives), the team reports do not clearly and consistently evaluate a program's/institution's performance in terms of student achievement outcome measures.

**Staff Determination:** The agency partially meets the requirements of this section. It needs to provide its institutions/programs, clearly and consistently, a detailed written report assessing their performance in terms of student outcome measures.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 20-22

Exhibit 3: Evaluation Team Reports

**§602.24(b)(3)** In addition to the on-site visit described in paragraph (b)(2)(ii) of this section, an institutional accrediting agency whose accreditation enables the institutions it accredits to seek eligibility to participate in Title IV, HEA programs conducts--during the interval between the agency's award of accreditation or preaccreditation to the institution or program and the expiration of the accreditation or preaccreditation period--at least one unannounced on-site inspection at each institution that provides vocational education or training for the purpose of determining whether the institution has the personnel, facilities, and resources it claimed to have either during its previous on-site review or in subsequent reports to the accrediting agency;

The Higher Education Amendments of 1998 have deleted this requirement. Therefore, no agency is required to conduct unannounced inspections.

**§602.24(b)(4)** The accrediting agency--

- (i) Monitors institutions or programs throughout the accreditation or preaccreditation period to ensure continuing compliance with the agency's standards or criteria; and
- (ii) Conducts special evaluations, site visits, or both, as necessary;

The agency reports that it monitors the accreditation or candidacy status of its programs/institutions throughout the review cycle. Programs/institutions are required to submit an annual report addressing changes in areas covered by each of the agency's standards and applicable policies (i.e., complaints, adverse actions, Title IV programs, and substantive change). In 1995 and 1996, the agency's Annual Reports Committee reviewed the annual reports for completeness, analyzed report content, and informed the Council of its findings and any concerns that a particular annual report may have raised. Since that time, the agency has assigned primary and secondary readers to each report. Readers review the report and present their findings at the spring Council meeting each year.

In 1995, Department staff's review concluded that the agency met the requirements of this section. However, during this current review, Department staff identified that, while

the agency has implemented an annual report review process to monitor its programs/institutions, the agency does not comply with its own requirement. The requirement is to monitor so as to ensure compliance with its standards and criteria. Although the agency identified numerous instances of non-compliance and/or violation of its standards or policies during its 1995-1997 reviews, it failed to take the action required by its policies to ensure compliance or correction of violations of its policies. In its petition, the agency reports, "No adverse action, however, has been taken against a college or program as the result of information contained in an annual report." Yet the types of violations identified by the agency included incomplete reports, incomplete/unclear financial records, other policy violations (conflict-of-interest, misrepresentation of accreditation status).

The agency needs to adhere to its policies and take action in response to instances of non-compliance with its policies, standards, and criteria, including imposing "sanctions ...in case of non-compliance with one or more of the eligibility requirements, standards, or policies."

In addition to annual reports, candidate institutions/programs prepare two-year progress reports that are verified during an on-site evaluation visit. Candidate and accredited institutions/programs may also be required to submit special reports or focused, interim reports followed by special "focused" evaluation visits and reviews on an as-needed basis. Per agency policy, " In case a college or program has an unexpected serious problem or situation, and it appears the college or program may not be able to continue to fulfill its mission and objectives, the Council reserves the right to request an appropriate report and an evaluation visit." According to the agency's definition, a focused site evaluation "is a review to determine if a noted non-compliance or marginal compliance with an eligibility requirement or standard, or an unacceptable practice, has been corrected or that satisfactory progress is being made."

However, the agency has not demonstrated that it effectively applies its special focused evaluation visit process to ensure compliance with its standards and criteria. As with its annual report review process, the agency has not demonstrated that it will take action in accordance with its policies to ensure compliance after it has identified either a lack of progress in coming into compliance or non-compliance with its policies, standards and criteria. As an example, in one two-and-one-half-year period, the agency reviewed one institution on four separate occasions (summer 1996, fall 1997, spring 1998, and fall 1998). Each time, the Council identified continuing and/or worsening conditions under various standards, including Standard II (Organization and Administration) and Standard III (Financial Resources). Yet, it reaffirmed the institution's candidacy status in the fall of 1996, even as it requested a focused site visit evaluation in six months, and it reaffirmed its candidacy status again in the spring of 1998, even as it required another focused site visit to evaluate progress in meeting the recommendations made in April 1998.

The Council also reports that it will conduct a review of a college or program if its cohort default rate equals or exceeds 25 percent or substantially increases over its previous rate, provided the previous rate was 10 percent or more.

**Staff Determination:** The agency does not meet the requirements of this section. It needs to adhere to its policies and take action in response to non-compliance with its policies, standards, and criteria.

Documentation:

Exhibit 1: Handbook of Accreditation

Exhibit 2: Annual Reports

Tab A: Minutes of Council Meetings

Tab R: Outcomes, On-Going Monitoring

**§602.24(b)(5) The accrediting agency regularly reevaluates institutions or programs that have been granted accreditation or preaccreditation.**

The agency does not grant accreditation for any specific number of years. However, according to agency policy, "accredited programs/institutions are re-evaluated at intervals no longer than five years." Candidate programs are evaluated at least every two years.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pg. 14

**§602.25 Substantive change**

**(a) To be listed by the Secretary as a nationally recognized accrediting agency, an institutional accrediting agency must demonstrate to the Secretary that it maintains adequate substantive change policies that ensure that any substantive change to the educational mission or program(s) of an institution after the agency has granted accreditation or preaccreditation to the institution does not adversely affect the capacity of the institution to continue to meet the agency's standards.**

**(b) The Secretary considers that an accrediting agency meets the requirements of paragraph (a) of this section if--**

**(1) The agency requires prior approval of the substantive change by the agency before the change is included in the agency's previous grant of accreditation or preaccreditation to the institution; and**

**(2) The agency's definition of substantive change includes, but is not limited to, the following types of change:**

**(i) Any change in the established mission or objectives of the institution;**

**(ii) Any change in the legal status or form of control of the institution;**

**(iii) The addition of courses or programs that represent a significant departure, in terms of either in the content or method of delivery, from those that were offered when the agency most recently evaluated the institution;**

**(iv) The addition of courses or programs at a degree or credential level above that included in the institution's current accreditation or preaccreditation;**

**(v) A change from clock hours to credit hours or vice versa; and**

**(vi) A substantial increase in--**

**(A) The number of clock or credit hours awarded for successful completion of a program; or**

**(B) The length of a program.**

**(c) The agency has discretion to determine the procedures it will use to grant prior approval of the substantive change, which may, but need not, require an on-site evaluation before approval is granted.**

The agency has adopted a substantive change policy addressing all of the requirements of this section . The policy requires member institutions and programs to request and receive Council approval prior to implementing any substantive changes.

The agency's approval process requires an institution/program to notify the Executive Director no less than 120 days prior to the planned implementation of a proposed substantive change. After the planning process, but no less than 60 days prior to implementation, the institution/program must submit ten copies of a substantive change report to the agency. A three-person substantive change committee is appointed by the Council President to review the report and take action. According to agency policy, "a program that makes a substantive change without approval places its accreditation or candidacy in jeopardy."

In its petition, the agency acknowledges two instances of substantive change -- each involving a significant change in the established mission or objectives of an institution -- in which the institutions did not comply with agency policy. However, the agency reports that it took no adverse action against the institutions upon learning of their non-compliance with agency policy. The agency's petition states, "The changes, however, clearly were not going to have an adverse impact, and no adverse action -- other than a reminder of the policy -- was taken against the colleges." It is unclear from this statement that the agency conducted any review of the change, as required by its policies, that would allow the agency to conclude that there was no adverse impact on educational quality. It also is not clear if approval, albeit after-the-fact, was ever given for the substantive changes.

The agency also reports two substantive change actions involving the addition of a degree program. According to the agency, in both instances, the institutions and the agency adhered to the written policy.

**Staff Determination:** The agency does not meet the requirements of this section. It needs to demonstrate that it adheres to its substantive change policy on a consistent basis.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 23-24

**§602.26 Required accreditation standards.**

**(a)(1) To be listed by the Secretary as a nationally recognized accrediting agency, an accrediting agency must demonstrate to the Secretary that its accreditation or preaccreditation standards, or both, are sufficiently rigorous to ensure that the agency is a reliable authority as to the quality of the education or training provided by the institutions or programs it accredits.**

**(2) For a programmatic accrediting agency that does not serve as an institutional accrediting agency for any of the programs it accredits, the standards must address the areas contained in paragraph (b) of this section in terms of the type and level of the program rather than in terms of the institution.**

**(3) If none of the institutions an agency accredits participates in any Title IV, HEA program, or if the agency only accredits programs within institutions accredited by an institutional accrediting agency recognized by the Secretary, the accrediting agency is not required to have the standards described in paragraphs (b)(7), (b)(8), (b)(10), and (b)(12) of this section.**

**(b) In order to assure that an accrediting agency is a reliable authority as to the quality of the education or training provided by an institution or program**

**it accredits, the agency must have standards that effectively address the quality of an institution or program in the following areas:**

**(1) Curricula.**

The agency's Curriculum standard addresses four required elements, each having multiple criteria. The four areas are: (1) curriculum design and evaluation, (2) length of study, (3) core curriculum competencies (defined as the basic sciences and clinical sciences), and (4) the clinical practicum.

The curriculum design and evaluation element requires institutions/programs to have a curriculum that supports the institution's mission and learning objectives and to conduct regular curriculum evaluations that include assessments in terms of student outcomes.

The length of study element requires institutions/programs to have a course length of twelve quarters and a minimum of 4,100 clock hours devoted to naturopathic medicine and clinical training.

The core curriculum element requires institutions/programs to have clearly developed core competencies in specified basic and clinical science courses (i.e., anatomy, physiology, pathology, biochemistry, environmental health, pharmacology, pharmacognosy, diagnostic, therapeutic, and specialty courses).

The clinical practicum element requires institutions/programs to provide a minimum of 1,200 clock hours in a clinical setting under the supervision of a licensed naturopathic physician, periodic evaluations of students, and adequate resources (size, scope, and ratio).

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 43-45

**§602.26(b)(2) Faculty.**

The agency's Faculty standard includes criteria that establish requirements regarding faculty qualifications, conditions of employment, faculty evaluations, participation in institution governance, and professional development. The Faculty Qualifications criteria require that an institution's/program's faculty have appropriate education and experience for the teaching position. They are required to have faculty that have advanced or professional degrees and other evidence of competence to teach at the doctoral level in a subject area are required. The Conditions of Employment criteria require institutions/programs to have written personnel policies, as well as salaries and benefits, appropriate to attract and retain a qualified faculty. The Performance

Evaluation criteria require institutions/programs to have a faculty evaluation system that includes a recognition/remediation component and to conduct regular assessment by students, peers, and administration. The Participation in Government criteria require institutions/programs to demonstrate faculty involvement in institutional and educational policy-making and curriculum development. The Professional Growth criteria require institutions/programs to demonstrate institution support for and participation in continuous professional growth.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 37-40

**§602.26(b)(3) Facilities, equipment, and supplies.**

The agency evaluates facilities, equipment, and supplies within its Physical Resources standard. This standard includes an assessment of the adequacy of the instructional and research facilities, equipment, and supplies to achieve the mission and objectives of the program. Criteria include having a plan for the development of resources with institution-wide involvement; appropriate maintenance of instructional, clinical, and research facilities, equipment, records, and supplies; and the adequate allocation of resources.

The agency also maintains a separate standard to evaluate Library and Information Resources. Resources must adequately support the educational program as well as the professional development of faculty and staff. Under this standard, the agency evaluates the development and implementation of information resource policies; support for and sufficiency of the information, equipment, and facilities; the training and staffing of information resource personnel; and the program's approach to acquisition planning and evaluation.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 52-53 and 48-51.

**§602.26(b)(4) Fiscal and administrative capacity as appropriate to the specified scale of operations.**

The Council assesses an institution's/program's fiscal and administrative capacity using two separate standards. In its Financial Resources standard, the agency evaluates an institution's/program's financial condition in terms of adequacy and stability, financial management, and financial planning and development capability. The criteria for adequacy and stability include a requirement that a program's/institution's financial

resources must be adequate for them to continue in the foreseeable future as ongoing, viable entities able to meet the Council's standards and sufficient for planning, improvements, and contingencies. An institution's/program's primary sources of funding must have demonstrated stability with no indication they will diminish. The criteria for demonstrating adequate fiscal management include staffing requirements, recordkeeping and audit controls, and use of a generally accepted accounting system. Planning and development requirements include indebtedness plans and financial review requirements. The Council also requires as one of its eligibility requirements that the "college/program document a funding base, financial resources, and plans for financial development adequate to carry out its mission and objectives within a balanced and safe level of debt. "

Under its Organization and Administration standard, the Council requires the institution/program to meet criteria defining the system of governance, the governing board, the chief executive officer, and administrative staff members.

In addition, the Council addresses administrative capacity throughout the handbook: in the standards for financial resources (with regard to the qualifications of the chief financial officer); in the standard for student services (with regard to the allocation of human, physical, financial, and equipment resources); in the continuing education and certificate programs (with regard to program coordination and staff support); in library and information resources (with regard to governance, personnel, finance, and planning and evaluation); and in research (with regard to oversight).

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 31-37

**§602.26(b)(5) Student support services.**

The agency's Student Services standard and criteria are founded on the principles of access, quality, due process, and accountability. The standard assesses a program's/institution's student services in terms of function, structure, policies, and procedures. It establishes minimum student services functions that its members are required to provide (admissions, student records, orientation, advisement, counseling and testing, and financial aid). It also identifies optional student services, including: housing, health care, extracurricular activities, bookstore, placement, food service, and child care.

The requirements pertaining to the structure of the student services offered by a program/institution include an institution/program having clear and complete organization, assignments, and relationships between units and an allocation of resources adequate to support the program. The requirements pertaining to student

services policies and procedures include an institution/program having specified student policies, opportunities for student governance, and a demonstrated record of maintenance and distribution of precise, complete, and accurate information.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 40-43

**§602.26(b)(6) Recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising.**

The agency addresses the requirements for this area in its standard for student services and, for candidate program/institutions, in its eligibility requirements.

Programs/institutions are required to have and to enforce admission and re-admissions policies that are consistent with the mission of the educational program. They are also required to have publications and advertising that are accurate and consistent with institution/program practice and with the policies of the agency. In addition, the institutions/programs are required to publish academic calendars, catalogs, and student handbooks containing all prescribed information.

In 1995, Department staff's review concluded that the agency met the requirements of this section. However, upon further review, Department staff concludes that the agency has not provided evidence that it has established clear standards in the area of student grading. The agency reports that its Student Services standard requires that colleges enforce and interpret academic regulations and standards of academic progress as a part of an institution's/program's student records and registration services. It also refers to the agency's curriculum standard, which requires colleges to have "core competencies in place for all courses, with outcome assessments to document each student's comprehension of the subject matter." In its definition of "outcomes", the agency identifies grades and grade-point averages as examples of types of outcomes. However, these statements do not clearly establish that the agency requires its institutions/programs to develop, distribute, and adhere to a student grading system.

**Staff Determination:** The agency partially meets the requirements of this section. It needs to adopt standards/criteria that clearly require its institutions/programs to develop and adhere to published student grading systems.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 9, 41-43, 59, 74

**§602.26(b)(7) Program length and tuition and fees in relation to the subject matters taught and the objectives of the degrees or credentials offered.**

In its Curriculum standard, the agency stipulates that the program of study for students in a naturopathic program is typically presented over a period of 12 quarters and must include a minimum of 4,100 clock hours (minimums to adequately fulfill the mission/objectives of the educational program -- to acquire the knowledge, competencies, and skills to become licensed primary care naturopathic physician).

The agency does not set tuition and fees. It does however, stipulate that its institutions/programs must be non-profit educational organizations and that they must "devote all or substantially all of (their) gross income to supporting its mission and objectives."

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 8, 44

**§602.26(b)(8) Measures of program length in clock hours or credit hours.**

CNME's Curriculum Standard requires institutions/programs to measure their program length in clock hours. They must offer a minimum of 4,100 total clock hours devoted to the study of naturopathic medicine and clinical training relevant to the preparation of naturopathic physicians. In addition, the institution/program must establish a minimum of 1,200 clock hours for the clinical practicum.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pg. 44

**§602.26(b)(9) Success with respect to student achievement in relation to mission, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates.**

Under the agency's Curriculum Standard, the criteria require programs/institutions to continually assess the educational quality of the curriculum using assessment tools and outcome measures. This systematic process is reviewed during the on-site evaluation. However, requiring that institutions/programs have a self-evaluation process in place that uses outcome measures is not, in itself, sufficiently rigorous to evaluate the quality of education provided.

The agency also includes in its Curriculum Standard its own requirement to systematically monitor the performance of an institution/program with respect to student

achievement, to determine if performance is consistent with ...mission and with the Council's objective measures of performance of student achievement. The agency uses the semiannual Naturopathic Physician Licensing Examination (NPLEX) test scores for this purpose.

In 1995, Department staff's review concluded that the agency met the requirements of this section. However, upon further review, Department staff concludes the following: The NPLEX score summary (by institution) provides a comparison of test scores and passage rates between programs which the agency uses "as a beginning point in identifying possible shortcomings " and "to validate the Council's evaluations of the various programs....". However, this use of the NPLEX is as a measurement tool – not a standard. To use NPLEX scores as a standard, the agency would need to establish a minimum level of required/expected achievement for its programs that connotes a required level of educational quality.

**Staff Determination:** The agency does not meet the requirements of this section. It needs to establish standards/criteria for evaluating educational quality in terms of an institution's/program's success with respect to student achievement in relation to mission.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 43, 45-46,

Exhibit 3: Evaluation Team Reports

Tab R: Outcomes, On-Going Monitoring

**§602.26(b)(10) Default rates in the student loan programs under Title IV of the Act, based on the most recent data provided by the Secretary.**

The agency's Student Services standard requires that student loan program default rates be within acceptable limits. The agency has a written policy that establishes the acceptable limit. That policy states, "...when an institutional member's latest cohort default rate equals or exceeds 25 percent, or that the rate increased by 50 percent or more over the previously reported rate if the previous rate was 10 percent or more, the Council conducts a review to determine if the college or program is out of compliance with any of the Council's standards." In addition to the data received from the U.S. Secretary of Education, the agency also requires institutions to include Title IV program information on the annual report which the Council reviews for trends.

The available data on default rates for two institutions are expressed in ranges as follows:

1994: 0.0-4.0 percent

1995: 0.0-5.3 percent

1996: 0.0-1.9 percent

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 41, 61-62

**§602.26(b)(11) Record of student complaints received by, or available to, the agency.**

The agency's Student Services standard requires that institutions/programs include published policies and procedures on the student grievance process in the student handbook. This is included in the self-study and verified by the site evaluation team.

The agency also has a policy on student complaints requiring the agency to review student complaints it receives that are documented and related to the Council's eligibility requirements, standards, or policies. The procedures are clear and timely.

In addition, on-site evaluation teams meet with students during the on-site evaluation and are available to hear any student complaints. However, the agency has no standard, criterion, or policy in place to require its institutions/programs to maintain and make available to the agency a record of student complaints that remain at the institution/program level.

**Staff Determination:** The agency partially meets the requirements of this section. It needs to establish a standard, criterion, or policy to require its institutions/programs to maintain and make available to the agency a record of student complaints that remain at the institution/program level.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 42, 57-58

**§602.26(b)(12) Compliance with the institution's program responsibilities under Title IV of the Act, including any results of financial or compliance audits, program reviews, and such other information as the Secretary may provide to the agency.**

The agency's Student Services standard requires that institutions provide an effective program of financial aid consistent with the mission and objectives (of the program) and reflecting the needs of the students. Criteria that pertain to whether or not an institution complies with its responsibilities under Title IV include the dissemination of precise and complete information about student financial aid requirements, the conduct of entry and exit interviews, staff assistance for students to make most efficient use of financial aid, coordination of all financial aid awards, and monitoring for compliance with all federal

student loan program responsibilities. On-site evaluation teams meet with the institution/program Financial Aid Officer during the on-site evaluation.

In addition, the agency has a policy pertaining to student loan programs under Title IV that requires the agency to monitor its institutions'/programs' compliance with program responsibilities under Title IV. The agency accomplishes its monitoring responsibility using the institution/program annual report process and via any information it receives from the Secretary. While no program review concerns were identified during the last recognition period, the Department had some concerns, more recently, about the audited financial statements of one of the agency's institutions. The agency, aware of the concern, included this concern in an on-site review of the institution.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 41, 61-62

**§602.26(c)(1) An accrediting agency shall take appropriate action if its review of an institution or program under any standard indicates that the institution or program is not in compliance with that standard.**

**§602.26(c)(2) If the agency believes that the institution or program is not in compliance with the standards, the agency shall--**

**(i) Take prompt adverse action against the institution or program; or**

**(ii) Require the institution or program to take appropriate action to bring itself into compliance with the agency's standards within a time frame specified by the agency.**

**§602.26(c)(3) The accrediting agency has sole discretion to determine the course of action it chooses under paragraph (c)(2) of this section and, if it selects the option specified in paragraph (c)(2)(ii) of this section, the time frame for the institution or program to bring itself into compliance with agency standards. However, except as indicated in paragraph (c)(4) of this section, the specified period may not exceed--**

**(i) Twelve months, if the program is less than one year in length;**

**(ii) Eighteen months, if the program is at least one year, but less than two years, in length; or**

**(iii) Two years, if the program is at least two years in length.**

**§602.26(c)(4) If the institution or program does not bring itself into compliance within the specified period, the agency must take adverse action unless the agency extends the period for achieving compliance for good cause.**

The Council has procedures for taking action if its review of a candidate or accredited institution/program reveals that the institution/program does not comply with one or more of its eligibility requirements, standards, or policies.

For accredited institutions/programs, the Council uses three types of sanctions (normally applied sequentially): (1) a letter of advisement, advising the college/program of deficiencies that must be corrected immediately and requesting a progress or focused report and an evaluation within six months from the date of the letter; (2) public probation, requesting a progress or focused report and an evaluation visit within six months of the date of the letter; and (3) a show cause letter, requesting that the institution/program show why its accreditation should not be withdrawn. The agency may apply a sanction at any time with the requirement that the college/program correct the deficiency within two years of an imposed sanction or from the time the first sanction is imposed, when more than one sanction is applied for the same reason.

Under the section "Loss of Candidacy" for candidate institutions/programs, the Council reserves the right to withdraw candidacy, after due notice, if candidate institutions/programs demonstrate that evidence of progress towards full compliance with agency standards is lacking or if the conditions for which candidacy status was granted are significantly altered. In "reserving the right," the agency's policy infers that it will initiate action to withdraw candidacy in such circumstances. In these circumstances, the Council's due notice procedure is to issue a "show cause" letter requiring correction of the deficiency within a specified time frame (not to exceed two years), and a demonstration as to why candidacy status should be continued.

Examples of circumstances cited by the agency that will lead the Council to issue a show-cause letter include:

- Failure to maintain compliance with the Council's eligibility requirements, any standard with which the college/program previously complied, or the Council's policies;
- Inadequate financial support and control;
- Inadequacies in the number or professional competence of faculty, administrators, or support staff.

In 1995, Department staff's review concluded that the agency met the requirements of these sections. However, during this current review, Department staff finds that the agency has not consistently adhered to its policy, described above, which is to issue a sanction against an institution/program not in compliance with its criteria and to require

correction of the deficiency within a time frame (not to exceed two years). The following sequence of events highlights one instance of agency non-adherence to its policy:

- 
- a. In September 1994, the agency granted candidacy to an institution.
  - b. A review of materials by the Council in 1996 revealed that in July 1996 the institution needed to enhance its financial planning and fundraising to achieve financial adequacy and stability. Subsequent Council action in September 1996, was to reaffirm the institution's candidacy and request a progress report and a site visit in June 1997.
  - c. The agency did not conduct a site evaluation in June 1997, however. At the institution's request, the evaluation visit was delayed until November 1997.
  - d. In November 1997, it was revealed that there was little reported progress, a significant number of 1996 recommendations had not been addressed, and there were ten additional recommendations/findings. Further, the school's financial position had weakened even further to the point where the entire financial structure had become unstable. There were many key administrative vacancies, and the College's employees, students, and College Board members believed that the College had been operating under crisis management and uncertainty.
  - e. Although it had this information, the agency failed to take the action required by its policy, as described in the previous section.
  - f. In April 1998, it was revealed that the conditions at the institution were similar to those revealed in November 1997. In addition, there was a major change in administrative leadership, the College was forced to operate under crisis management, and the institution had not addressed the agency's previous concerns.
  - g. Although it had this information, at its May 1998 meeting, the Council failed to take the action required by its policy. *Instead, the Council reaffirmed the College's candidacy* and requested a report by August 1, 1998 addressing the Council's recommendations and findings from 1996 and 1997 and recommended another focused site visit in Fall 1998.
  - h. At its August 1998 meeting, the Council again failed to take the action required by its policy. The Council accepted the College's report and requested a November 1998 focused on-site evaluation verifying the College's progress towards complying with the Council's May 1998 recommendations, i.e., all recommendations from 1996 and 1997 including financial, administrative recruiting, staffing, reporting.

- i. In November 1998, there were some positive projections reported by the institution concerning the institution. However, by its March 1999 meeting, the Council was aware that these projections were not borne out.
- j. At its March 1999 meeting, the agency again failed to take the action required by its policy. The Council discussed and agreed *not* to issue a show-cause action in lieu of a "sternly worded statement."
- k. It was not until July 30, 1999 - almost two years after first identifying inadequate financial support and control, and until the financial condition of the institution had deteriorated to the extent that classes were temporarily suspended, bank accounts frozen, and the president and board chair announced to students and faculty their plan to close the school) - that the agency took action, as required by its policy. It applied its first sanction -- a show-cause letter to the institution. However, the show-cause letter did not require the institution to demonstrate how it maintained compliance with the Council's eligibility requirements -- a requirement for continued candidacy. The agency has subsequently issued a second show-cause letter to the institution.

Based upon this sequence of events, it seems clear to Department staff that the agency has not demonstrated that it will implement and comply with its written policy pertaining to its taking action to require its institutions/programs to comply with agency requirements.

**Staff Determination:** The agency does not meet the requirements of these sections. It needs to demonstrate its implementation of its policy to take action to require its institutions/programs to comply with its requirements.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 8-15

Exhibit 3: Evaluation Team Reports

Tab A: Minutes of Council Meetings

**§602.26(d) An accrediting agency shall have a reasonable basis for determining that the information it relies on for making the assessments described in paragraphs (b) and (c) of this section is accurate.**

The Council has established eligibility requirements, accreditation standards, and policies and procedures that provide guidance for making accrediting decisions or taking appropriate actions for noncompliance of its criteria. According to the agency, it uses the following information sources in taking accreditation actions: self-study reports and supporting documentation, on-site visit team reports, annual reports, progress reports, interim reports, public comments, by-invitation presentations by an institution's/program's chief executive officer and staff, and/or financial audits. This type

of information is deemed accurate, as much of it is longitudinal in nature. The site visit team report verifies the content of the program's self-study and supporting documentation, and, in the case of a program appeal, much of the information is subjected to a third-party review.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 8-15

**§602.27 Additional required operating procedures.**

(a) To be listed by the Secretary as a nationally recognized accrediting agency, an accrediting agency must demonstrate to the Secretary that it satisfies the procedural requirements contained in other provisions of this part and the additional requirements contained in paragraphs (b) through (h) of this section.

(b) If the accrediting agency accredits institutions and that accreditation enables those institutions to seek eligibility to participate in Title IV, HEA programs--

(1) The agency requires the institution to--

(i) Notify the agency if the institution plans to establish a branch campus; and

(ii) Submit a business plan described in paragraph (b)(2) of this section for the branch campus;

The Council indicates that its member institutions do not presently operate or have plans for branch campuses. The agency does, however, have written policies indicating that if an institution plans to open a branch campus or additional location it must notify the agency and receive approval prior to implementation. Further, the institution must provide the agency with a narrative business plan that describes the educational program to be offered at the branch campus, projected revenues, expenditures, and cash flow.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 23-25

**§602.27(b)(2) The business plan that an institution submits under paragraph (b)(1)(ii) of this section must contain a description of--**

- (i) **The educational program to be offered at the branch campus;**
- (ii) **The projected revenues and expenditures and cash flow at the branch campus; and**
- (iii) **The operation, management, and physical resources at the branch campus;**

In 1995, Department staff's review concluded that the agency's policy met the requirements of this section. However, upon further review, Department staff concludes that the agency's policy does not meet the requirement of this section.

Agency policy requires that the institution provide a description of the educational program, projected revenues, expenditures, and cash flow. And while, by policy, the Council bases its decision to approve the establishment of a branch campus on an assessment of the sufficiency of the campus' operation, management, and physical resources to satisfy accreditation standards, the agency's policy/procedures do not require an institution to submit this information. The agency needs to revise its policy to require an institution that seeks to establish a branch campus to submit information on the operation, management and physical resources of the proposed branch campus.

**Staff Determination:** The agency partially meets the requirements of this section. It needs to revise its policy to require an institution seeking to establish a branch campus to submit information on the operation, management and physical resources of the proposed branch campus.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 23-25

**§602.27(b)(3) The agency extends accreditation to the branch campus only after evaluating the business plan and taking other necessary actions to permit the agency to determine that the branch campus has sufficient educational, financial, operational, management, and physical resources to satisfy the accrediting agency's standards for accreditation;**

**§602.27(b)(4) The agency undertakes a site visit of the branch campus as soon as practicable, but no later than six months after the establishment of that branch campus;**

The agency's policies require the application for a branch campus and all supporting documentation to be evaluated by the Substantive Change Committee prior to the institution's opening of the branch. The Council grants accreditation to the branch only after the branch is established, a progress report is received, and an evaluation visit of

the branch campus occurs. The evaluation visit, by agency policy, will occur within six months after the establishment of the branch campus.

**Staff Determination:** The agency meets the requirements of these sections.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 23-25

**§602.27(b)(5) The agency undertakes a site visit of an institution that has undergone a change of ownership that resulted in a change of control as soon as practicable, but no later than six months after the change of ownership;**

The agency's substantive change policy addresses a change of ownership that results in a change of control. The policy requires the agency to conduct a full on-site visit within six months after the change of ownership occurs.

**Staff Determination:** The agency meets the requirement of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 23-25

**§602.27(b)(6) The agency requires any institution it accredits that enters into a teach-out agreement with another institution to submit that teach-out agreement to the agency for approval and approves the teach-out agreement if the agreement--**

- (i) Is consistent with applicable standards and regulations; and
- (ii) Provides for the equitable treatment of students by ensuring that--
  - (A) Students are provided, without additional charge, all of the instruction promised by the closed institution prior to its closure but not provided to the students because of the closure; and
  - (B) The teach-out institution is geographically proximate to the closed institution and can demonstrate compatibility of its program structure and scheduling to that of the closed institution.

The Council has adopted a policy on teach-out agreements that requires any of its member institutions entering into a teach-out agreement with another accredited college to submit it to the Council for prior approval. The Council's policy requires institutions to submit the plan to the Executive Director, with supporting documentation, 30 days prior to the Council's scheduled meeting. In addition, the Council requires that the

teach-out plan provide "for the equitable treatment of students by ensuring that students receive without additional charge all the instruction originally promised by the closing college or program, that students are provided assistance in relocating to the geographical area of the teach-out institution, and that the teach-out college has a program structure and schedule compatible to that of the closed college or program."

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pg.. 61

**§602.27(c) The accrediting agency maintains and makes publicly available written materials describing--**

- (1) Each type of accreditation and preaccreditation granted by the agency;**
- (2) Its procedures for applying for accreditation or preaccreditation;**
- (3) The criteria and procedures used by the agency for determining whether to grant, reaffirm, reinstate, deny, restrict, revoke, or take any other action related to each type of accreditation and preaccreditation that the agency grants;**
- (4) The names, academic and professional qualifications, and relevant employment and organizational affiliations of the members of the agency's policy and decision-making bodies as well as the agency's principal administrative staff; and**
- (5) The institutions or programs that the agency currently accredits or preaccredits and the date when the agency will review or reconsider the accreditation or preaccreditation of each institution or program.**

The agency has documented that it maintains and makes publicly available written documents describing all of the items cited above.

**Staff Determination:** The agency meets the requirements of these sections.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 7-13 and 72

Tab E: Council Members (Board of Directors)

Tab G: Public Outreach, Information Reports

Tab S: Public Comment Requests, S-1

**§602.27(d) In accordance with agency policy, the accrediting agency publishes the year when an institution or program subject to its jurisdiction is being considered for accreditation or preaccreditation and provides an opportunity for third-party comment, either in writing or at a public hearing, at the agency's discretion, concerning the institution's or program's qualifications for accreditation or preaccreditation.**

The agency publishes, in its Information Report, the year in which each institution's/program's accreditation is scheduled for review and invites public comments. Its policies and procedures require the agency to provide a public notice and opportunity for third-party comment on institutions/programs scheduled for review. The agency prints and distributes a notice with this information to appropriate State agencies, recognized accrediting agencies, State and national naturopathic associations, State licensing boards, colleges/programs of naturopathic medicine, etc.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pg. 60  
Tab S: Public Comment Requests, S-1

**§602.27(e) The accrediting agency provides advance public notice of proposed new or revised criteria, giving interested parties adequate opportunity to comment on these proposals prior to their adoption.**

The CNME provides the public adequate opportunity to comment on any proposed new or revised standards. In accordance with its written policy, the agency prints and distributes a notice with changes to its eligibility requirements, standards, procedures, and policies to appropriate State agencies, recognized accrediting agencies, State and national naturopathic associations, State licensing boards, colleges/programs of naturopathic medicine, etc., prior to adopting them. The notice allows 30 days for written comments regarding the proposed changes.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pg. 60  
Tab S: Public Comment Requests, S-2

**§602.27(f) The accrediting agency--**

**(1) Reviews any complaint it receives against an accredited institution or program, or the agency itself, that is related to the agency's standards, criteria, or procedures; and**

**(2) Resolves the complaint in a timely, fair, and equitable manner.**

The agency has procedures for reviewing complaints it receives about any of its accredited institutions/programs or about the agency and its Council members. These procedures provide for a timely response to those complaints. A copy of the procedures for processing complaints is provided to the complainant. The complainant must submit the complaint in writing to the agency, which then acknowledges receipt of the complaint within 10 days. A response from the college or program is requested within 30 days, and the Council's Executive Director suggests a resolution. If the resolution is not acceptable to one or both parties, the matter is referred to the Council. The Council may hold an executive session to resolve the complaint, suggest changes to the college/program to ensure compliance with the Council's evaluative criteria, or send a committee to the college or program to develop a plan for correcting the situation. The complainant is notified of the resolution within ten days of the complaint resolution.

If the complaint is against the agency, the Executive Director follows the same procedures regarding acknowledgment of the complaint. The complaint is reviewed by the Council's officers within 30 days and a response issued by the Council President within 30 days. The complainant may request the complaint be placed on the agenda for review by the entire Council. The action of the full Council is final.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 57-58.

**§602.27(g) The accrediting agency ensures that, if an institution or program elects to make a public disclosure of its accreditation or preaccreditation status granted by the agency, the institution or program discloses that status accurately, including the specific academic or instructional programs covered by that status and the name, address, and telephone number of the accrediting agency.**

The Council's policy on the Representation of a College's or Program's Relationship with the Council requires its members to accurately disclose to the public their accredited status and provides Council-approved statements that an institution/program may use. These statements include the agency's name, address, and telephone number.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 59-60

**§602.27(h) The accrediting agency provides for the public correction of incorrect or misleading information released by an accredited or preaccredited institution or program about--**

- (1) The accreditation status of the institution or program;**
- (2) The contents of reports of site team visitors; and**
- (3) The agency's accrediting actions with respect to the institution or program.**

The agency's policies provide for the public correction of incorrect or misleading information released by an accredited institution/program about any of the items listed in this section. Specifically, the policy requires that if "a college or program, as determined by the Council or its president, publishes or releases incorrect or misleading information... the college or program immediately provides for the public correction of the information, or the Council (or its Executive Director) so provides."

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs.. 27 and 60

**§602.28 Due process for institutions and programs.**

- (a) To be listed by the Secretary as a nationally recognized accrediting agency, an accrediting agency must demonstrate to the Secretary that the procedures it uses throughout the accrediting process satisfy due process requirements.**
- (b) The Secretary considers that an accrediting agency's procedures satisfy due process requirements if--**
  - (1) The agency sets forth in writing its procedures governing its accreditation or preaccreditation processes;**

**(2) The agency's procedures afford an institution or program a reasonable period of time to comply with agency requests for information and documents;**

The agency sets forth in writing its accreditation procedures and detailed guidance to be used for preparation of the self-study, the on-site visit, the team report, and other special submissions required by the agency in its Handbook of Accreditation for Naturopathic Medical Colleges and Programs. Reasonable timelines are required for each document to be submitted.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 19, 23, and 24

**§602.28(b)(3) The agency notifies the institution or program in writing of any adverse accrediting action;**

According to the agency's written policy, the agency notifies the chief executive officer of the institution and/or program, in writing, within ten days when the agency makes an adverse decision regarding one of its members.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 11, 13-14, 55

**§602.28(b)(4) The agency's notice details the basis for any adverse accrediting action;**

The agency's notification procedures and Policy on Appeals require the agency to provide a detailed explanation of the reasons for the accreditation action and, in the case of an adverse action (denial or withdrawal of accreditation or candidacy), to furnish information about the appeal procedures.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 11, 13-14, 55

**§602.28(b)(5) The agency permits the institution or program the opportunity to appeal an adverse accrediting action, and the right to representation by counsel**

during an appeal, except that the agency, at its sole discretion, may limit the appeal to a written appeal;

The agency provides the institution/program with procedures to appeal an adverse action at the same time it notifies the institution/program of the action. The agency allows 30 days for the institution/program to submit a written appeal and to request a hearing. The agency's procedures allow the institution/program the right to legal representation by counsel during the appeal.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 55-56

**§602.28(b)(6) The agency notifies the appellant in writing of the result of the appeal and the basis for that result.**

According to the Council's policy and procedures, after reaching a decision on the institution's/program's appeal, the chair of the Appeal Board, as representative of the agency, notifies the institution/program in writing about its final decision. The notification includes an explanation of the specific findings motivating the Board's decision.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pg. 57

**§602.29 Notification of accrediting agency decisions.**

**(a) To be listed by the Secretary as a nationally recognized accrediting agency, except as provided in paragraph (b) of this section, an accrediting agency must demonstrate to the Secretary that its written policies, procedures, and practices require it to notify the Secretary, the appropriate State postsecondary review entity, the appropriate accrediting agencies, and the public of the following types of decisions, no later than 30 days after a decision is made:**

**(1) A decision by the agency to award initial accreditation or preaccreditation to an institution or program.**

**(2) A final decision by the agency to--**

(i) Deny, withdraw, suspend, or terminate the accreditation or preaccreditation of an institution or program; or

(ii) Take other adverse action against an institution or program.

(3) A decision by the agency to place an institution or program on probation.

(4) A decision by an accredited institution or program to withdraw voluntarily from accreditation or formal preaccreditation status.

(5) A decision by an accredited institution or program to let its accreditation or preaccreditation lapse.

As required by its policies and demonstrated by the agency, notification is sent within 30 days to the U.S. Secretary of Education, the appropriate State agency, and the appropriate institutional accrediting agency, if applicable. The public is notified of final accrediting actions through the agency's official publication.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pg. 26

Tab L: Miscellaneous Letters, L-5

**§602.29(b)** If the agency's final decision is to deny, withdraw, suspend, or terminate the accreditation or preaccreditation of an institution or program or to take other adverse action against an institution or program, the agency must notify the Secretary of that decision at the same time it notifies the institution or program.

The agency's written policies require that if it takes an adverse action, the agency will notify the Secretary at the same time the notice is provided to the institution/program.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pg. 26

**§602.29(c)** No later than 60 days after a final decision, the accrediting agency makes available to the Secretary, the appropriate State postsecondary review entity, and the public upon request, a brief statement summarizing the reasons for the agency's determination to deny, withdraw, suspend, or terminate the

accreditation or preaccreditation of an institution or program, and the comments, if any, that the affected institution or program may wish to make with regard to that decision.

The agency's written policies require it to provide the Department, the appropriate State agency, and the public upon request, a brief statement summarizing the reasons for a decision to deny or withdraw accreditation or candidacy and any comments the institution/program wishes to make, within 60 days after the agency's final decision.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pg. 26

**§602.30 Regard for decisions of States and other accrediting agencies.**

(a) To be listed by the Secretary as a nationally recognized accrediting agency, an accrediting agency must demonstrate to the Secretary that--

(1) If the accrediting agency accredits institutions--

(i) The agency accredits only those institutions that are legally authorized under applicable State law to provide a program of education beyond the secondary level;

The agency requires its institutions to be licensed by the State in which they operate and to offer programs of education beyond the secondary level.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 8 and 10

**§602.30(a)(1)(ii) The agency does not renew, under the conditions described in paragraph (b) of this section, the accreditation or preaccreditation of an institution during a period in which the institution--**

(A) Is the subject of an interim action by a recognized institutional accrediting agency potentially leading to the suspension, revocation, or termination of accreditation or preaccreditation;

**(B) 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;**

**(C) Has been notified of a threatened loss of accreditation, and the due process procedures required by the action have not been completed; or**

**(D) 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;**

It is the agency's policy that it will not renew, except under extraordinary circumstances, an institution's accreditation if any of the conditions described in this section exist. Its policy also requires it to submit to the Secretary an explanation for the grant of accreditation if the agency does renew an institution's accreditation under the circumstances described above.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 26-27

**§602.30(a)(1)(iii) In considering whether to grant initial accreditation or preaccreditation to an institution, the agency takes into account actions by--**

**(A) Recognized institutional accrediting agencies that have denied accreditation or preaccreditation to the institution, placed the institution on public probationary status, or revoked the accreditation or preaccreditation of the institution; and**

**(B) A State agency that has suspended, revoked, or terminated the institution's legal authority to provide postsecondary education;**

The agency's written policy requires the agency to take into account any accrediting actions cited in this section that are taken by other accrediting agencies or State agencies.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 7-8

**§602.30(a)(1)(iv)** If the agency grants accreditation or preaccreditation to an institution notwithstanding the actions described in paragraph (a)(1)(ii) or (a)(1)(iii) of this section, the agency provides the Secretary a thorough explanation, consistent with its accreditation standards, why the previous action by a recognized institutional accrediting agency or the State does not preclude the agency's grant of accreditation or preaccreditation;

The agency's policies require the agency to provide the Secretary with an explanation about why it provided accreditation to an institution whose accreditation was withdrawn by another agency.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pg. 26

**§602.30(a)(1)(v)** If a recognized institutional accrediting agency takes an adverse action with respect to a dually-accredited institution or places the institution on public probationary status, or if a recognized programmatic accrediting agency takes an adverse action for reasons associated with the overall institution rather than the specific program against a program offered by an institution or places the program on public probation, the agency promptly reviews its accreditation or preaccreditation of the institution to determine if it should also take adverse action against the institution.

The agency's procedures provide for a prompt review of an institution when any of the conditions specified in this section occur.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 7-8

**§602.30(a)(2)** If the accrediting agency accredits programs--

(i) The agency does not renew, under the conditions described in paragraph (b) of this section, the accreditation or preaccreditation status of a program during any period in which the institution offering the program--

(A) Is the subject of an interim action by a recognized institutional accrediting agency potentially leading to the suspension, revocation, or termination of accreditation or preaccreditation;

**(B) 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;**

**(C) Has been notified of a threatened loss of accreditation, and the due process procedures required by the action have not been completed;**

**(D) 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;**

It is the agency's policy that the agency will not renew, except under extraordinary circumstances, a program's accreditation if any of the conditions described in this section exist. Its policy also requires it to submit to the Secretary an explanation for the grant of accreditation if the agency does renew a program's accreditation under the circumstances described above.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 26-27

**(ii) In considering whether to grant initial accreditation or preaccreditation to a program, the agency takes into account actions by--**

**(A) Recognized institutional accrediting agencies that have denied accreditation or preaccreditation to the institution offering the program, placed the institution on public probationary status, or revoked the accreditation or preaccreditation of the institution; and**

**(B) A State agency that has suspended, revoked, or terminated the institution's legal authority to provide postsecondary education;**

The agency's written policy requires the agency to take into account any accrediting actions cited in this section that are taken by other accrediting agencies or State agencies.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 7-8

**(iii) If the agency grants accreditation or preaccreditation to a program notwithstanding the actions described in paragraph (a)(2)(ii) of this section, the agency provides to the Secretary a thorough explanation, consistent with its accreditation standards, why the previous action by a recognized institutional accrediting agency or the State does not preclude the agency's grant of accreditation or preaccreditation; and**

The agency's policies require the agency to provide the Secretary with an explanation about why it provided accreditation to a program whose accreditation was withdrawn by another agency.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pg. 26

**(iv) 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 agency promptly reviews its accreditation or preaccreditation of the program to determine if it should take adverse action against the program.**

The agency's written procedures provide for a prompt review of a program when any of the conditions specified in this section occur.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 7-8

**§602.30(a)(3) The agency routinely shares with other appropriate recognized accrediting agencies and State agencies information about the accreditation or preaccreditation status of an institution or program and any adverse actions it has taken against an accredited or preaccredited institution or program.**

As indicated in its policies, the agency routinely provides information about the status of its members, as required by this section, to the appropriate accrediting agencies and State agencies.

**Staff Determination:** The agency meets the requirements of this section.

Documentation:

Exhibit 1: Handbook of Accreditation, pgs. 7-8

Tab G: Public Outreach